

**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY
STATE INSTITUTIONAL RESPONSE 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)
Dr Anaru Erueti
Ali'imua Sandra Alofivae
Paul Gibson
Julia Steenson

Counsel: Mr Simon Mount QC, Ms Kerryn Beaton QC, Dr Allan Cooke, Ms Katherine Anderson, Ms Anne Toohey, Ms Tania Sharkey, Mr Michael Thomas, Ms Ruth Thomas, Ms Kathy Basire, Mr Winston McCarthy, Ms Julia Spelman, Ms Alice McCarthy and Ms Natalie Coates for the Royal Commission

Ms Rachael Schmidt-McCleave, Mr Max Clarke-Parker, Ms Julia White for the Crown

Ms Victoria Heine QC for the Office of the Children's Commissioner

Ms Sally McKechnie for Te Rōpū Tautoko, the Catholic Bishops and congregational leaders

Mr David Stone for the New Zealand State Abuse Survivors Charitable Trust

Venue: Level 2
Abuse in Care Royal Commission of Inquiry
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AUCKLAND

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TRANSCRIPT OF PROCEEDINGS

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1 [9.02 am]

2 **CHAIR:** Ata mārie ki a koutou katoa, nau mai hoki mai, welcome everybody to today's hearing,
3 welcome back to our witnesses. We've got some different faces in the room, which is good
4 to see, and I think Ms Boyles is here. As Ms Boyles will -- is it proposed that she will be
5 subbed in and out?

6 **MS SCHMIDT-McCLEAVE:** That's right, Madam Chair.

7 **CHAIR:** Okay, so perhaps she's the only new person in the room.

8 **MS SCHMIDT-McCLEAVE:** She is.

9 **CHAIR:** I don't know, Ms Boyles, whether you were around when I gave the affirmation
10 yesterday? Did you say "yes" over the line?

11 **MS BOYLES:** I was online via Zoom and I did say "yes".

12 **CHAIR:** Excellent. I will accept that you have accepted the affirmation.

13 **MS BOYLES:** I'm just as wired as the rest of you.

14 **CHAIR:** That's fine. Thank you for that, that clarifies that matter. And now I'll leave the matters
15 to Dr Cooke. Good morning, Dr Cooke.

16 **DR COOKE:** Good morning. Good morning, Commissioners. Good morning, everyone. For
17 those of you who are watching today, I am going to identify myself. Essentially the same
18 physical outline as yesterday, which is that I'm one of the more -- older people in the room,
19 I have white hair, I'm wearing glasses, I have a blue suit on, a white shirt with a green bluey
20 tie.

21 **CHAIR:** And I omitted to do the same and to give the opportunity to the Commissioners to do the
22 same so apologies to everybody, let's start again on that. Just for those who cannot see, I'm
23 Coral Shaw, the Chair of the Commission. I am elderly, I have chin-length white hair, I'm
24 wearing glasses and a navy jacket and a grey top. I'll just ask my fellow Commissioners to
25 introduce themselves the same way. Paul?

26 **COMMISSIONER GIBSON:** Kia ora, Paul Gibson, I'm a middle-aged Pākehā man, greying,
27 wearing a dark suit. I am blind with some peripheral vision and I sit here listening to a
28 computer through one ear, one headphone ear. Kia ora.

29 **CHAIR:** Ali'imuamua Sandra Alofivae?

30 **COMMISSIONER ALOFIVAE:** Talofa lava, everybody. Thank you, Judge Shaw, for saying
31 my name. I am a middle-aged Pacific woman of Samoan Chinese descent, I have
32 shoulder-length black hair which is curly, and some days curlier than others, and I wear
33 glasses. Today I have a red and white dress on, very, very big red flowers and a black
34 jacket.

1 **CHAIR:** Dr Andrew Erueti.

2 **COMMISSIONER ERUETI:** Tēnā koutou katoa, e mihi ana ki ngā purapura ora e mātakitaki
3 mai ana me ngā kaiwhakautu, tēnā koutou. I'm Anaru Erueti, wearing a -- greying hair,
4 middle-aged, striped tie, blue suit, white shirt, and occasionally a mask on my face.

5 **CHAIR:** Kia ora and Julia Steenson.

6 **COMMISSIONER STEENSON:** Ata mārie tātou ko Julia Steenson tōku ingoa. My name is
7 Julia Steenson, I'm one of the Commissioners and I am wearing a black jacket, a white top,
8 my hair is pulled back in a ponytail today and I have bright orange earrings on of Māori
9 design. Kia ora tātou.

10 **CHAIR:** Kia ora, now we can properly get underway. Thank you.

11 **DR COOKE:** I think we should also invite our witnesses to identify themselves.

12 **CHAIR:** Absolutely, yes.

13 **MR TE KANI:** Mōrena tātou, Chappie Te Kani tōku ingoa, ko ahau Te Tumu Whakarae o
14 Oranga Tamariki. My name is Chappie, I'm the Chief Executive of Oranga Tamariki. I
15 have short black hair, I have a beard, I'm wearing a black suit with a white shirt and a
16 crimson tie, mōrena.

17 **CHAIR:** Mōrena.

18 **MS ATTRILL:** Mōrena koutou ko Paula Attrill tōku ingoa. Today I've got on a white shirt, I still
19 have the greying short hair and I wear glasses.

20 **MS DICKSON:** Mōrena koutou katoa, ko Nicolette Dickson tōku ingoa. I'm the Deputy Chief
21 Executive quality practice and experiences. I'm a Pākehā 40 something year old woman
22 with shoulder length blonde hair. Today I'm wearing a black jacket with a grey and black
23 top.

24 **CHAIR:** We have two witnesses or three in the back, haven't we. Have you got access to a
25 microphone there?

26 **MS SCHMIDTMcCLEAVE:** Yes, I was going to suggest Ms Boyles introduce herself, then
27 perhaps if I quickly introduce myself too. Ko Rachael Schmidt McCleave tōku ingoa, ko
28 rōia mō te Karauna. Mōrena anō, ngā Kaikōmihana, I am a middleaged Pākehā woman
29 with brown hair and brown eyes and today I'm wearing a bluegrey shirt and a black jacket
30 and a coral and red necklace, kia ora.

31 **CHAIR:** Ms Boyles.

32 **MS BOYLES:** Tēnā koutou, my name is Claudia Boyles, I'm the Chief Advisor of disability for
33 Oranga Tamariki. I'm a Pākehā woman, 57 years old. I have brown hair that's being very
34 quickly overtaken by grey hair, it's curly, and I'm sporting a TiLite manual wheelchair.

- 1 **CHAIR:** Kia ora.
- 2 **MR WHITCOMBE:** Mōrena koutou, ko Peter Whitcombe tāku ingoa. My name is Peter and I'm
3 the Tumu Tauwhiro, Chief Social Worker for Oranga Tamariki. I'm a tall Pākehā male, I'm
4 in my early 40s, I'm wearing a grey suit today with a blue and green shirt on. Kia ora.
- 5 **CHAIR:** Kia ora.
- 6 **MS AIOLUPOTEA-AIONO:** Kia ora tātou, talofa lava. My name is Aiolupotea Sina Aiono, I
7 am a middle-aged Samoan woman with brown eyes and black hair tied up in a respectful
8 faapatu (bun). I'm the Chief Advisor Pacific, kia ora.
- 9 **CHAIR:** Kia ora. Anybody else? Matua Hauraki.
- 10 **KAUMATUA HAURAKI:** Tēnā koutou, Doug Hauraki, Tumu Tikanga for Oranga Tamariki. I
11 have less hair than I had yesterday, it's grey, what is there. I'm wearing a grey suit, a black
12 checkered shirt and a black and white striped tie.
- 13 **CHAIR:** Tēnā koe matua. Now we are all ready to go -- one more, sorry, Ms Chase. Sorry, you
14 got lost in the thing.
- 15 **MS CHASE:** Mōrena koutou katoa, ko Frana Chase tōku ingoa. Kia ora, I'm Frana Chase and
16 I'm the Director of Transformation of Oranga Tamariki for Te Oranga o te Whānau. And
17 today I have all black on and I have brown, blackish hair pulled back in a ponytail and blue
18 eyes. Kia ora rā.
- 19 **CHAIR:** Kia ora, kia ora koe. This time.
- 20 **QUESTIONING BY DR COOKE:** Oranga Tamariki and its predecessors as an institution, in
21 order to operate and carry out its work, does so by administrative policies, doesn't it?
- 22 **MR TE KANI:** Yes.
- 23 **DR COOKE:** And those administrative policies are there to guide and direct good practice?
- 24 **MR TE KANI:** Yes, they are.
- 25 **DR COOKE:** And the current website is an extensive document that details policies that would be
26 followed by social workers when they carry out their work, both in care and protection,
27 residences, adoption, across the spectrum of the work that is undertaken by Oranga
28 Tamariki?
- 29 **MR TE KANI:** That is correct, yes.
- 30 **DR COOKE:** And these policies, let's call them "manuals" just for want of a generic word, are
31 currently online but for many years of course were paper-based, weren't they?
- 32 **MR TE KANI:** For many years they were, yes.
- 33 **DR COOKE:** And those manuals had gone by a number of names and we've had, for example,
34 there's the field officer's manual, wasn't there, if we go back many years?

- 1 **MS DICKSON:** Yes.
- 2 **DR COOKE:** And they covered everything that a social worker or a Child Welfare officer would
3 need to do in the course of his or her work?
- 4 **MS DICKSON:** Largely, yes.
- 5 **DR COOKE:** Yes, and they were pretty much a bible for Child Welfare officers, social workers,
6 etc, in carrying out their duties, weren't they?
- 7 **MS DICKSON:** They certainly set the expectations and how you'd carry out your role, yes.
- 8 **DR COOKE:** So using a sort of a phrase like they were the bible for what you do and what you
9 didn't do would be an acceptable phrase?
- 10 **MS DICKSON:** I think so, yes.
- 11 **DR COOKE:** And generally the idea was that those documents which were in place throughout
12 the period of scope would have provided the framework, the template for good social work
13 practice?
- 14 **MS DICKSON:** Yes, in addition to core social work skills and knowledge that the social workers
15 bring into the role but, yes, in terms of in the context of the practice in the organisation.
- 16 **DR COOKE:** If we go back to the manuals that were in place back in the 50s, 60s and into the
17 70s, 80s perhaps, they presumably would have been written mainly in Wellington at the
18 Head Office of the organisation, one imagines?
- 19 **MS DICKSON:** Yes.
- 20 **DR COOKE:** And they would have been written by social workers within the Head Office who I
21 imagine were primarily Pākehā New Zealanders?
- 22 **MS DICKSON:** Historically. Not the case now, but historically.
- 23 **DR COOKE:** Just looking at the historical perspective for the assistance of the Commissioners --
- 24 **MS DICKSON:** Yes.
- 25 **DR COOKE:** So because of that, it would be fair to say, wouldn't it, that the cultural dynamic that
26 you now have would not have been in place and reflected in those manuals?
- 27 **MS DICKSON:** That would be accurate.
- 28 **DR COOKE:** Yesterday, we spent some time exploring themes of the failure to provide safe care
29 and the obligations around providing safe care. Can we bring up MSD 001761-002.
- 30 **CHAIR:** I'll say this only once, it applies every day, and that is that for those watching on
31 livestream and those in the room, the documents that are being brought up will not be
32 visible to you, unfortunately, and that's for reasons of privacy of names and other matters,
33 but counsel will tell us what the document is and read out the relevant portion that he's
34 referring to so that you know what's going on as well.

1 **DR COOKE:** What's going to come up is an extract from the policy manual applicable. Its
2 context is the 1925 Act, and we're going to be looking at three paragraphs, J1, J2 and J3 on
3 the same page. On J1, you'll see that it says:

4 "An order committing a child to the care of the Superintendent makes the
5 Superintendent the legal guardian of the child 'to the exclusion of all other persons' so that
6 the parents lose their legal rights over the child. No court order can of itself affect the
7 emotional and other bonds between the child and his family and most of our wards
8 eventually return to their families or at least hope to. Apart from the few instances in which
9 a family is known to have an actively harmful influence on the child, family ties should be
10 encouraged and parents should be consulted (or at least informed) about actions concerning
11 their children."

12 That's a fairly fundamental statement of principle, isn't it, in terms of both what the
13 legal obligations are and of the expectations that the policy has of making sure, to the
14 extent possible, that children remain connected with their families?

15 **MS DICKSON:** Yes.

16 **DR COOKE:** Yes, and you would accept that the evidence that's been presented to this
17 Commission over the -- many of the survivor evidence is that those aspirations were not
18 met?

19 **MS DICKSON:** I would accept that, yes.

20 **DR COOKE:** If you look at J2:

21 "The responsibilities of guardianship imposed by a committal order are heavy and
22 require the Superintendent, through officers in the field, to see that the child enjoys an
23 environment which is more suited to his needs than the home from which he was removed.
24 As these responsibilities affect every aspect of the child's life, his supervising officer must
25 know a great deal about him and his family."

26 So that again reflects the tremendous responsibility the State assumed when it
27 removed the child and took that child into its care?

28 **MS DICKSON:** It certainly does, yes.

29 **DR COOKE:** And that's a continuum, isn't it, as we discussed yesterday?

30 **MR TE KANI:** Yes.

31 **DR COOKE:** And the statement that the child enjoys an environment which is more suited to his
32 needs than the home from which he was removed reflects that notion that we spoke of
33 about, if a child comes from a home life that is deleterious, the idea is that the State is going
34 to provide a safer, better environment for that child?

1 **MS DICKSON:** That should be the expectation, yes.

2 **DR COOKE:** Again, you would not disagree when I say that the evidence we've heard and which
3 you've acknowledge tells us that on many occasions that did not occur?

4 **MS DICKSON:** I would agree with that statement.

5 **DR COOKE:** In J3, it says:

6 "In discharging these responsibilities, the principle governing our actions is that we
7 try to do what we think a wise parent would do in like circumstances."

8 Which is -- and I'll intervene here, but that's essentially the same point, isn't it, that
9 the State here, when it's carrying out its duties, is doing so in the position of the wise
10 parent, and the wise parent -- you would agree that the wise parent is one who takes actions
11 that would ensure a child is safe in every respect?

12 **MS DICKSON:** Yes.

13 **DR COOKE:** You would agree with that?

14 **MS DICKSON:** Yes.

15 **DR COOKE:** Because we're not talking about the actions of an unwise parent, are we?

16 **MS DICKSON:** Correct.

17 **DR COOKE:** And it goes on:

18 "Just as a parent must sometimes withhold privilege, so must we. While we are
19 frequently guided by a child's wishes, we cannot and should not always give effect to
20 them."

21 Again, I assume in today's social work world that children are heard but they're not
22 necessarily decision-makers, is that the --

23 **MS DICKSON:** The expectations are much clearer now about the extent to which children should
24 participate in decisions and the obligation to let them know if you cannot realise their wish
25 and why. But, essentially, it is as it was at the time.

26 **DR COOKE:** So again we have a continuum of social work policy and of strategy and of
27 practices that should be followed?

28 **MS DICKSON:** Yes.

29 **DR COOKE:** When we looked at some of the survivor experience yesterday and also some of the
30 questions, we did so in terms of themes of poor vetting, unapproved caregivers,
31 disconnection from whānau, etc. There are some themes that I'm going to continue on that,
32 but I'm going to start just by getting into slightly more detail around the notion of
33 attachment for children in care and we briefly discussed this yesterday and I think you've
34 made some acknowledgements about the importance of attachment, yes?

1 **MS DICKSON:** Yes.

2 **DR COOKE:** And you've also spoken about the significance of attachment for children where
3 there is disconnection and severance occurs between a child and his or her whānau. You
4 agree with that?

5 **MS DICKSON:** Yes.

6 **DR COOKE:** Can we bring up -- and just in terms of preparation for today, are you familiar with
7 the expert report of Dr Calvert?

8 **MS DICKSON:** I have reviewed most of that, I also have read Dr Cargo's report on attachment.

9 **DR COOKE:** I'm going to refer to Dr Cargo's report in particular but that again should be seen in
10 the context as well as what Dr Calvert has written. So if we could bring up MSC0007998,
11 this is the report of Dr Tania Cargo. If we just scroll down that first page, you'll see that it's
12 "The impact on attachment when mokopuna are removed from whānau, hapū, iwi and
13 placed in foster care" and I'd like to go to page 11, please. And just scroll down so we get
14 that final paragraph, "The primary role".

15 Here, Dr Cargo on this page, and as we'll see, is talking around -- about children, the
16 role of children in Māori families and Māori culture. And you'll see there in the middle of
17 the page, if you can just bring that up, please, "The primary role of whānau". Then again,
18 this will be something that you're familiar with, isn't it?

19 **CHAIR:** Just read it out, please.

20 **DR COOKE:** "The primary role of whānau is the transmission of culture, knowledge, values and
21 skills to the mokopuna so they grow up with connection."

22 **MS DICKSON:** Yes.

23 **DR COOKE:** There's agreement behind the premise of that statement, isn't there?

24 **MS DICKSON:** Absolutely.

25 **DR COOKE:** If we could go over to the next page and the reference to the last paragraph. Here,
26 she's citing from Mason Durie (a kaumatua and leader in mental health) who tells us that
27 while attachment between a child and mother is important, he also says that attachment to
28 whenua is the first step into the development of a secure identity:

29 "The marae provides the only tangible link with earthly identity. Marae is the place
30 to stand. This is where Māori return to. This is where their Māori identity begins. Every
31 time you return to the marae your identity is strengthened."

32 And again, that's agreed too, isn't it, as being --

1 **MS DICKSON:** It absolutely is. I just want to acknowledge I'm speaking as a Pākehā New
2 Zealander, but this is absolutely -- I absolutely agree with this and it's a very helpful
3 articulation.

4 **DR COOKE:** But you're also here speaking, not only as a Pākehā New Zealander, but as your
5 role within Oranga Tamariki which extends across the cohort of children who are in care --

6 **MS DICKSON:** Of course.

7 **DR COOKE:** -- and includes Māori, Pasifika, everyone, doesn't it?

8 **MR TE KANI:** Absolutely, I'm just wanting to be clear that I'm not claiming expertise in Te Ao
9 Māori or --

10 **DR COOKE:** Well, if it would be more appropriate that your Chief Executive responds to these
11 questions --

12 **MS DICKSON:** I'm comfortable responding to them, I just wanted to provide that context in
13 answering.

14 **DR COOKE:** And can we now go on to the next page and it will be the portion that is at the
15 bottom of the page and that runs over to the next. Dr Cargo here is exploring this notion
16 between Māori and western views of attachment, and you'll be familiar with that. She says:
17 "Perhaps the first difference between Māori and western understandings of
18 attachment is that the mokopuna belongs to a collective whānau unit. They grow up with
19 multiple attachment relationships. There are also relationships with whaea and mātua.
20 There are relationships with tuakana and teina. There are relationships with taua. The next
21 important difference is that mokopuna have important attachment relationships with
22 whenua.

23 In western views of attachment, only person to person relationships are considered,
24 but for Māori, these relationships are element that mokopuna seek closeness to for comfort
25 and protection from. These relationships are important and are strengthened through
26 repeated visits to these important places."

27 And she says:

28 "Finally, attachment within Te Ao Māori is centred around wairuatanga, the
29 spiritual connection. Every part of Te Ao Māori is connected to the spiritual world.
30 Karakia begins and ends many daily activities. Reference is made to ancestral stories.
31 These repeated experiences reinforce culturally important values, beliefs and knowledge.
32 The use of te reo Māori supports the development of a strong cultural identity because it is
33 through the language that culture is maintained. Attachment for mokopuna is all about

1 interconnectedness to whenua, whānau, wairua and te reo Māori. These attachments occur
2 in the past, present and future.

3 Western ideas of attachment theory and research are likely to have inflicted harm,
4 especially for cultures who have always had collective and communal parenting values."

5 So, again, it's the same question that I've posed to you, that around the acceptance of
6 those statements that Dr Cargo is telling us underpin the Māori world.

7 **MS DICKSON:** Absolutely, I think it's a very clear and helpful articulation.

8 **DR COOKE:** And again, it comes back to that notion, I will give you a quote in a minute, but it
9 comes back to that survivor experience that for many of those survivors, they lost those
10 absolutely fundamental aspects to their well-being to themselves, didn't they?

11 **MS DICKSON:** Most certainly they did.

12 **DR COOKE:** And you would agree that -- do you want to tell us about the consequences for
13 those survivors, or those who experienced that, what the impact that you are aware of has
14 resulted in?

15 **MS DICKSON:** So I think it's multi-faceted, I think we heard some of that yesterday, loss of
16 language, loss of identity, a sense of not knowing who they are, the experience that was
17 shared yesterday about a belief of belonging to a cultural identity that wasn't their own isn't
18 a singular experience, I've heard that experience from young people themselves, ruptured
19 family relationships, no place to stand, distress and shame that comes from not being able
20 to impart that identity and knowledge into your own children, as some first comments.

21 **DR COOKE:** And you would agree that one of the consequences as well, and a common
22 consequence, would have been the pathway that these tamariki and rangatahi took, which
23 was a journey from care into the criminal justice system, from a foster home into a
24 residence into the adult criminal justice system?

25 **MS DICKSON:** I think the evidence is clear that's been a pathway for many.

26 **MS ATTRILL:** Dr Cooke, if I could just comment in regards to that, it wasn't just a pathway into
27 the criminal justice system that failings in this area resulted in, it was a pathway into
28 serious mental health difficulties, physical health difficulties, I mean challenges and harm
29 across the full range of a person's being resulted from the disconnection that occurred at the
30 point at which children were taken from their families and their connection to whenua and
31 everything else wasn't maintained. It's broader than just a path -- in saying that, I'm not
32 minimising the path --

33 **CHAIR:** Sorry, I just have to slow you down, please. We want to capture every word of this, but
34 we can't if you go too fast. Thank you.

- 1 **MS ATTRILL:** Apologies.
- 2 **DR COOKE:** One of the other consequences would be the fact that we see multi-generational
3 intakes of tamariki and rangatahi into care, isn't it?
- 4 **MS DICKSON:** Very much so, and that was my experience as a social worker.
- 5 **DR COOKE:** Your experience as a social worker, I think as I understand it, was centred for some
6 time in South Auckland?
- 7 **MS DICKSON:** Yes.
- 8 **DR COOKE:** And you sought your experience --
- 9 **MS DICKSON:** Sorry, to correct that, I practised mainly in Northland, actually, but I managed
10 and worked in South Auckland.
- 11 **DR COOKE:** But in managing and working in South Auckland, there are -- I'm trying to think of
12 the number of sites in South Auckland, but --
- 13 **MS DICKSON:** There are 8 or 9.
- 14 **DR COOKE:** 8 or 9 sites just in South Auckland and they are amongst the busiest in the country,
15 aren't they?
- 16 **MS DICKSON:** A number of them certainly are.
- 17 **DR COOKE:** Yes. And you would be able to say through your experience at management level
18 in those sites that what you have just described to us would have been a day-to-day
19 occurrence of your everyday work?
- 20 **MS DICKSON:** In terms of the intergenerational.--
- 21 **DR COOKE:** Intergenerational.
- 22 **MS DICKSON:** Seeing families that have been impacted in -- yes.
- 23 **DR COOKE:** You also would have come across families where members of those whānau would
24 have been either in prison or have passed through the prison system and they had also been
25 in care?
- 26 **MS DICKSON:** Yes.
- 27 **DR COOKE:** And their children were again the subject of intervention?
- 28 **MS DICKSON:** Yes.
- 29 **DR COOKE:** And picking up on Ms Attrill's point, the consequences that she described, you
30 would have seen in your day-to-day work as a manager in South Auckland?
- 31 **MS DICKSON:** Yes.
- 32 **DR COOKE:** Can we bring up WITN0815001 at page 11. This is a witness statement of a female
33 survivor who was in care, in foster care and suffered -- we're not going to go any further

1 into this but suffered. Her story is typical of children, young people who were in the care
2 of the State. This is what she says:

3 "We can never get back what we have lost, the love and care of our parents. We
4 can never retrieve what we had, a loving, closeknit family with parents who loved us. We
5 will never be truly siblings again because we are all too damaged. We will never know
6 what it is would have been like to grow up connected to our extended family, our whenua
7 or marae because we lost all that the day we were removed from our parents' care."

8 So in that short paragraph, those couple of sentences, it brings home to us, doesn't it,
9 the magnitude of loss that can occur for a person who was taken into care and was not
10 given the opportunity to maintain all of those necessary connections and links that we've
11 just been talking about?

12 **MS DICKSON:** I don't have words to acknowledge the extent of grief and loss in that experience
13 as described. It's deep and very, very real.

14 **DR COOKE:** I'm now going to take us through some survivor statements. In order for
15 preparation this morning we've had to cut back on the number so, again, as I said yesterday,
16 these are -- the ones we're going to give you are but some of those that we have. So there
17 may be some survivors out there who may expect us or want to hear a story that they
18 recognise. If you don't hear that story, then I'm sorry for not being able to bring it today,
19 but that's part of our reality.

20 So can we bring up ORT 0078058. This is a memo, an internal memo and it
21 concerns the failure, placement of children with unapproved and unvetted caregivers which
22 gave rise to the actual abuse of children in the care of the State and two tamariki, 15 and 16,
23 were placed with a man who was not approved as a foster parent.

24 **CHAIR:** Just noting this is 1992.

25 **DR COOKE:** 1992. The document begins, if we could just bring up the first paragraph there.
26 Maybe I'll read it, here we go, the first two paragraphs there because it sets the context
27 quite nicely:

28 "I regret to advise that the service may be exposed to some publicity in relation to
29 two placements made in Christchurch and the expected criticisms will be difficult to
30 defend.

31 On this date in 1992, a 40-year-old separated man appeared in Christchurch court
32 charged with indecent assault on a 15-year-old boy. The boy concerned had been on
33 weekend leave from Kingslea, was placed with a man with the consent of Kingslea and his

1 city social worker. Also with the man was a 16 year old boy placed by a different social
2 worker."

3 So that again indicates the issues that arose back in our scope period with
4 placements occurring and where it would appear that appropriate measures were not taken
5 to check out and vet a particular placement. Then the memo is saying the living situation of
6 the man wasn't adequately vetted or was not vetted at all and it's in a one bedroom flat. The
7 boy would have been on the floor. It was nevertheless encouraged to agree to the
8 placement.

9 So, again, I don't want to we're- going to move on but that -would.-

10 **MS DICKSON:** I can see the body of the memo, which suggests that it fell short of the kind of
11 approval assessment process you would expect.

12 **DR COOKE:** Just on this point, I imagine social workers themselves taking children into their
13 care on whatever basis would be dealt with separately, in a quite different way than if it was
14 going to be a caregiver placement?

15 **MS DICKSON:** Sorry, do you mean if a social worker was to assume the care of a child?

16 **DR COOKE:** Yes.

17 **MS DICKSON:** Yes, and generally it's been not encouraged as a practice.

18 **DR COOKE:** I was going to go down that pathway but I think time's going to prevent me. So the
19 next one I want to go to is WITN081 - sorry, can we go to this one, go to MSD 0007806,
20 paragraph 7.93. This is a survivor who was in care for many years, and you'll just see there
21 that he was placed with unapproved caregivers -of his- 24 placements, 11 of these were
22 with unapproved caregivers. And you would agree that we're seeing a theme, aren't we, of
23 placements that were occurring that were clearly not vetted and were otherwise
24 unsatisfactory because the caregivers were people who were- not approved?

25 **MS DICKSON:** Yes.

26 **DR COOKE:** Can we go to -- just up to para 7.1 and this is a placement that this particular
27 survivor and his sister had, which caused various problems, that:

28 "...DSW was likely to have breached its duty of care when recruiting the caregivers
29 by failing to take reasonable care when deciding on this placement. It failed to follow its
30 own internal recruitment procedure or carry out an assessment that made any background
31 checks. This was also a practice failure."

32 **CHAIR:** Just to be clear, I take it, Dr Cooke, this is a report from MSD on a redress claim?

33 **DR COOKE:** Yes.

34 **CHAIR:** So these are findings by MSD about practice failures by social workers?

1 **DR COOKE:** Yes, we've been very careful of course to make sure that we're just referring to
2 those where it says this is an accepted failure of practice.

3 **CHAIR:** Right.

4 **MS SCHMIDT-McCLEAVE:** I wonder, Madam Chair, if Dr Cooke could also orient the timing
5 when he introduces these documents for the benefit of the witnesses.

6 **CHAIR:** The timing of the?

7 **MS SCHMIDT-McCLEAVE:** Of the practice failings that are being brought to the attention.

8 **CHAIR:** So it's not the timing of the decision, it's the timing of when the failures took place?

9 **MS SCHMIDT-McCLEAVE:** That's right, thank you.

10 **CHAIR:** All right.

11 **DR COOKE:** Yes, if I can, I will. Thank you. I mean there's a context to this, we can
12 immediately see because it uses the word DSW.

13 **CHAIR:** Yes. So the date range for that would, what, be up to about 1989?

14 **DR COOKE:** Yes, and I can give that information -- well, we'll be able to get it from going to the
15 document itself if we need to later on.

16 **CHAIR:** Yes.

17 **DR COOKE:** This is a social work manual document, MSD 001767-00005. It's a 1984 social
18 work manual. We want to go to pages 44 to 46 and the chapter is P2.17. Here, we have its
19 heading, "Limitation on multiple placements in private foster homes", A, "The dangers
20 inherent in multiple placements of foster children". And it tells us that:

21 "Before making foster placements, we have to be clear about the general specific
22 short and longer term needs of the child which are to be addressed and the purpose of the
23 proposed placement in relation to those needs."

24 And it goes on and talks about the quality that's required of foster parents. What's in
25 that document of course, as indicated by the heading, that the care needs to be made around
26 selection, vetting of children, the matching of children with foster parents and of course the
27 risk of multiple placements.

28 I wanted to talk about multiple placements just briefly. Because we know that if a
29 child has -- who's taken into care has a multiplicity of placements, that contains inherent
30 risks for that child, doesn't it?

31 **MS DICKSON:** Yes, in terms of stability and -- yes, definitely.

32 **DR COOKE:** So not only a child may -- sorry, the stability is in terms of home life in the first
33 instance, and if a child is moved, there may be instability arising because of a need to
34 change school?

- 1 **MS DICKSON:** Certainly.
- 2 **DR COOKE:** There will also be possible instability around whether or not whānau, family
3 connections can be maintained?
- 4 **MS DICKSON:** Yes, those arrangements would have to be reset and that would be disruptive,
5 yes.
- 6 **DR COOKE:** And that becomes particularly difficult if children are placed in foster placements
7 or in residences that are located at a geographic distance from where their whānau lives?
- 8 **MS DICKSON:** Definitely.
- 9 **DR COOKE:** And we know, don't we, that over the course of this Commission's scope and,
10 subsequently, that many children have been placed at a distance and their needs and their
11 family's needs to maintain that contact have not been realised?
- 12 **MS DICKSON:** That's accurate, yes.
- 13 **DR COOKE:** Is the question of multiple placements something like how long is a piece of string?
14 That it's inevitable, isn't it, that when a child's taken into care, he or she has to experience
15 inevitably more than one placement?
- 16 **MS DICKSON:** Can I just check whether you're asking in the historical or the current context,
17 because that is an area that practice has changed.
- 18 **DR COOKE:** I'm talking about generally at the moment, that where a child is taken into care and
19 it doesn't matter-- it generally wouldn't matter, it seems, whether it's an emergency
20 placement or one that has had the benefit of some planning, but ordinarily it would mean
21 that a child is likely to have more than one placement only?
- 22 **MS DICKSON:** The only comment, I think there are certainly numbers of circumstances where
23 the first placement isn't the enduring placement. The only thing I would say is that in our
24 practice, which has moved away from non-kin foster care to whānau care, finding care
25 within whānau early has reduced the number of placement changes, particularly for
26 younger children. I don't know if, Paula, you wanted to add anything to that?
- 27 **DR COOKE:** I'm going to take you to some examples and we've already had some, but you
28 would agree that a child's experiences of multiple placements such as with -- sometimes 20,
29 30 plus, and I'm sure that even at times, over a period of a child's journey through care,
30 there could be a tremendous number. Are you aware of the highest, the highest number of
31 placements that is recorded for a child in the care of the State?
- 32 **MS DICKSON:** I couldn't tell you that, sorry.
- 33 **CHAIR:** I was just thinking then, does Oranga Tamariki or its predecessors keep records of the
34 number of placements of children?

1 **MS DICKSON:** I can speak to our current --we can't provide that at a whole of population level
2 but in a child's individual case record in the current case management system, you would be
3 able to see each individual placement.

4 **CHAIR:** I think that applies in the past as well from what we've seen that, generally, a file will
5 record where they went, but what I'm thinking about is the wider systemic recording so that
6 you can get trends and patterns. Is there anything at all in your data collection that would
7 enable that to happen?

8 **MS DICKSON:** Again, it's subject to the very real limitations that that would require an
9 individual exploration of each case record.

10 **CHAIR:** So really the answer is that there hasn't been any systematic collection of that data
11 beyond the evidence on the child's personal file?

12 **MS DICKSON:** Not to my knowledge.

13 **MS ATTRILL:** Judge Shaw, I'm aware of situations in the last decade or so where we have at
14 points in time deliberately looked at the number of placements children in care have had
15 with a view to understanding those children that have had multiple placements, taking a
16 closer look at what's happening for those children, why isn't there stability in their
17 caregiving situation. So we have at points in time examined the issue of multiple
18 placements. That has been in the last 10 to 15 years when we've had an information system
19 that's been able to give us a basic level of information about placement changes.

20 **CHAIR:** Thank you.

21 **DR COOKE:** The impact of multiple placements for a child, and that's -- this is where the -- I'll
22 go back. We know that many children are often removed abruptly or have been removed
23 abruptly from their homes, and there's immediately then a severance of family relationships
24 and of attachment, isn't there?

25 **MS DICKSON:** Yes.

26 **DR COOKE:** We know as well that many of those children would then go into more than one
27 foster home?

28 **MS DICKSON:** Yes.

29 **DR COOKE:** They may go into a family home?

30 **MS DICKSON:** That's one care environment.

31 **DR COOKE:** They could be in a multiplicity of care environments, couldn't they, any particular
32 child could go from a foster home, could go to a family home, could go to a residence?

33 **MS DICKSON:** Yes.

1 **DR COOKE:** The reality or the consequence for the child of that is a complete inability to form
2 any secure family connected relationship with an adult, isn't it?

3 **MS DICKSON:** Yes, that's certainly something I've heard directly from young people.

4 **DR COOKE:** And your records would be redolent of that, wouldn't they?

5 **MS DICKSON:** Yes, I think so.

6 **MS ATTRILL:** Dr Cooke, if I could just add a comment. In my view, it goes beyond that in
7 terms of impact for the children. I mean attending a school regularly is one of the key ways
8 children form friendships, participate in the activities that all of our children enjoy,
9 sporting, cultural or other, and the greater instability in their lives in terms of where they're
10 living, the less ability they have to develop those friendships, maintain those friendships
11 and do things that everyday kids in New Zealand -- most children in New Zealand enjoy, it
12 goes beyond the attachment to a significant caregiver for the children, and as Nicolette has
13 said, we've heard from young people about the catastrophic impact of instability in their
14 lives.

15 **DR COOKE:** My focus I guess has been looking at the long-term impacts on those children, of
16 course that's one, but more around what -- their loss of connection with whānau and what
17 happens to them as they move into their adolescence and into their own adulthood and you
18 would agree, I guess, that statistics would show an inability to form good, solid adult
19 relationships?

20 **MS DICKSON:** Yes, I wouldn't want to discount those who, despite the tremendous things
21 they've overcome, have actually, you know, not had that experience, but yes, it is definitely
22 the experience for many.

23 **DR COOKE:** Let's go to WITN0865001. This is a survivor statement and I want to go to
24 paragraph 9. This is a female survivor who gave evidence at the foster hearing.

25 **CHAIR:** She was a ward of the State in 1984, I think -- no, sorry, 1974, when she was two years
26 old.

27 **DR COOKE:** "I had 36 different placements through my journey in care from 18 months old until
28 I turned 19", which was when she left care. "I have been fortunate that I have had my files
29 for quite a long time so I've spent a lot of years processing and reading between the lines.
30 From what I can gather, a number of placements broke down for the simple fact that I was
31 unable to form a bond with the parents and they struggled with that."

32 So that's there in part to show the instability that would have occurred for this
33 person during her entire childhood from 18 months until she turned 19 and then was able to

1 leave care. That again says in a few short sentences exactly what you've acknowledged
2 today, isn't it?

3 **MS DICKSON:** Yes, and, again, I don't have words to describe the depth of that impact, of that
4 experience.

5 **DR COOKE:** Can you go to ORT 0084100. I want to go to the last paragraph on page 10. This
6 is a 14-year-old- who had been in care and who had suffered tremendous, terrible
7 experiences and who took her own life. But the -- what we're told, CYP are seeking an
8 emergency placement pending a family group conference. She tells the social worker this
9 will be her 17th placement and states she does not want to go into a home and, three days
10 later, she took her life.

11 **CHAIR:** 1994.

12 **DR COOKE:** There's no suggestion that the sole reason for what subsequently occurred is the
13 fact that there may have been another placement because there were, as you would expect
14 there, a multiple dynamics of concern that were operating for this young woman. But it
15 would appear that, certainly, as on this day, there are statements being made that things are
16 getting pretty fraught.

17 **MS DICKSON:** Yes, and before I respond, can I just acknowledge the grief and loss for this
18 whānau, that's a terrible experience and tragedy. But, yes, I accept the premise of what
19 you're saying in terms of what her experience would be at this point.

20 **DR COOKE:** Go to WITN0896001. I want Paragraphs 109 to 111 there-- we go. This is again
21 another survivor experience and I have to find out -- we'll get you the timing of that in a
22 minute, but we want to -- I'm raising this because it shows the -- it's one of the impacts as
23 well, looking back on what happens when you're in State care:

24 "When you go through 20 changes in your young life, living in different homes, you
25 can't tell me that you'll be the person who you could have been.

26 I never knew in advance where I was going to go. When I arrived somewhere,
27 I never knew how long I was going to stay there. Even now, packing a bag to go away still
28 brings up that anxiety.

29 Every home you go into, you do things differently, and it changes from one home to
30 another. What is normal in one family is not normal to someone coming into that family.
31 In one family, you wash your hair once a week, in another it's every day. How and when
32 you change your sheets differs from one family to the next.

33 With these changes comes changes to schooling. During intermediate, I had three
34 school changes in a two-year period. I think you lose some of your anchors of support

1 when you have changes there, as well as changes with where you are living and with social
2 workers. I remember three or four social workers within a short period of time."

3 This is from a survivor who was born in 1968 sorry 1957, so we're talking
4 of that-- gives you the context. But, again, that experience of placements, of the impact of
5 changing homes, of schooling, different rules, uncertainty about how to behave, what to
6 expect, is typical, isn't it?

7 **MS DICKSON:** I think it's a really profound explanation of the loss of agency that results from
8 multiple placements and, you know, development by agency I mean that ability as you
9 develop to take more control of your own life, and if that's uncertain, then that opportunity
10 is lost to you and I agree that that is a consequence of multiple placements.

11 **DR COOKE:** Go to WITN0342001 and paragraph 8. This is a witness statement. The theme of
12 this evidence is that placements often end due to social workers failing sorry reacting to the
13 child's behaviour and they're not able to perhaps deal with the issues that give rise to
14 behaviours or there's a failure to understand what is going on. So, here's a person who says
15 he was sexually abused in most of the homes he was in during that time, "I was also
16 physically abused. The homes were often wealthy white people". He talked about
17 he-- goes on to say, "There was a house with nine bedrooms. The foster parent made a
18 leather saddle for me and put a bridle in my mouth and would rape me. He did this in one
19 of the bedrooms and in his office". He goes on to talk about further sexual abuse taking
20 place and the consequential behaviours that arose. At paragraph 10:

21 "I was in a constant state of terror. My anxiety was always, 'Will he use oil? Will it
22 hurt?' I was so relieved when they used oil rather than raping me dry."

23 He goes on at paragraph 11:

24 "I would defecate in my pants and then hide my underpants. I look at photos of me
25 back then and I'm smiling, but behind that was terror."

26 Then he talks about, at para 12:

27 "During this time I had a lot of trouble in these homes. I took off a lot and did petty
28 theft which resulted in the break down of the placements. The authorities didn't understand
29 what was happening to me in these placements and why I was acting the way that I was. I
30 was given tranquillisers during this time and, as you will see from my social worker's notes,
31 these only made me worse. At one point, the social worker even made a note, 'The time has
32 come for [person] to be cut down to size and made to realise that the world does not revolve
33 around him. Wondered about getting the local police to frighten the boy or for him to
34 spend some time in an institute to get him into line'."

1 He then says:

2 "They sent me to the Ōrākei Boys' Home in 1970 and then to Holdsworth in
3 Whanganui in 1971."

4 So it gives us the time context. So that's presenting that to you in the context of
5 what was happening to a child in care, an inability on the part of social workers to
6 understand what was going on, perhaps not knowing about sexual abuse, and as a result of
7 that, it's the child who then suffers further instability because the social workers decide the
8 way to deal with this is to move the child and not to -- and are unable to address the
9 problem.

10 **MS DICKSON:** Yes, and I think this is a -- I find this a deeply distressing account both in terms
11 of the experience and the response that the young person received. I don't think it just
12 speaks to stability, I think it speaks to you need consistent relationships with adults to be
13 able to tell people when things aren't okay and that wasn't the experience for this young
14 person, clearly.

15 **CHAIR:** Could I just make a comment here. Number one, first, it's worth noting that this was a
16 Māori boy, and it's also worth noting that he had 13 placements in 12 months. My question
17 there is, would you not expect that in good social work practice, that would raise a red flag
18 why the multiplicity of changes here?

19 **MS DICKSON:** Absolutely, definitely, and also some of the behavioural things that are described
20 as behaviours should be a motivation to ask more questions and understand the experiences
21 that might be resulting in those behaviours.

22 **CHAIR:** Yes, thank you.

23 **DR COOKE:** Can we bring up -- we're going to bring up MSD 001761-00002, which is the field
24 officer's manual from 1957, which is a long time ago, but it's been presented to you as how
25 social workers were looking at children at that time and on the basis that it's in the manual
26 so, therefore, it is indicative of a policy that is motu-wide. And you'll see from it when I go
27 through it, that it's comparing a child to a dog:

28 "It's difficult to know just how much information about a child to give people who
29 are considering looking after him. On the one hand, if one 'gives a dog a bad name', it may
30 give an undeservedly bad impression, and on the other hand, if one doesn't tell the truth
31 about weaknesses and difficulties they are likely to experience, they can legitimately
32 complain. Once again, the best policy is frankness tempered with discretion. It's never
33 permissible to gild the lily unduly, but it is reasonable and fair to attempt to put unpleasant
34 facts into perspective and to give the most favourable interpretation of them which is

1 reasonable in the circumstances. Direct questions from foster parents should be answered
2 directly. Officers must remember too that they become accustomed to certain character
3 traits and behaviour patterns and tend to forget that the foster parent will, at the outset
4 anyway, view that differently."

5 So is the example there of -- which is what the context is about in comparing first of
6 all a child to a dog, would you see that as being appropriate?

7 **MS DICKSON:** I think it's a shameful way to describe the kind of information that social workers
8 should have been sharing with caregivers. It's appalling.

9 **DR COOKE:** Just on that point, bringing it to a modern context, because one of -- again it comes
10 through from the evidence that we've heard and it's -- I believe it's quite a contemporary
11 concern, it comes from caregivers, is the extent to which caregivers are told about the
12 demands of parenting a particular child. Do you agree that that's a problem area?

13 **MS DICKSON:** I would say it has been, in very recent practice, a problem area where the
14 absence of information was more typically the challenge caregivers had. So they certainly
15 weren't provided with -- and again, generally speaking, they certainly weren't provided or
16 assisted to have the information that would help understand the needs of tamariki and
17 respond to them. Into the future, I know we'll talk about that at a different point, but the
18 care standards spoke deliberately to that experience, both by speaking to what caregivers
19 should expect and how tamariki should be understood through their own plan and
20 assessment.

21 **DR COOKE:** But it would be fair to say, wouldn't it, that there have been many instances over
22 the years, and I use that as a continuum, of children with significant needs being placed
23 with caregivers and that caregiver is not told about the actual real demands of parenting that
24 child?

25 **MS DICKSON:** Yes, that's a very real and common experience.

26 **DR COOKE:** It's also -- there's also evidence, and I think it's in some relevant social work
27 literature, perhaps some of the work of Emily Keddell for example probably addresses this,
28 which is those caregivers at times have had difficulty in getting the necessary assistance
29 from Oranga Tamariki in order to then address those behaviours that they find challenging?

30 **MS DICKSON:** Yes.

31 **DR COOKE:** And the next consequence of course is that the placement fails?

32 **MS DICKSON:** Yes.

33 **DR COOKE:** And the child has to go somewhere else?

34 **MS DICKSON:** Yes.

1 **DR COOKE:** And the cycle continues?

2 **MS DICKSON:** Yes.

3 **DR COOKE:** Can we go to WITN0896001. This is a survivor statement again and you'll see
4 that -- I can tell you that the survivor at the time of making this statement was 64 years of
5 age and was born in 1957. She was taken out of her father's care who was a convicted sex
6 offender. She was placed in foster care but her father was allowed to have access with her
7 and that allowed her to be repeatedly sexually abused by him. And if we look at paragraph
8 30 which is up here, she says:

9 "I spent a lot of time being scared at [space]. Looking back, I realised that I was
10 always scared about my father coming to see me because he would sexually abuse me. My
11 father was for some reason allowed the right to take me out to stay with him in Whanganui,
12 or out unsupervised for a few hours at a time when he visited. His visits were monthly."

13 And that would be -- one would hope that would be a one-off practice, but certainly
14 in the case of this person, it appears to have been something that went on for some time.

15 You would agree that that is again an instance of bad social work practice?

16 **MS DICKSON:** Yes.

17 **DR COOKE:** This is the same survivor and we're going to bring up another statement that she's
18 made. You'll see this is a note of 21 October 1969 and it's about the cessation of the visits
19 to the father and we want to go to paragraph 11 which I think is at the end. You'll see this
20 is from the social worker to a manager:

21 "I agree with the recommendation to restrict [Mr Father's] contact with the children
22 and to supervise any future contact. If you agree, the father will be advised accordingly.
23 Although we had considered the possibility of something like this happening -- which was
24 the abuse -- it was thought that -- and this is a sibling's presence -- would be a sufficient
25 safeguard."

26 You would agree, wouldn't you, that there's a degree of naivete and bad practice
27 relating to that?

28 **MS DICKSON:** Oh, naive optimism is what I would describe it as. Exactly that.

29 **CHAIR:** I think we can record that the witness is speechless.

30 **DR COOKE:** I want to talk now about visiting practices in the time I've got available. And if we
31 can bring up MSD 001761-002, we want to go -to this- is the field officer's manual 1957
32 and its- page 67, J1.197 and it's going to tell us that dependent on the factors, at least every
33 four months, a visit should take place and the child should be seen personally during that
34 period.

1 Visiting children regularly is good social work practice, isn't it?

2 **MS DICKSON:** Absolutely.

3 **DR COOKE:** Has there been -- here we say it's every four months. Are you able to tell us
4 whether it's always written into policy as to the frequency of visits?

5 **MS DICKSON:** There is policy about the frequency of visits. That policy has changed and I'm
6 happy to talk about some of the transitions very briefly.

7 So in recent past -- I mean four months is clearly a very long time in the life of a
8 child. At different times, we've described a minimum of eight weeks, which is still a very
9 long time in the life of a child. The expectation now is that there will be an individual
10 assessment of the frequency of visiting needed depending on the child's age, their
11 circumstances, and often we would expect visiting to occur much more frequently than
12 eight weeks.

13 **DR COOKE:** Was eight weeks specifically stated in policy?

14 **MS DICKSON:** I believe it was, yes.

15 **DR COOKE:** Because that was the mantra for a long, long time, wasn't it?

16 **MS DICKSON:** Yes.

17 **DR COOKE:** Over recent years?

18 **MS DICKSON:** Yes, and it was the measure in the recording system.

19 **DR COOKE:** And did the same principle apply to residences?

20 **MS DICKSON:** Yes, I believe so. I'll just check with -- yes, for the field frontline social worker
21 to visit the young person in residence, yes.

22 **DR COOKE:** And with evidence that has come before the Commission through survivors, and I
23 don't have time to bring it all up, but a lot of those survivors say: (a) they weren't visited at
24 all, or (b) they were visited but incredibly sporadically, and (c), that the visits, when they
25 did occur, took place in front of the caregiver, that everything was a bit of a set-up, that the
26 process was such, and these are adults looking back, but the process was such that it was
27 simply unsafe and they were unable to tell anything around what was actually going on in
28 the home. Do you accept that was the experience of survivors and others in care?

29 **MS DICKSON:** Yes, I do, and it runs contrary to what has been best practice for the period of my
30 time, which is that you would absolutely be expected to afford a child time alone away
31 from their caregiver to create a safe environment, so when that doesn't happen, that impacts
32 the potential safety of children.

33 **DR COOKE:** Because the need for children, whether you're a social worker or you're anyone else
34 who's working with children and you have to interview or meet with, get children's views,

1 as lawyers have to do, some lawyers have to do, you have to make sure that the process has
2 integrity, don't you?

3 **MS DICKSON:** Yes.

4 **DR COOKE:** And you have to make sure that you're able to interact and communicate with that
5 child having regard to the specific circumstances of that child?

6 **MS DICKSON:** Yes.

7 **DR COOKE:** Not all children have English as a first language?

8 **MS DICKSON:** That's right.

9 **DR COOKE:** Not all children have the language development that a same-age peer might have?

10 **MS DICKSON:** That's right.

11 **DR COOKE:** That in order to engage with that child, the social worker really must have
12 a -- develop a rapport with that child?

13 **MS DICKSON:** A relationship's critical, yes.

14 **DR COOKE:** And of course we also know, don't we, over the years, and this includes recent
15 years, that the demands and pressures on social workers are such that often a child's going
16 to have a multiplicity of social workers through his or her journey through care?

17 **MS DICKSON:** Yes, that has certainly occurred much more frequently than we would hope.

18 **DR COOKE:** And that's a continuum, isn't it?

19 **MS DICKSON:** Yes.

20 **DR COOKE:** That's still happening?

21 **MS DICKSON:** Yes.

22 **DR COOKE:** And that would mean of course that it becomes even more difficult for the child to
23 be able to say, "I can speak to this person"?

24 **MS DICKSON:** Yes.

25 **DR COOKE:** Another dynamic there for some children is going to be the fact that, "Why should
26 I talk to this social worker? Because even if it wasn't this particular social worker, it was
27 another social worker who took me away from mum and dad". That's another reality, isn't
28 it?

29 **MS DICKSON:** I think that's right, and also when children have had experiences of telling adults,
30 social workers, that something's happened and not been believed, that's another reason
31 children clearly will not feel safe to share what's happening to them.

32 **DR COOKE:** Yes. With the policy that you've got today, and you've just told us it's a --

33 **MS DICKSON:** It's based on an assessed need.

1 **DR COOKE:** Based, yes, on an assessed need. Sometimes, an assessed need arises -- almost a
2 squeaky wheel syndrome, that if you get a caregiver and/or a child where there are some
3 problems, there will be visits, right? Another situation, and we know this is back when -- in
4 my lifetime of eight-weekly visits, if there's -- everything seems okay on the surface, there
5 are no visits or the visits are sporadic. You would agree that that's occurred?

6 **MS DICKSON:** Yes, and I don't want to go too far into the future but that was why the
7 assessment of need and frequency of visiting was codified in the care standards.

8 **DR COOKE:** So if the social worker does an assessment and says little Johnny's placed with so
9 and so and that's going really well and I've got some feedback from the school and again no
10 concerns are coming out, does that mean that in fact that child may not be visited because
11 the assessment says there's no need to when everything's kei te pai?

12 **MS DICKSON:** There would be very few where there would -- I think you might have a longer
13 frequency or interval of visiting but there would be not a situation that I can think of where
14 you would say there is no need to visit.

15 **DR COOKE:** It then comes back to the question of what kind of frequency would then occur in a
16 placement that is otherwise going okay?

17 **MS DICKSON:** So the guidance we provide, it's not one factor, it's multi-factorial, so age and
18 development of the child, the degree of stability in the care arrangement, the kind of
19 communication and needs, there's a whole range of things. The only real situation where
20 you might extend a little bit the period of visiting would be where essentially everyone was
21 in agreement that this was, by all intents and purposes, but for the discharge of specific
22 orders, that child's permanent and enduring home situation.

23 **DR COOKE:** So it would still mean, wouldn't it, that for a child who's currently in care and under
24 an order, that child, if it's under 7, may only be visited once every six month and that's for
25 the purpose of preparing a court report because, otherwise, everything's going okay and the
26 assessment says it's fine?

27 **MS DICKSON:** No, that would not be the usual practice now. That would not be what the
28 guidance would lead a social worker to routinely assess as the frequency of visiting.

29 **DR COOKE:** What would be the minimum -- because I'm trying to get you to say a specific, you
30 see. What would be -- how often would a child who's in care who's under 7 be visited by a
31 social worker?

32 **MS ATTRILL:** I was just going to offer some evidence that as well as what Nicolette's been
33 talking about in terms of the frequency of visits and how we determine that, that the other
34 element of our practice these days, and again I don't want to sort of go too far forward in

1 terms of the process of the Commission and our appearance, but something that is
2 significantly different than what we have had in the past is the focus on providing support
3 to caregivers, so there's, in my view, a two-pronged approach to ensuring stability, safety
4 and that children are in, you know, caregiving situations where they're having their needs
5 met. So we have a caregiver recruitment and support service whose sole purpose is to
6 assess, approve and, critically, support caregivers and how they're taking care of children.
7 So there's two separate social work views on a caregiving situation that we have in place
8 now, for very important reasons, that wasn't so much formalised in the past.

9 **DR COOKE:** Colloquially, is that where we have a situation where we have the caregiver social
10 worker and we have the child social worker?

11 **MS ATTRILL:** Yes.

12 **DR COOKE:** But they have different roles and responsibilities, don't they?

13 **MS ATTRILL:** They do, but one thing they have in common is a responsibility to have a shared
14 understanding of the situation for the child in that caregiving whānau, so that they are
15 required to work together to ensure that the child's needs are being met and the caregivers
16 are receiving the required support to be able to meet the child's needs in that care
17 environment.

18 **DR COOKE:** By moving away from eight-weekly visits, is that because that's something that's
19 physically unattainable because of work constraints for social workers?

20 **MS DICKSON:** That is not what sits behind the change at all. What was expected and is
21 anticipated, and we are seeing in more cases than not, is that the assessed need would be
22 more frequent than eight-weekly.

23 **DR COOKE:** I want to finish on this last point, even though I have much more to do but I'm
24 going to finish. I want to come back and ask you about multiple placements. And is there
25 a policy paradigm somewhere that tells us where -- what's acceptable in terms of a child's
26 journey through care of the number of placements that he or she may have, and where it
27 tips over into being unacceptable, or is that --

28 **MS DICKSON:** I think the policy and guidance orientation is towards -- in current state, is
29 towards working with whānau as early as possible to find an enduring care arrangement
30 within whānau as the first option and, certainly, everything would discourage multiple care
31 arrangements for all the reasons we've canvassed today.

32 **DR COOKE:** So if a child is placed with whānau, in order to minimise future placement change
33 and risk, it has to then be underpinned by necessary support, doesn't it?

34 **MS DICKSON:** Definitely.

1 **DR COOKE:** And this is future-looking in part, or is it present and future-looking, is the Chief
2 Executive Oranga Tamariki in a position to make sure that those whānau who take on
3 responsibility for their children are going to be adequately supported in every way so that
4 there isn't stress on the placement and the caregivers then say, "We're not able to cope"?

5 **MS ATTRILL:** So one of the really important things that changed in the 2019 reforms was the
6 introduction of a set of care standards. Those care standards place an absolute obligation
7 on the Chief Executive to understand the needs of children through comprehensive
8 assessment and to take steps to ensure those needs are met. Closely associated with that is
9 an absolute obligation to be supporting the people caring for children in care to provide
10 safe, stable loving care. We also made some changes to the principles of the legislation to
11 introduce notions of stability and strengthen safety and included the word "loving" in the
12 legislation, which was, in my view, a significant step forward in terms of a signal of what
13 children deserve and are entitled to receive in care.

14 **MS DICKSON:** And to the point of adequate support for whānau, I would say it's a feature of our
15 fairly recent past that we did not provide the same degree of whānau, support to whānau
16 care, and that is very much an expectation that care will be commensurate, whether you're
17 in whānau care or non-whānau care, and it's behind some of the work that Ms Chase, Frana
18 referenced yesterday in terms of whānau care partnerships, how that support is provided is
19 almost as important as what that support is and that's a fundamental principle behind the
20 whānau care partnerships or the iwi Māori organisations.

21 **DR COOKE:** I had another question but I've forgotten what it was.

22 **COMMISSIONER ERUETI:** I can ask a question. We did discuss this yesterday, didn't we,
23 with the informal care arrangements with Māori that frequently they just don't have access
24 to the supports that they need?

25 **MS DICKSON:** Yes, so in those three types of care that I spoke of, without orders, whānau
26 caregivers who are approved by Oranga Tamariki, and then care providers, we absolutely
27 know those informal arrangements are still not supported to the extent that they should be,
28 but there is work being done to look at that issue.

29 **CHAIR:** I think we must end because of our timeframes. Have you come to the end?

30 **DR COOKE:** Yes, I have.

31 **CHAIR:** Reluctantly, I sense, Dr Cooke, that you've come to the end of your question time?

32 **DR COOKE:** Yes, it's the never-ending gift.

33 **CHAIR:** If I can just make it clear that if there are matters that are outstanding that you have not
34 been able to put, the witnesses are willing to receive those in writing and respond?

1 **MR TE KANI:** Of course.

2 **CHAIR:** Good, thank you very much. We'll take 15 minutes.

3 **Adjournment from 10.32 am to 10.52 am**

4 **CHAIR:** Tēnā koe, Ms Toohey.

5 **QUESTIONING BY MS TOOHEY:** Tēnā koutou, tēnei te mihi ki ngā Kaikōmihana, tēnei te
6 mihi ngā Kaiwhakaatu o te Karauna, tēnei te mihi ki ngā purapura ora, tēnā koutou katoa.
7 Ko Anne Toohey tōku ingoa, I'm one of the Counsel Assisting the Commission. Mōrena.

8 **CHAIR:** Are you going to describe yourself?

9 **MS TOOHEY:** Yes, of course, sorry. For those who cannot see me, I'm a middle-aged Pākehā
10 woman wearing a white jacket with a black check and I have curly blonde hair that's not
11 coping with the Auckland humidity.

12 Mr Te Kani, as the Chair indicated at the outset of yesterday, part of the purpose of
13 this hearing is to provide the State with an opportunity to hear and answer for the evidence
14 that the Commission has received in relation to the abuse that was suffered in care and
15 much of the topics that I will be asking you and your colleagues about relate to abuse that
16 was suffered in State residential care and in 396 providers such as Whakapakari and
17 Moerangi Treks. So by way of road map, in this first session today, I will discuss with you
18 the experiences of children entering into care, the culture of violence that survivors
19 experienced in residential care and, later today, the experience of solitary confinement and
20 sexual abuse. There will be some survivor accounts, and for those survivors listening, the
21 Commission is grateful to those who have consented to their accounts being used.

22 So, first of all, the first subject today is the topic of entry into care, and I think the
23 legislation back in the scope period for the Commission allowed for children to be taken
24 into care because they were termed "not under proper control". And although I appreciate
25 you're recently with Oranga Tamariki, Mr Te Kani, are you familiar with the fact that many
26 children went into care in the scope period of the Commission on that basis, that they were
27 deemed not under the proper control of their parents?

28 **MR TE KANI:** I'm aware of that, yes.

29 **MS TOOHEY:** It was -- do you agree with me that that power was liberally exercised by the
30 State during the scope period?

31 **MR TE KANI:** It is a broad power or broad discretion, yes.

32 **MS TOOHEY:** And the reasons that the Commission have received for children going into care
33 include truancy, stealing milk money, which is being what was called a juvenile delinquent

1 out on the streets of Auckland on a Saturday night. Are you familiar with those accounts
2 that have been given to the Commission?

3 **MR TE KANI:** I am with familiar with those accounts, yes.

4 **MS TOOHEY:** To be fair, you did acknowledge in evidence yesterday that alternatives to care
5 weren't properly considered within the scope period of the Commission?

6 **MR TE KANI:** That's correct, yes.

7 **MS TOOHEY:** On another point that you acknowledged yesterday, do you -- you accepted that
8 there was structural racism within the predecessor of Oranga Tamariki. Did that extend to
9 the fact that vastly disproportionate numbers of tamariki Māori were taken into care?

10 **MR TE KANI:** That would be the conclusion, yes.

11 **MS TOOHEY:** That's a legacy that your organisation today is still left with, the disproportionate
12 number --

13 **MR TE KANI:** Yes.

14 **MS TOOHEY:** -- of tamariki Māori? Before we go to some examples of survivor experiences of
15 going into care, I just want to highlight, as Dr Cooke did this morning, some of the rules
16 about entry into care and this is document ORT 0000036, which is the residential workers
17 manual from 1975. It's quite hard to read. Perhaps if I just read part of it out. And the
18 reason that I want to highlight this, Mr Te Kani, is to suggest that even back in 1975, some
19 of these rules were what we might consider today quite trauma-informed. So a child or a
20 young person should always know why he is being detained and what is likely to happen to
21 him:

22 "He should as early as possible be given an opportunity to talk about what is of
23 immediate concern to him and to learn about the activities of the institution and of what
24 will be expected of him. It is as well to remember that the interviewing and assessing
25 process is very much a two-way affair and that the child or young person will have formed
26 very definite impressions about the staff member by the time the admission procedure is
27 complete."

28 Do you agree with me that even the modern standards is actually a reasonable
29 procedure for admission into care?

30 **MR TE KANI:** In the current day standards, that's reasonable, yes.

31 **MS TOOHEY:** Just going on to the next one about reception into care. This is F1.04 of the
32 manual:

33 "Children and young persons will react in different ways when being admitted.
34 Some may be upset and emotional, some may be fearful and apprehensive and some may

1 appear to be quite happy and even blasé. All, however, will experience feelings of
2 uncertainty and some degree of apprehension. The initial interview should be quiet and
3 objective and should try to put the child or young person at ease. Any unnecessary
4 information required from the new admission should be obtained in a friendly, unhurried
5 way, and the reasons for it should be explained."

6 Once again, that seems all right on the current standards?

7 **MR TE KANI:** Yes, it does.

8 **MS TOOHEY:** I now want to talk about the experience of one of the survivors who has provided
9 evidence to the Commission. This is -- I won't bring this up on the screen, but the reference
10 number is EXT 0019888. And this was a survivor who went into care at the age of 11 and
11 he had explained in his evidence that he had found school boring, he was smarter than the
12 other kids and he was often truant. And at paragraph 13, he said:

13 "I remember the day I was uplifted like it was yesterday. I was 11 years old, my
14 parents owned a dairy and I used to help out in their shop. One morning, these people
15 turned up at the shop at about 9.30 am to take me away. There were two Child Welfare
16 officers. My mum was very distraught, she tried to stop them. She was asking what was
17 going on and why. I got called into the back of the shop where mum and dad were talking
18 to the officers. They told me that I had to go with them, that I was going to be taken to
19 another place, they didn't tell me where or why. I was terrified. I'd never been apart from
20 my family. I started screaming, struggling and fighting them. They put their hands on me
21 to subdue me and I remember being down on the ground. The two of them couldn't remove
22 me so they said they were going to call the police. No police came, but instead a couple
23 more Child Welfare officers turned up. There were four of them, all men, they tied my
24 hands behind my back with something, then a doctor turned up and injected me in the
25 buttocks. I remember them carrying me out to the back of the car, I remember lying on the
26 backseat of the car with a man on either side of me. I remember going over the Remutakas
27 and looking out of the window at the sky, so I knew they were taking me a long way away
28 from my family."

29 And he goes on in a couple of paragraphs to explain that he kept asking, once he got
30 to Epuni Boys' Home, where his family was and when he was going home and that they
31 wouldn't tell him anything.

32 And just to explain some context about what happened later for this witness, he
33 ended up spending 40 years in prison, and I'll come back to that fact tomorrow, but just so
34 you peg that survivor's experience.

1 Do you accept that that example of removal into care was never acceptable, even
2 back in the early 70s when this occurred?

3 **MR TE KANI:** I accept that reflects the experience of many survivors that the Commission's
4 heard and that it's not acceptable.

5 **MS TOOHEY:** And that when we consider the manner of that removal, that that would have been
6 a highly traumatic experience for that individual?

7 **MR TE KANI:** Yes.

8 **MS TOOHEY:** That in modern day experience would probably require some professional
9 assistance to overcome?

10 **MR TE KANI:** Yes, indeed.

11 **MS TOOHEY:** All right, I want to now turn to the experience of some of our female survivors
12 and how they entered into care. The witness number is WITN0412001. So this is an
13 account from 1976, we'll go to paragraph 83. Just by way of background, this was a young
14 Māori girl who was aged 13 or 14 when she went into care. Her parents had died when she
15 was 6 and she had suffered abuse in various care settings, some with her own whānau,
16 some in care settings. And at school one day in Northland, she punched a girl in defence,
17 she said, of another girl, and this is her account of what happened next.

18 **CHAIR:** In 1976?

19 **MS TOOHEY:** Yes, in 1976. At paragraph 83:

20 "No one ever asked me what happened or for my version of events. An hour after I
21 was pulled out of class, Social Welfare turned up. I had my period at the time but wasn't
22 allowed to go and get my bag with my sanitary products."

23 It goes on at 86:

24 "Social Welfare turned up maybe an hour later. I asked the social worker if I could
25 get my bag but she didn't let me either. She told me that I wouldn't need my bag where I
26 was going.

27 The next thing I knew, I was heading to the airport with the social worker. No one
28 told me where I was going. I also wasn't allowed to say goodbye to my sister who I was
29 living with at that time.

30 I remember crying and wanting to know what was happening. I got on the plane by
31 myself. I didn't know where the plane was going. I remember the social worker asking a
32 man on the plane to keep an eye on me."

33 At 91:

1 "We arrived in Auckland and the man who the social worker had asked to keep an
2 eye on me followed me out. Another man picked me up, he didn't even say hello, he just
3 told me to follow him and get in the car.

4 He took me to Bollard and dropped me off around the back. I remember going up
5 the drive and thinking, "What is this place? What is going on?"

6 It goes on at 97:

7 "I saw the bars over the windows and thought I must be in jail. The only place I had
8 seen bars over windows before was in jails on TV."

9 And then it goes on to explain what happened at paragraph 100, which relates to the
10 practice at the time of compulsory vaginal examinations:

11 "A lady examined me but I don't know whether she was a doctor. The other two
12 women in the room held my legs down. The examination was very painful. They used
13 metal tongs. They kept poking and prodding me even though it hurt so much."

14 And at 102:

15 "After the examination, I was thrown into a cell. There were rules about our
16 behaviour in the cells. We had to stand at the foot of our bed every time a staff member
17 came to the window to look in. I refused to stand up or engage for three days."

18 And it goes on at 105:

19 "The cell had a little silver toilet, a bed and there may also have been a sink, that
20 was all we had. It had a light but no window except the internal one that the staff used."

21 Just in relation to that experience of that survivor, once again, do you accept that
22 what is being described as happening there wouldn't have been acceptable under the
23 workers manual that we looked at before, at the time, let alone now?

24 **MR TE KANI:** No, I agree. Absolutely devastating to read.

25 **MS TOOHEY:** Just one more account of this and this is WITN0160001. This is a witness
26 statement relating to Strathmore, which was a girls' home in the South Island in
27 Christchurch, and this is at paragraph 70, page 8. While that comes up, I'll just -- this is a
28 witness who is a Māori woman. So she's put there at paragraph 70, I think this was in the
29 early 70s again:

30 "Every time you left the building and went outside the institution you had to have a
31 medical examination. Whether you went on day leave or had run away, you had to get one
32 on return.

33 The medical examinations were the worst thing about Strathmore. There was a man
34 called Dr" -- his name is redacted -- "who did my examinations the first time I was at

1 Strathmore. There was also a senior female staff member present but I cannot remember
2 her name. We used to say the doctor was just a dirty old man. We also used to think the
3 female staff member got off on holding us down. It sounds bad but that's how we felt."

4 Then at 75:

5 "I remember the female staff member would hold me down and if you moved at all,
6 she would put straps over your legs where the stirrups were so you couldn't move. I always
7 had the straps. Then the doctor inserts this big steel thing inside you."

8 Then if we go down to 81, there's another doctor named there that she records, "He
9 was touching parts of my body down there that he should not have been. Looking back,
10 I knew it was wrong", and then at 83, "When that doctor and the earlier one put the
11 lubrication in, they used their fingers. It wasn't until years later I learned that it wasn't a
12 necessary part of the procedure."

13 And at 84, she records that the second doctor touched her clitoris during the
14 examination.

15 Once again, I think you'd accept that that would never be an acceptable manner of
16 conducting a medical examination on females?

17 **MR TE KANI:** No, I agree.

18 **MS TOOHEY:** And just in terms of this practice, I just want to bring up some state documents
19 about this practice of these examinations. This is MSD 0015161, which is a letter from the
20 principal of Bollard, which is a girls' home here in Auckland, to the Director of Social
21 Welfare on 26 February 1979. This is at page 6. They're discussing, you'll see at
22 paragraphs 3 and 4, the fact of what they call VD checks or venereal disease, and you'll be
23 aware that that was the basis on which these vaginal examinations were carried out. Is that
24 your understanding, Mr Te Kani?

25 **MR TE KANI:** Yes.

26 **MS TOOHEY:** And it records at paragraph 4 that there had been complaints from staff about the
27 doctor who had been conducting these examinations at Bollard. If we go to paragraph 5, it
28 records there that:

29 "That doctor's methods have always been suspect and open to criticism, some of
30 which are using stirrups for an examination, a complete lack of bedside manner, abrupt and
31 sarcastic remarks to girls showing a complete lack of tolerance or understanding,
32 non-lubrication of the speculum and rough methods which have not been warranted."

1 Do you accept that this is demonstrating that there was some awareness by the state
2 in 1979 that the manner in which these examinations were being carried out was not
3 acceptable?

4 **MR TE KANI:** On the basis of reading that information, yes.

5 **MS TOOHEY:** And then I just want to bring up another document, ORT 0006334, page 38, and
6 this is a letter to the Director of Social Welfare on 26 November 1982, again in relation to
7 this subject, and you'll see there that it's -- if we go to page 2, paragraph 3 in relation to the
8 medical examinations. It notes there:

9 "We have had extensive discussion with senior health officers and accept their
10 advice that medical examinations and any part of a medical examination cannot be
11 compulsory, nor can punishments ensue from a refusal to undergo an examination.
12 I appreciate this may appear to be contrary to the good care and control of the children
13 admitted, but I must accept the legal and medical opinion that where a child or young
14 person is capable of giving informed consent but withholds that consent, an enforced
15 medical examination is in fact assault."

16 Do you accept that position on behalf of Oranga Tamariki and its predecessor
17 organisations, that the administration of medical examinations, where they occurred
18 without the consent of girls, were in fact assaults?

19 **MR TE KANI:** With the qualifier that I'm not a medical expert, but on the basis of what I've read,
20 I would agree with that statement.

21 **MS TOOHEY:** I appreciate that you yesterday acknowledged abuse that took place in State care.
22 Has Oranga Tamariki given any consideration to any apology on behalf of the State for the
23 forced medical examinations that were perpetrated on young girls in State care?

24 **MR TE KANI:** No, we haven't on behalf of the State, no.

25 **MS TOOHEY:** I want to now talk about a slightly different subject and that is entry into care for
26 a different reason, which is neurodiversity. You'll appreciate that until 1989, all of the
27 residences that the Commission has heard evidence about were both Youth Justice and care
28 and protection facilities, you're aware of that?

29 **MR TE KANI:** Yes.

30 **MS TOOHEY:** There are obviously some that were just for a Youth Justice purpose, but many
31 were mixed.

32 The Commission has heard evidence from a lot of survivors that a large number of
33 them believe that they are neurodiverse, as we would call it today, and we had -- there's
34 some expert evidence in the bundle which I don't need to bring up, but I'll just summarise it

1 for you. It's from a child psychiatrist, Dr Enys Delmage. This is MSC0008159 and the
2 reference is page 7, paragraph 2. He notes:

3 "Tamariki children who find themselves in secure care settings require bespoke
4 treatment and greater levels of support due to higher rates of neurodevelopmental
5 challenges. Rates of intellectual disability are as high as 40% in some studies. At the time
6 of our scope period, no one tested for neurodiversity. Those diagnoses are more recent."

7 I think my questions on this are probably better directed to Ms Boyles.

8 **MR TE KANI:** Kei te pai.

9 **CHAIR:** Would you like to come forward or are you comfortable being examined where you are?

10 **MS BOYLES:** I'm comfortable here, thank you. And just for the record, it's Boyles with an S on
11 the end.

12 **MS TOOHEY:** We had some evidence yesterday, Ms Boyles, about the fact that Oranga
13 Tamariki are currently researching or contemplating research into the incidence of
14 neurodiversity and disability in care. Do you have any idea of the number of disabled and
15 neurodiverse tamariki in care at the moment?

16 **MS BOYLES:** No.

17 **MS TOOHEY:** Can you perhaps update us on the study that was mentioned in the evidence
18 provided by Oranga Tamariki into the prevalence of FASD in the Youth Justice
19 population? That's foetal alcohol syndrome.

20 **MS BOYLES:** I'm not familiar with that story -- with that research, sorry. It could be that
21 Nicolette is familiar with it.

22 **CHAIR:** Are any other witnesses aware of that research?

23 **MR WHITCOMBE:** I am aware of the research but I wouldn't want to quote the specific figure
24 that was in that research, only to say that rates were extremely high.

25 **MS DICKSON:** I'm not aware of the specific study but I do know that, generally, it's accepted to
26 be in the range of about 50%, so it is high.

27 **MS TOOHEY:** Do you mean 50% for neurodiversity or foetal alcohol?

28 **MS DICKSON:** Foetal alcohol.

29 **MS TOOHEY:** I think what was mentioned in the evidence provided by Oranga Tamariki, which
30 was in notice to produce 418 at para 18.63 for my friend, is that a study was being
31 contemplated rather than being carried out. Does Oranga Tamariki accept that there is
32 quite a lot of work to be done here to identify the cohort of children in State care who suffer
33 from neurodiversity and foetal alcohol syndrome?

34 **MS BOYLES:** Absolutely, yes.

1 **MS TOOHEY:** And is there steps being taken to improve the data around this, around disability
2 and neurodiverse people in care?

3 **MS BOYLES:** Yes, there is.

4 **MS TOOHEY:** Can you tell us what that is?

5 **MS BOYLES:** Sure, so we know that there is a significant undercount of disabled children and
6 young people in care, and at the moment we're looking at how we use CYRAS, our case
7 management system, and the flags that we put in there to record different characteristics of
8 a person. So we can do a bit of work with what we've already got is what I'm trying to say.
9 Beyond that, we have a disability data and research programme that's nearing approval as a
10 project, and we're also doing work to evaluate whether our services are having the impact
11 that we want them to have in high needs, high and complex needs.

12 Can I also explain that part of the problem with neurodiversity is that children often
13 don't get a diagnosis until they're maybe seven or eight years old, and so up until that time,
14 they may not be getting services because they don't have a diagnosis. It's not right in my
15 opinion for diagnosis to be the thing that drives services. We should be able to see a need
16 and meet that need without having to have a medical diagnosis, but that's the way it is at the
17 moment.

18 **MS TOOHEY:** Are you also confident that Oranga Tamariki has sufficient resources to provide
19 diagnoses for children who are neurodiverse, given how difficult that is for people even in
20 the general public to obtain that?

21 **MS BOYLES:** When children enter and get a gateway assessment, they are assessed then for
22 signs of neurodiversity. So, yes.

23 **MS TOOHEY:** I want to ask now about a slightly different topic still in relation to disability, Ms
24 Boyles, which is examples that the Commission has heard from survivors who were
25 removed from their parents by the State because their parents had a mental health
26 condition, were deaf or disabled. One such survivor, I don't need to bring this up, but it's
27 WITN0656001, who narrates a story of 1964 and explains at paragraph 36 and 37 that:

28 "This witness' file states my father was a violent alcoholic. I have no memory of
29 my father being a violent alcoholic towards my mother or us children or anyone else for
30 that matter, he was a gentle, loving man. My file states that the neighbours made
31 complaints about our family because of yelling and screaming, however my father was deaf
32 and there was always a lot of yelling and screaming so he could hear us."

1 In principle, do you agree that instead of removing a child from the care of a
2 disabled or deaf person, that they should be provided with support so that they can care for
3 their children?

4 **MS BOYLES:** Yes, absolutely. We are signatories to the UN convention on the rights of disabled
5 persons, which says we shouldn't remove a child for disability, either because of the child's
6 disability or for the parents' disability and we agree with that.

7 **MS TOOHEY:** At a recent hearing for disability, deaf and mental health institutional care,
8 evidence was provided by Dr Olive Webb, a psychologist, and she stated in her evidence:

9 "I would have to say that in my practice, my private practice, a common referral is
10 from Oranga Tamariki who say, 'I have this mother who has an intellectual disability and
11 therefore is not capable of raising her child and will you please write a report that says that
12 so that we can then take a without notice order and remove this child at birth', and in many
13 cases I might add that request for the assessment has come in the 7th, 8th or 9th month of
14 pregnancy."

15 Does Oranga Tamariki accept that this is still a current practice, removing children
16 from disabled parents?

17 **MS BOYLES:** I don't doubt that it's -- that we get reports of concern from people who don't think
18 that disabled people will make good parents. My understanding is I talked to the regional
19 disability advisor, actually, where Dr Webb practices, and there have been instances where
20 we have provided support to a disabled parent so that they could in fact keep their child and
21 be safe with that child and make good decisions and so forth. So I think our current
22 practice is that we don't do that, we don't request removal and we don't remove children for
23 those reasons.

24 **MS TOOHEY:** Thank you, Ms Boyles. I want to turn back to the residences now and I want to
25 bring up document ORT 0003181. This is a letter from a representative of ACORD, you're
26 familiar with that organisation, who held something of a private hearing in the late 1970s in
27 relation to children in State care. And if we could just highlight the next page. Sorry, back
28 to page 1 under qualifications of staff, if we could call out that paragraph.

29 **CHAIR:** I think perhaps we should be better oriented on this. You talked about private hearings
30 and things like that, but it's obvious this is from ACORD, isn't it?

31 **MS TOOHEY:** Yes, this is a letter from ACORD who later held some hearings and it's dated 17
32 April 1978 and it's a letter to the Minister for Social Welfare.

1 **CHAIR:** I misheard, I thought you said from a representative of the court and I could not think
2 what on earth you were talking about, but that was me not hearing you properly. Now I'm
3 with you, sorry.

4 **MS TOOHEY:** Sorry, Madam Chair.

5 This is recording that the New Zealand Herald had carried an advertisement for an
6 assistant housemaster at Ōwairaka to work in the reception unit, which is a secure unit:

7 "It went on to state that a person with a service background or work with young
8 people would be most suitable. There was no mention of any academic qualifications. We
9 were very concerned at the emphasis given to a service background and have investigated
10 the background of the present staff as at January 1978."

11 Then if we go to the next line, if we can just highlight the table, you'll see there
12 that's outlining the staff and it sets out the service background, many of them Air Force,
13 Navy, Navy, Navy Air Force, Air Force, Army, Navy, only one person had a tertiary
14 education. Of the other staff named there, only one person had managed to get School
15 Certificate, let alone university entrance.

16 Do you accept that staff at the residences in the 1960s and 1970s were often
17 recruited from a service background, a military background?

18 **MR TE KANI:** I'm not across all of that information, Ms Toohey, but from the basis of the
19 information you've provided me, that would seem the case.

20 **MS TOOHEY:** I can take you to other documents and reports, but would you accept from me that
21 a lot of the evidence the Commission has received does reflect that a number of staff were
22 from that kind of -- had been in military service?

23 **MR TE KANI:** I acknowledge that, yes.

24 **MS TOOHEY:** And this might be a question for Mr Whitcombe, but the social worker
25 qualification is really quite a recent event, am I right about that?

26 **MR WHITCOMBE:** I think the social work qualification has been around for some decades now,
27 but in the case of it being a requirement for residential care, there have been different
28 iterations of what is required over the years.

29 **MS TOOHEY:** Yes. The evidence the Commission has received certainly reflects that there were
30 very few staff employed in residential care who actually were qualified as social workers.
31 Do you accept that's the case in the scope period that we're talking about?

32 **MR WHITCOMBE:** I absolutely accept that is the case.

33 **MS TOOHEY:** I just want to take you now to the culture of the homes that was perhaps
34 explained somewhat by the background and lack of qualifications of the staff who were

1 asked to care for children in State care. First, I want to go to the report of the Human
2 Rights Commission in 1982, and this is CRL0023868. So this is the report of the Human
3 Rights Commission on representations by that organisation we mentioned a moment ago,
4 ACORD, and this is 1 September 1982. If we go to page 13 on the right-hand side there, if
5 we call that out, "The nodding system" at top:

6 "This is the evidence the Human Rights Commission heard back in the early 1980s,
7 that a number of boys and previous staff members described a system of unspoken
8 commands or instructions which they experienced in Ōwairaka Boys' Home. The
9 Commission was told that this practice had been used extensively in the secure block. It
10 involved the staff member requiring the boys to respond to instructions conveyed by a nod
11 of the head rather than the spoken word. Associated with complaints against the system
12 were those claiming that boys were not allowed to speak from cell to cell or to sing or to
13 even enquire the time of day. All these factors, it was asserted, contributed to what was
14 described to the Commission as a realm of silence."

15 That's a discussion about Ōwairaka, but do you accept that that nodding practice
16 was in fact widespread throughout residential care in New Zealand in the 1960s and 1970s?

17 **MR WHITCOMBE:** On the basis of the information that you've provided, I absolutely accept
18 that was the culture within that residence and it just strikes me as completely dehumanising.

19 **MS TOOHEY:** I just want to go to another practice. Again, as to what happened on entry into
20 care, and if I can bring up PXT0016039. This relates to a more recent experience at the
21 Hamilton Boys' Home in 1987. And I'll just start reading it, it will come up in a moment,
22 paragraph 53:

23 "At Melville as at Rosendale, I had a number of first experiences. Back then, to a
24 13-year-old boy, things that are now commonplace and do not bother me in the slightest
25 were new and scary. For instance, I had to strip naked while I was searched. I was given a
26 brief run down of the place by staff. Threats of violence took place immediately from the
27 admitting staff who made it clear to me that if I stuffed up, I would get hurt in some way."

28 And that was another witness who I'll come to again tomorrow who ended up with a
29 substantial criminal history.

30 This practice of strip-searching, and I can take you to other examples, but do you
31 accept that that too was a dehumanising practice?

32 **MR WHITCOMBE:** I do.

33 **MS TOOHEY:** What about now? Is this happening now?

1 **MR WHITCOMBE:** So within the care and protection residences within the last year, I want to
2 be completely clear that there have been no strip searches. In the Youth Justice residences,
3 the last strip search that occurred was in September 2021 and in the course of 2021, there
4 was one other strip search. What we have done is establish scanners in each of the
5 residences, walk-through scanners, as part of the admission process, and strip searches do
6 remain a feature of the 96 residential care regulations, but there's a hard test put on them in
7 terms of if they are ever to be used in the future.

8 **MS TOOHEY:** I want to now go to --

9 **COMMISSIONER ERUETI:** May I just ask if these scanners are in both the care and protection
10 and the Youth Justice residences?

11 **MR WHITCOMBE:** No, they're not. They're just in the Youth Justice residences.

12 **MS TOOHEY:** I want to go now to some of the initiation procedures within the homes and this
13 document is CRL0149435, which is notes -- these are notes from interviews with former
14 staff at Kohitere Boys' Training Centre and this interview was held in November 2007, but
15 relates to Kohitere in the period 1970 to 1980. This is at page 2:

16 "It was known that new arrivals would get a stomping on their second night, a
17 blanket thrown over them and beaten. Most would have been through a boys' home already
18 and would know that this awaits them. If you took the beating and didn't tell anyone, then
19 you were more likely to be left alone."

20 That interview demonstrates, I think you would accept, Mr Te Kani, that staff were
21 aware of violence inflicted by children to other children in residential care?

22 **MR TE KANI:** Yes.

23 **MS TOOHEY:** And presumably did nothing to stop it?

24 **MR TE KANI:** You can presume that, yes.

25 **MS TOOHEY:** Another aspect of that culture was what's referred to as the kingpin culture. I
26 think you'll be generally familiar with that, there was even a movie about it. I'll take you to
27 one of the contextual witnesses, who is Professor Elizabeth Stanley, and this is
28 WITN1248001. Professor Stanley wrote a book called "The Road to Hell" which relates to
29 State care within the scope period and interviewed a number of witnesses, and at paragraph
30 10, she talks about this -- sorry, paragraph 13. The culture of a -- she talks about:

31 "The culture of a kingpin hierarchy that maintained physical violence and
32 dominance, which was also highly damaging. Physical assaults by children reflected
33 battles for power and this institutional hierarchy (the kingpin system) was used to designate
34 some children as dominant and others as subordinate. Kingpins controlled others..."

1 I could take you to many witness statements and I'm happy to take you to one in the
2 first instance, but do you accept that the kingpin system was commonly known about in
3 State care in the 1960s and 1970s?

4 **MR TE KANI:** We accept that, yes.

5 **MS TOOHEY:** And again, just going to what the staff knew about this, I want to take you to an
6 interview with former staff, this is MSD 0002047. This is dated 23 March 2011, but again
7 it's discussing Kohitere in the 1970s. And at page 13 -- it's not quite the right quote but I'll
8 just read to you the quote that I wanted to put to you:

9 "The kingpin culture at Kohitere was very big and used by staff positively and
10 negatively. I challenged [a senior staff member] at one stage about him legitimising the
11 kingpin structure by making some of the more violent kingpins members of the student
12 council and that legitimised their power around I believed it was inappropriate."

13 That again is evidence that the Commission has received from a number of
14 survivors, that the staff were using the kingpins in the homes to control the behaviour of
15 other children, and based on that account from a former staff member, it does appear,
16 doesn't it, that that was the case, at least at Kohitere in the 1970s?

17 **MR TE KANI:** At least at Kohitere, yes.

18 **MS TOOHEY:** And do you accept that that culture that is being described in those accounts and
19 the stompings and the strip-searching is all contributing to a culture of violence within State
20 residential care in the scope period?

21 **MR TE KANI:** What I acknowledge is there's clearly a culture from the evidence we've read and
22 the evidence I've also considered around Kohitere which would suggest that aggression,
23 assault and violence was a form of behaviour that was used to control tamariki inside the
24 residence.

25 **MS TOOHEY:** I want to take you now, just before the break, to an example of -- a later example
26 of physical abuse within Whakapakari, which I think you'll be aware is a provider of
27 residential care to the State under section 396 of the Oranga Tamariki Act.

28 **MR TE KANI:** Yes.

29 **MS TOOHEY:** Whakapakari was on Great Barrier Island, you're familiar with that?

30 **MR TE KANI:** Yes.

31 **MS TOOHEY:** The first example I want to take you to is from a witness, WITN0302001. Just
32 while we bring that up, to give you some context, this witness was sent to Whakapakari in
33 1989. We're just going to go to paragraph 49. The witness has been discussing some
34 experiences that he had which we'll go to tomorrow, but this part relates to physical abuse:

1 "On another occasion, two white boys, a Māori boy and myself were taken to a flat
2 grassy section by a creek by the camp supervisor. I remember being pulled out of the shed
3 and taken away from the camp. Here, he made us dig our own graves. The holes were
4 deep and we were made to get in and lay face down. We weren't allowed to look and he
5 threatened to shoot us. The supervisor started shooting into the air and we were screaming,
6 begging for our lives and freaking out. It was horrifying.

7 When we tried to get out of the holes, he would just kick us and beat us back in.
8 I thought this was going to be the end of my life. I don't know what any of us had done to
9 deserve that treatment."

10 Then if we go to paragraph 55:

11 "There was a little island off Whakapakari that was called Alcatraz where we would
12 be sent I think as punishment. Groups of boys would be left there together. I liked being
13 out there because I was away from the supervisor.

14 There were many beatings while at Whakapakari, both by other boys and by the
15 supervisor. Sometimes he would line us up and beat us. I recall a group named the flying
16 squad who were a group of kids who used to beat people up. There were never any
17 beatings from [he names a staff member]. I think that the supervisor used to orchestrate all
18 the beatings and rapings. There always seemed to be two or three older kids that were
19 under his direction. He created a sick culture at Whakapakari like a fight and rape club.
20 I still wonder whether he learned to be the way he was."

21 Once again, Mr Te Kani, just in terms of that example, do you have any comment
22 on the abuse that the witness is describing?

23 **MR TE KANI:** Only that it's deeply distressing to read. It's their truth, it's their kōrero, so I want
24 to acknowledge that and -- although I'm not familiar with the facts of this particular case, it
25 reflects what I've read about other examples of what happened at Whakapakari.

26 **MS TOOHEY:** Yes. I did have another couple of examples.

27 Is that a convenient time to take the break?

28 **CHAIR:** Yes, we started 5 minutes late, are you all right for another 5 minutes or so? Yes, thank
29 you.

30 **MS TOOHEY:** I just want to bring up another document, CRL0021030. This is a record of an
31 interview with another family on 20 August 1998 and this relates to a young person who
32 had been at Whakapakari and in fact had suffered an injury while there, an injured finger,
33 and had been told to lick it and when he returned home, the infection had become so severe
34 he needed admission to hospital. That's the background to this account, and then if we go

1 to page 2 and we call out the second paragraph. This is just recording the conditions at
2 Whakapakari:

3 "In relation to complaints about the physical environment, the family considered
4 that there were substandard conditions in the dining area. There was an open drain in front
5 of the cooking area which was covered by roofing iron but which was frequented by rats.
6 We were told that rats had been known to get into tents and this boy's torch was gnawed by
7 them."

8 If we go on to the next paragraph. You'll be aware that this was sort of a camping
9 situation on this facility, that sleeping bags were left out in the air but got wet. People
10 frequently have colds and flus, one person caught pneumonia, and it goes on

11 One of the issues with Whakapakari is that it is so remote from any source of help
12 for a child in that facility, do you accept that? And remote also from inspection by social
13 workers of this facility. Are there now, today, section 396 providers who are operating in
14 remote areas?

15 **MR TE KANI:** I'll come back to you with that information just to be absolutely sure, Ms Toohey.

16 **MS TOOHEY:** I think you'd agree with me, though, that the remoteness and the lack of actual on
17 the ground checking of what was going on --

18 **MR TE KANI:** Absolutely.

19 **MS TOOHEY:** -- might be factors that failed to safeguard these children?

20 **MR TE KANI:** We'll agree with that.

21 **MR WHITCOMBE:** Absolutely.

22 **MS TOOHEY:** I just want to come to another example which relates to a similar programme,
23 Eastland Youth Trust in 1998, and just to explain the background of that programme, that
24 was set up by somebody who had also run Moerangi Treks, which was in the Ureweras.
25 Again, are you familiar with that as quite a remote programme again, a similar set-up with
26 camps and a sort of a horseback kind of experience for children?

27 **MR TE KANI:** I'm familiar with this, yes.

28 **MS TOOHEY:** And that the Moerangi at least was shut down after complaints of abuse?

29 **MR TE KANI:** Yes, I'm aware of that, yes.

30 **MS TOOHEY:** If we bring up WITN0827001. This is at paragraph 47. So this is this child's
31 experience of going to Eastland:

32 "On my first day at Eastland, I was sitting smoking a cigarette after being dropped
33 off by my escort. A staff member arrived and stubbed the cigarette out on my head,
34 burning me. He was verbally abusive towards me and made me take my shoes off. He

1 forced me to run through the bush in bare feet to the camp with him driving behind me. It
2 took hours to get to the camp and my feet were really cut up by the time we got there."

3 And then if we just go down at 49:

4 "If there was no work to do, the staff forced me and the other boys to carry rocks
5 either as physical training or as punishment for misbehaviour. I had to run down the river
6 in my bare feet, fill up my backpack with rocks and run back again."

7 It goes on at 50:

8 "I was regularly hit by a staff member who punched me and hit me with sticks or
9 tree branches. He would threaten me that if I stole anything from him, he would hunt me
10 down and kill me. He told boys that he would tie them to the back of his horse and drag
11 them up to the bush and leave them there."

12 At 51:

13 "That staff member would also threaten to rape boys. I was so terrified of him that
14 I really believed that he would do it."

15 He talks at 53 about another boy running away, a staff member brought him back
16 and tied him up, tipped diesel all over him and hit him with a burning branch. The boys
17 had to untie him and throw him in the creek to stop him from burning.

18 If we go down to 58, he got injuries, a knife wound to his eye, he also got hit after a
19 staff member tied him to a horse and made the horse bolt. He never got any medical
20 attention.

21 Do you accept that this too is describing a culture of violence within these
22 providers?

23 **MR TE KANI:** I would acknowledge some of the actions here are violent, yes.

24 **MS TOOHEY:** Do you have any other comment on the abuse that's described in these
25 paragraphs?

26 **MR TE KANI:** Just to reiterate our view, our position that it's heart-wrenching to read, very
27 difficult, without knowing the full facts of every situation. It is concerning, I guess from
28 our perspective, as we read this information, what might look like the lack of transparency
29 and accountability and openness.

30 **MS TOOHEY:** Is that an appropriate time?

31 **CHAIR:** Yes, can I just bring this point home a little bit, Mr Te Kani.

32 **MR TE KANI:** Yes.

1 **CHAIR:** You said that some of this appeared to be violent. Would you agree that every one of
2 these examples that Ms Toohey has read out to you is completely unacceptable behaviour
3 to any human being, let alone a child in care?

4 **MR TE KANI:** Yes, I acknowledge it's inhumane, yeah.

5 **CHAIR:** It is inhumane.

6 **MR TE KANI:** It is inhumane.

7 **CHAIR:** I didn't want to think that you were somehow --

8 **MR TE KANI:** Minimising it, no, that's not my intention.

9 **CHAIR:** I didn't think it was, that's why I wanted to clarify it. All right, thank you, we'll take our
10 15 minutes and come back at just after 12.05 pm.

11 **Adjournment from 11.52 am to 12.07 pm**

12 **CHAIR:** Thank you, Ms Toohey.

13 **MS TOOHEY:** Kia ora anō. I want to go now to current day. Epuni is now operational as a care
14 and protection residence, have I got that right, in Lower Hutt?

15 **MR TE KANI:** Yes.

16 **MS TOOHEY:** I want to take you to the Children's Commissioner report, I think from last year,
17 in relation to Epuni. This is MSC0008240 and this is at page 7 that I'm going to refer to.
18 The heading is "Staff were unable to keep children and young people safe from their peers"
19 and the findings were:

20 "Children and young people said they continued to feel unsafe at Epuni. Most of
21 this was due to the inability of staff to protect them from intimidation and assaults by
22 individuals and groups of other children and young people. Children and young people
23 described being anxious, scared and powerless as a result of previous incidents where staff
24 had failed to protect them. We heard about children and young people being assaulted by
25 another young person multiple times. Children and young people told us about other
26 children and young people being incited to undertake assaults on others."

27 Then if we just go to page 9 and I'll ask you for a comment:

28 "We also heard of staff using other young people as a threat to physically hurt other
29 children and young people."

30 Just in terms of that report of the Office of the Children's Commissioner, do you
31 agree with me that this is reporting exactly the same problems that we've been discussing
32 this morning at residential care throughout the 1970s and 1980s in 2021?

33 **MR TE KANI:** First of all, I want to acknowledge the work of the Office of the Children's
34 Commissioner and this report. What I can say quite clearly in this particular case in this

1 report, we know of every circumstance that they've reported on. We have a number of
2 processes in place to not only understand it, but to rectify any concerns about harm or, as
3 reported in the OPCAT report, the set of recommendations for us to make the
4 improvements as they're brought to our attention. But in understanding -- let me re-clarify.
5 We are in the position where we understand the details of what's happened in the cases
6 there, not acceptable, not acceptable. I wouldn't say it's the same as what the Commission
7 has seen today in terms of the testimony evidence presented before it in relation to Kohitere
8 or Eastlands as providers. Nonetheless, that doesn't minimise the points and observations
9 made by the Office of the Children's Commissioner or even our view of what we
10 understand to be the harm attributed to some of those behaviours.

11 I do want to ask the team to add some points, if that's okay, Ms Toohey?

12 **MS TOOHEY:** Certainly, of course.

13 **MR WHITCOMBE:** Kia ora, and I too would want to just start by acknowledging or welcoming
14 the opportunities that we have through the role of the OPCAT reporting through OCC to
15 reflect on our practice and make improvements. I do want to provide some context and in
16 no way want to minimise the experiences, certainly for the young people at that time. They
17 need to feel safe, they need to feel protected and they were clearly saying to us that they
18 weren't feeling that way at that time.

19 A report of concern was made at that time and there was a plan put in place to
20 respond to the worries that were there that the OPCAT report has identified. I can talk you
21 through aspects of that plan, if that would be useful?

22 **MS TOOHEY:** I think, can I just take you to another example first and then provide you with an
23 opportunity to comment if that's suitable?

24 **MR TE KANI:** Ka pai.

25 **MS TOOHEY:** During last year, 2021, a video was published of an assault by staff on a child at a
26 Christchurch care and protection residence. I'm sure you're familiar with it. The response
27 of Oranga Tamariki, if I have this right, was to temporarily shut down that residence while
28 it tried to resolve the issues?

29 **MR TE KANI:** Yes.

30 **MS TOOHEY:** We've all seen that video and I think you'll agree with me that it's highly
31 disturbing?

32 **MR TE KANI:** Yes.

1 **MS TOOHEY:** Were the media reports correct that one of the staff members involved in
2 assaulting the child was not a qualified social worker but was a youth, called a youth
3 worker?

4 **MR WHITCOMBE:** That's my understanding, yes.

5 **MS TOOHEY:** And was it also correct that this all came to light because a staff member blew the
6 whistle, effectively, and showed the media that video that they had taken from CCTV
7 footage within the residence?

8 **MR TE KANI:** That's what we understand, yes.

9 **MS TOOHEY:** Part of that assault continued on the young person after that person was taken into
10 a secure room, the solitary confinement room, is that right? That's how it appears in the
11 video.

12 **MR TE KANI:** Yes.

13 **MS TOOHEY:** Just this picture that recent events is providing from the report into Epuni and the
14 video that was shown is that, and I appreciate you might have detail about some of the
15 individual circumstances, but stepping back from the individual circumstances, do you
16 agree that this gives the appearance of a culture of violence continuing in residential care in
17 New Zealand?

18 **MR TE KANI:** I fully acknowledge that what we all saw in the video that appeared in the
19 newsroom article was entirely disturbing, which is why, at the time, the then Chief
20 Executive acted decisively to temporary shut down Te Oranga so that he and us all can feel
21 assured about the safety of the tamariki there. To this day, Te Oranga is still not
22 operational. So that's a hallmark difference, in my view, from what we've seen, what the
23 Commission has seen, to where we are today.

24 **MS TOOHEY:** You both mentioned, Mr Whitcombe and Mr Te Kani, about child safety and
25 I appreciate you have a legislative mandate in relation to that, but does Oranga Tamariki
26 strive for something more than the bare minimum of child safety? What about nurturing
27 children who are in State care, is there any plan or goal to provide something more than just
28 not being assaulted?

29 **MR TE KANI:** I'll make some introductory comments and I know the team will have some views
30 on that. Ms Toohey, of course our aspiration is for all our tamariki to be loved and cared in
31 State care, of course that's our aspiration and that's our vision and that's our goal. I know
32 from not just the many social workers I've talked to, but also the whānau who are caring for
33 tamariki in the hands of the State have that aspiration and goal too.

1 What we're all committed to and we work towards, and I'm not saying by any means
2 we're perfect. As I mentioned yesterday, we've got work to do to regain the trust and
3 confidence of the public and our communities in the work that we do. So I acknowledge
4 that. But that said, I do want to speak to the people I know who are working towards a
5 higher aspiration, a higher vision.

6 I think the other point I'll make before asking Nicolette and Peter to make some
7 comment too is a constant message from those youth in care, our youth advisory group
8 is -- they want to be inspired, they want their experiences in State care to be more than just
9 responding to their need, they actually want a system of which we are shepherds and
10 kaitiaki to inspire them, lift them, help them reach their full potential that they're entitled to
11 as tamariki in Aotearoa.

12 So we share that vision, we share that commitment, we know we've got work to do,
13 but I'll hand over to Peter and Nicolette.

14 **MR WHITCOMBE:** I'll just lead off and, you know, going back to the examples that you've
15 given us of the past and the present examples that you've alluded to around Te Oranga and
16 Epuni, in both of those situations, there's been independent investigations into those matters
17 and there's had to be accountability for the things that have not been right and we have
18 wanted to set a really clear and high standard and bar for care on the accountability for
19 things when they are not right.

20 Those investigations also did not show a context of widespread violence and abuse
21 like those characterised earlier, and I don't want our staff who are working in those
22 residences characterised in the same way. We have a range of mechanisms that oversight,
23 that support, that give tamariki voice, that -- where they aren't isolated and not heard.
24 There are many eyes, and they are really important functions for young people to be able to
25 access.

26 I want to also go to the aspiration, absolutely, and I'm pleased you raised it, about
27 the aspiration we have to have for our children and young people far beyond safety, and I
28 think that that has been a criticism of us in the past, that we have strived to achieve safety
29 but not achieved beyond that. You know, the healing, recovery, restoration, connection,
30 belonging that we want for tamariki.

31 Every tamariki does have what's called an "all about me" plan, and they are a plan
32 specific and unique to that child and goes to their specific strengths and needs and puts
33 supports in place for them.

1 As Chief Social Worker, I'm involved right now in the Prime Minister's Oranga
2 Tamariki awards for tamariki in care and the aspiration that young people themselves hold
3 and the things that they're achieving is phenomenal, I wanted to make those comments.

4 **MS DICKSON:** If I could just add two comments, one is about the safety issue, one is about the
5 aspiration.

6 In relation to safety, what I would say is starkly different than in the past is the
7 degree to which we recognise and act on concerns of safety now. So we have a very
8 deliberate process, we introduced a process as Oranga Tamariki to report on and monitor
9 every allegation of abuse in care to make sure that, firstly, it was properly recorded;
10 secondly, it was properly investigated; thirdly, that the appropriate support and therapeutic
11 care was put around that. We have made a deliberate choice, it wasn't required, we made a
12 deliberate choice to report on that because we think it's critically important to report
13 publicly twice a year. We think it's critically important, exactly for the reason that you've
14 said, these incidents make it seem nothing has changed to some people and that is why
15 there is a need, I think, to be absolutely transparent, in the way that allegations of abuse in
16 care are recognised, reported and identified, and that is critical, because the cultures of the
17 institutions we've talked about today were a culture of closing that down, of disbelieving, of
18 not taking action, of condoning, and that's absolutely not the standard that was applied in
19 relation to the concerns raised through Eponi, through Te Oranga, or any allegation of
20 abuse in care.

21 The last thing I just wanted to add was just to build a little bit on what Peter said
22 just about the environments and residences today. So again this is not discounting the
23 incidents that we've talked about, but you talked about that range, that higher aspiration and
24 so I think about some of the therapeutic environments that one of the professional -- one of
25 your expert witnesses spoke about, the kind of sensory spaces, the kind of trauma-informed
26 practices that are now being built into the DNA of some of our residential settings. I think
27 about the kind of programmes to help overcome that disconnection from culture we talked
28 about this morning.

29 Individualised health assessments, so the kind of practices you talked about this
30 morning which are abhorrent have been replaced by specialised skilled medical
31 professionals coming into these settings and undertaking individualised health assessments
32 to meet needs.

1 So this is not about denying the reality of abuse still occurring in care, it is about
2 owning that, though, and being accountable to it and making sure every time that happens,
3 there is an appropriate response.

4 **CHAIR:** Can I just interrupt for a moment. Just to refer all of you -- thank you for that
5 explanation of the differences from the past and we've heard that. We had a witness last
6 week, Dr Crawshaw, from the Department of -- the Ministry of Health.

7 **MR TE KANI:** Ministry of Health.

8 **CHAIR:** Whatever its new name is, and he made some very powerful comments about institutions
9 and institutions in a wide sense, so there's the Kohitere institution, there's the Epuni
10 institution, there's the large family home institution. What he said about that was this: that
11 all institutions of these sorts have an inherent violence in them. Violence is inherent in the
12 institution.

13 I think he was saying not because the people who are running them want that to
14 happen, but the very nature of putting people together in groups under the care and the
15 supervision of adults has in it an inherent power structure which can be inherently violent.

16 His view was that all institutions should be closed down. I wanted to ask you if you
17 had a view or an opinion on that?

18 **MR TE KANI:** Yes, Madam Chair. So we have a very clear view that the care and protection
19 residences need to be closed down. So that is a stated organisational view, it's also the view
20 of the Government as articulated in the future direction plan. We are now on the process of
21 working out a way to do that that's safe, given the nature of our tamariki currently in the
22 residences, to ensure that we meet their needs but, equally, recognising that we need to
23 move to a model of care which has more support for those whānau of tamariki that has
24 particular high, complex needs.

25 So that's our direction, that's our stated position, that's what --

26 **CHAIR:** Thank you for that.

27 **COMMISSIONER ERUETI:** Are there any views for Youth Justice residences as well, Mr Te
28 Kani?

29 **MR WHITCOMBE:** Yes, there are, and recently the Ministerial Advisory Board's report, review
30 into both care and protection and Youth Justice residences was released, and we have
31 accepted all of the recommendations in that report. And it really calls us to, from the
32 ground up, rethink what are the core responsibilities that we have, what is the right
33 workforce with the right training and skills that need to be in place and what are the right
34 environments. And I think the point made earlier that you were making in terms of the

1 inherent violence when you bring significant groups of young people like this together and
2 the power structures that exist within that, you know, those statements are real, and how we
3 reduce our numbers of young people first going into facilities like that, and we've already
4 done a range of work to try and reduce that and numbers are much lower than they used to
5 be. But also, once they are there, how we make sure they're not in large groups, you know,
6 that there are the smaller, more home-like, more community-centred facilities available.
7 That's the future that we want to achieve.

8 **MS DICKSON:** Just to add, I mean there are some slightly different imperatives in a Youth
9 Justice setting in terms of public interest and safety, but even there, there's a number of
10 community remand homes now which offer a much less restrictive environment but still
11 satisfy the balance between public safety and managing things like bail conditions,
12 restrictions that are necessary as a result of alleged offending, without the exposure to the
13 harmful impact of a large, institutional arrangement.

14 **COMMISSIONER ERUETI:** That report, the review you just spoke about, Mr Whitcombe,
15 could you give me the name of that again?

16 **MR WHITCOMBE:** It was commissioned by the minister, the Ministerial Advisory Board's
17 review of care and protection and Youth Justice residences and it came about off the back
18 of the Te Oranga issues that were raised, amongst some others, and the minister wanted
19 assurance on the safe running and operation of our residences.

20 **COMMISSIONER ERUETI:** I assume that report raised many of the kaupapa that we've been
21 talking about here about a culture of bullying and violence and so forth?

22 **MR WHITCOMBE:** Yeah, it certainly raised issues around safety, certainly, and thus the drive
23 to really rethink the staffing, the qualifications, the training, the environments from the
24 ground up.

25 **COMMISSIONER ERUETI:** If we were to look for these ideas and proposals in section 7AA
26 and your reports, you refer to a shift with the care and protection residences
27 community-based homes, but where would we look for the reforms that you're discussing?

28 **MR TE KANI:** We can provide the reports that we've mentioned. The Ministerial Advisory
29 Board report into the residences is public, so we can provide that.

30 **COMMISSIONER ERUETI:** But your reforms is what I'm -- your ideas for making, replacing
31 them with smaller homes and so forth, where would we find those?

32 **MR WHITCOMBE:** Yeah, we can provide you with that and we're partway down that path of
33 achieving some of those things.

34 **COMMISSIONER ERUETI:** They're not yet in the public domain though, they're still --

1 **MR WHITCOMBE:** We will provide those to you.

2 **COMMISSIONER STEENSON:** Sorry, just on that, so with the group homes being devolved,
3 have you got an idea of what size and how they will look like? Because obviously
4 devolving them to various community organisations and making sure that they don't
5 replicate the institutional flavour, is there specifications around that that will be part of that
6 information you can provide?

7 **MS DICKSON:** I might just make some comments and I wonder if Ms Chase might have
8 something to add here. One of the things that -- when we are looking at those homes and
9 often they're in partnership again with community, with iwi Māori, it's very much about
10 designing from the kind of journey and experience that we want tamariki, rangatahi and
11 their whānau really to have, so thinking quite differently about how the physical space
12 supports a model and approach to care.

13 Inherent in that is working with tamariki, rangatahi, whānau to understanding what
14 that kind of environment would look like for them and I just wonder, Frana, if you wanted
15 to share some of your recent experience in that space?

16 **MS CHASE:** I suppose before I get down to the detail of the actual physical builds of the whare,
17 I just want to talk about how, for context, the response to exiting out of residences is more
18 about tamariki being connected to their culture, their identity, to their whakapapa, to their
19 whenua. And so the design of the new way of working is in partnership with the whānau,
20 hapū and iwi towards those tamariki whakapapa first.

21 And then within that, our Chief Executive has integrated a whole lot of programmes
22 of work out of silos into one programme called Te Oranga o te Whānau, and Te Oranga o te
23 Whānau stretches from preventing tamariki from coming into State care in the first place to
24 actually, through the continuum, ensuring that if there's a report of concern, that their hapū
25 and iwi know about that in the first place, to help prevent, that if there is a whānau hui, if
26 there's an FGC that a hundred sets of eyes are around them. And then for tamariki
27 currently that are in State care, that those tamariki will be supported by their whānau as a
28 section 396.

29 So, ideally, whānau caregivers in their own whare supported properly and well to
30 care for tamariki so that they're not in institutional-like settings but more in their own
31 kainga and supported properly. From time to time, though, there will be times when they
32 need some other place to be and so we have built -- we have got some capital funding to
33 build responses and initially that was to build 16 Youth Justice residences and 10 care and
34 protection specialist group homes, but we actually made a decision that before we built

1 many more than what we'd committed to, that we would be engaging properly with the iwi
2 in each area so that where the whare are physically built has got a cultural connection and
3 so that it's not -- you know, it's got that cultural connectedness right from the start, so those
4 cultural narratives are built right through.

5 So we have just -- I think very soon will be the very first one that has been built at
6 Claude Road in Manurewa, and we're working with iwi and mana whenua, they had lots of
7 input into what it would look like, but also the most important critical component is that we
8 don't intend to operate them, Oranga Tamariki won't be operating them, they'll be operated
9 in partnership with our whānau, hapū and iwi.

10 So the principle is that Māori will be designing their own care response for their
11 own tamariki, so that that accountability about -- for whakapapa rests with us to support
12 and enable them, but for them, you know, they're the safe sets of hand, they're the safe sets
13 of eyes. And so, yeah, that's, sorry, very long and probably fast. Kia ora.

14 **COMMISSIONER STEENSON:** Thank you. Can you just help me to understand, though, what
15 that's -- it sounds great, it does sound great, but how do we know that there's still safety
16 mechanisms for those places, for the children going into those places? And I understand
17 that there is a community element to it?

18 **MS CHASE:** So all of the current iwi that have been approved -- so for the past 3 years, we've
19 been building up from no section 396 iwi partners to 15. Over the past three years, they
20 have built their own model of care based on their own tikanga, their own whakapapa and
21 they have to still adhere to the section 396 approvals and monitoring status. They'll be
22 bound by -- my colleagues talked about the care standards and so they have their own
23 policies and procedures around how they will uphold the care standards from their
24 perspective. So those mechanisms are there for assurance.

25 But the main one is that instead of having like non-kin care by staff, these are
26 actually whānau with whakapapa to -- so there's different level of accountability and safety.

27 **COMMISSIONER STEENSON:** Thank you.

28 **COMMISSIONER ALOFIVAE:** Can I just ask a follow-up question to that, Ms Chase. So there
29 are a number of family homes already in existence that Oranga Tamariki use and own, part
30 of your asset base. Are some of those homes being repurposed for what you've just been
31 explaining to us?

32 **MS CHASE:** That's not the intent currently. First of all, what we want to do and the focus has
33 been on the new builds.

- 1 **COMMISSIONER ALOFIVAE:** So they're new builds, not necessarily using your existing
2 stock?
- 3 **MS CHASE:** Yes, they're new builds, so they're purpose-built and the engagement around the
4 build starts with iwi and mana whenua right from where will we build, what will it look
5 like, scoping for whenua and all of that, plans right down to the build.
- 6 **COMMISSIONER ALOFIVAE:** Then the same concept, but obviously not with whānau, hapū
7 and iwi but for Pasifika communities and also for our disability community, is there an
8 intention for there to be specialist homes where there might be a strong cultural flavour to
9 suit both those cohorts?
- 10 **MS CHASE:** There would be the intent. Sina and I, we need to -- I've been building Māori
11 capability and capacity and now we have two colleagues who are experts in their fields, and
12 so there's definitely -- we want to create the best for all tamariki.
- 13 **MS AIOLUPOTEA-AIONO:** Oranga Tamariki did have plans for -- to build one specialist home
14 that had a Pasifika flavour. That is currently on hold at the moment but it's certainly the
15 intent that we would have a fale that would reflect our Pacific cultures and flavours and
16 therapeutic approaches and the culture of the home, so that's definitely something that we
17 have been considering as an organisation.
- 18 **COMMISSIONER ALOFIVAE:** So there is hopefully a sizable investment, more than the 1%
19 that we heard yesterday, looking at the graph, that's currently going into Pacific care
20 providers, but we couldn't see any figures from that graph that related to disability care
21 providers and I was wondering if, Ms Boyles, you might know the answer to that?
- 22 **MS BOYLES:** Yeah, so I don't see the disabled community per se as separate to Māori or Pacific.
23 There are disabled Pacific people and disabled Māori people and disabled Pākehā, so we
24 have to work together to make sure that the homes that we build for Māori are accessible,
25 for example, in the same -- and the same for Pacific, I don't see it as a separate community.
- 26 **COMMISSIONER ALOFIVAE:** Thank you.
- 27 **CHAIR:** I think we're drifting away and we don't want to deprive you, Ms Toohey, of your time.
28 Thank you all for those answers.
- 29 **MS TOOHEY:** Thank you.
- 30 I now want to move to a different topic, which is the use of solitary confinement.
31 Just to introduce this subject, Mr Te Kani, this solitary confinement or, as Oranga Tamariki
32 call it, the use of "secure", remains in use in New Zealand in both care and protection and
33 Youth Justice facilities?
- 34 **MR TE KANI:** Yes, it does.

1 **MS TOOHEY:** You would have -- I expect you'll be familiar with the report that the Royal
2 Commission has been provided with by Dr Shalev?

3 **MR TE KANI:** Yes.

4 **MS TOOHEY:** That's a very recent report which summarises the evidence that the Commission
5 has received from survivors, summarises the position in relation to international obligations
6 that New Zealand has in relation --

7 **MR TE KANI:** Absolutely, yeah.

8 **MS TOOHEY:** -- to children and I'm going to shortcut this quite a lot, but if I can go to that
9 report, which is MSC0008160, and just for those listening who are not familiar with
10 Dr Shalev, she is an international expert based in Oxford University in relation to solitary
11 confinement internationally. This is what she said about the design and physical provisions
12 of what is termed "secure". And she says at the foot of page 16:

13 "To sum up survivors' descriptions of secure rooms in different residences and
14 seclusion rooms in Health and Disability facilities alike paint a consistent picture of barren,
15 austere, prison-like rooms, containing minimal furniture (a bed) and no personal
16 belongings. Having visited solitary confinement rooms and units in prisons, psychiatric
17 hospitals and children's care homes, I can personally attest that secure and seclusion cells
18 were no different to prison segregation (solitary confinement) cells and in some cases they
19 were worse."

20 Do you accept what has been summarised there by Dr Shalev that the secure units in
21 children's homes in New Zealand within the scope period were very much like a prison
22 cell?

23 **MR TE KANI:** I can acknowledge that, yes.

24 **MS TOOHEY:** I had a number of accounts to provide to you, but just in the interests of time,
25 some of the evidence that the Commission received was that children had, in children's
26 homes in New Zealand in the residences, a bucket as a toilet in the cell and were made to
27 eat their meals beside the bucket that they had been to the toilet in. Do you have -- I can
28 take you to those accounts, there are many of them, but are you prepared to accept from me
29 that that is the evidence that the Commission has received?

30 **MR TE KANI:** I can accept the evidence that you've been presented, yes.

31 **MS TOOHEY:** Do you have any comment on that history of treatment of children in solitary
32 confinement in that way?

33 **MR TE KANI:** Only that it was inhumane and -- yeah.

1 **MS TOOHEY:** One of the witnesses, I'm just going to read this out without bringing it up,
2 WITN0427001, and this relates to Bollard. This is at paragraph 51:

3 "The secure units were covered with spiders. To make matters worse, the doors
4 were locked. I was told I needed to be there for a week. It's like a jail, there was a bed and
5 a little toilet. No one bothered to come and check on me other than to put food through the
6 sliding door. I was eventually taken out about five days after being in secure. It was
7 frightening being in that cell. You can't yell or call out as all that signals to the staff is that
8 you're a baby, you are being hysterical, which means you need to stay in secure for longer
9 until you settle down."

10 Do you accept that children were put into these cells for long periods of time, some
11 of them five days, as that witness, and some for far longer. Are you familiar with the
12 evidence? Would it help if I took you to another example?

13 **MR TE KANI:** I'm familiar with the evidence and some kōrero from survivors in this regard, yes.

14 **MS TOOHEY:** One of them, which I again won't bring up, but it's WITN0245001, this is at page
15 30 at 175, there is a document recorded on that witness' file in late 1988:

16 "This is the witness' 10th admission in nine months to secure. He has spent 154
17 days in secure and 64 days in the open unit. We have been unable to curb his behaviour."

18 That witness, Mr Te Kani, was one that I referred to earlier, has ended up spending
19 substantial amounts of time in prison. Has the Department done any work on correlation
20 between the amount of time that children were put in secure by the State and their later
21 behaviour, including criminal behaviour?

22 **MR TE KANI:** I'll ask my colleagues.

23 **MR WHITCOMBE:** Can you please just work through that last part of the question again?

24 **MS TOOHEY:** Whether Oranga Tamariki has done any research work to correlate what
25 happened to those children who were put in secure care for lengthy periods such as that
26 witness, 154 days, in terms of their mental health, dying by suicide, entry to prison? Have
27 you done any research work about that?

28 **MS DICKSON:** I think what I would say is we would acknowledge those experiences. I would
29 have to go back and check with my colleagues in terms of our evidence centre work
30 whether there's been anything specific done by way of study.

31 **MS TOOHEY:** We have some expert evidence that was provided in the bundle, both from
32 Dr Shalev and from Enys Delmage, the psychiatrist I referred to earlier.

33 **MR TE KANI:** Yes.

1 **MS TOOHEY:** And Enys Delmage, I'll just refer this to you without bringing it up in the interests
2 of time, but let me know if you need me to.

3 **MR TE KANI:** We've read it.

4 **MS TOOHEY:** You'd acknowledge that there are significant mental health impacts on anyone,
5 but especially children from being locked in solitary confinement?

6 **MR TE KANI:** Yes, we acknowledge that, yes.

7 **MS TOOHEY:** I want to go now to an example of what happened in relation to children with
8 intellectual disabilities, and just to give a quote from Dr Delmage about children with
9 intellectual disabilities, he said:

10 "The risks of being managed in secure areas will vary depending on the individual
11 characteristics. For instance, tamariki children with intellectual disability may struggle to
12 understand what is happening to them or what is expected of them in order for the use of
13 the secure area to end."

14 Just bearing that in mind, I want to take you now to an example which is ORT
15 0001229-0015 at page 2. Just while that's coming up, I'll explain to you what it is. It's a
16 letter to the principal of Ōwairaka Boys' Home in the mid-1980s, and it relates to a report
17 about a boy who's described at page 2 of that document as being physically handicapped
18 and mentally retarded. That's the section there. So from this letter, it's reporting on what
19 happened. His IQ was 60 to 70:

20 "Was today found in his room attempting strangulation and from reports would
21 have succeeded had he not been interrupted. This boy had been in the secure unit for 45
22 days as he absconds immediately if sent out to the open institution. Placement outside
23 Social Welfare institutions seems difficult. He is a chronic attention seeker, is a disrupting
24 influence on other inmates and staff, he is provocative and aggressive but in the main is
25 controllable."

26 At page 4 of that document, I'll just go there. It's recorded:

27 "On asking why he attempted this, he stated he wanted to see someone else in the
28 open home and he wanted to get out of secure."

29 Is Oranga Tamariki currently recording any data around suicide in care and
30 protection residences or Youth Justice residences where secure units are, or at all?

31 **MR WHITCOMBE:** Yes, we are.

32 **COMMISSIONER STEENSON:** Sorry, can I just ask, does that include attempts?

33 **MR WHITCOMBE:** Yes, I have data on self-harm attempts as well.

34 **MS TOOHEY:** Are you able to share what that reflects from, say, the last five or 10 years?

1 **MR TE KANI:** So I'm able to reflect on what it looks like within the last year in the here and
2 now, and if we were to go back, we would need to do some case file analysis. I do just
3 want to be clear for the Commission that this relates to residences as opposed to the wider
4 care system and we do have limitations from a data perspective around the wider care
5 system and this particular issue of suicide attempts.

6 So the latest data that I have over the last year from 1 July 2021 to 30 June 2022 is
7 that there were 16 instances of self-harm or suicide attempts within the care and protection
8 residences.

9 **MS TOOHEY:** I did notice just on that subject that in Oranga Tamariki's response to the
10 Commission recently, NTP 418, this is at paragraph 6.61 for Ms Schmidt-McCleave, that
11 you noted to the Commission that from 1 April 2017 until 27 February 2022, there had
12 been 32 deaths of children in care of whom 25 identified as Māori, and it was noted that of
13 32 deaths, 18 were identified as natural causes, which begs the question, what were the
14 causes of the other children who died, what were the causes of death?

15 **MR WHITCOMBE:** We can come back to you with that information.

16 **MS TOOHEY:** Just going back to secure in the time that we have left, if we -- I just want to
17 summarise to you the experiences of another survivor in relation to his experiences in
18 secure in the 1970s at Ōwairaka. This is EXT 0016024. I'm being quite unfair here to my
19 member of my team by jumping around, but at paragraph -- I'll just read this out to begin
20 with while it's coming up, but at paragraph 45, the witness notes:

21 "I remember they used to make you clean the toilet in secure with your own
22 toothbrush and then make you use that toothbrush to clean your teeth."

23 And then at paragraph 49, he describes:

24 "For me and so many others I know of, it was the sexual abuse that was the worst.
25 A lot of things happened down in the secure unit. I can still hear the screams and cries
26 from other boys when they get taken into the shower block. That's where the abuse
27 happened in the secure shower block."

28 He known goes on to describe sexual assault of others similarly at Hokio in the
29 secure block. But then at paragraphs 50 and 51, if I just ask you to read that to yourself,
30 I won't read it out, but to summarise what this is, the witness is describing a very serious, I
31 think you'll agree, sexual assault by a group of staff on him at the secure block. I think by
32 three staff. And then at paragraph 53, he notes that his last time in secure at Ōwairaka, he
33 was kept there for three weeks:

1 "The most important impact in my life from this was that I contracted a sexual
2 disease at this time. Staff never got me to see the doctor because questions would have to
3 be asked about how it happened."

4 Do you have any comment first on this?

5 **MR TE KANI:** Just to first reiterate the courage of bringing this kōrero forward by the survivor,
6 noting there would be many kōrero that reflects this experience, which is terrible and
7 traumatic and quite hard to read.

8 **MS TOOHEY:** One of the other aspects of this, Mr Te Kani, is that it appears that secure is an
9 environment back then, and in June last year in Christchurch, where abuse can be
10 perpetrated by staff. Do you agree with me that that appears to be a common theme here
11 between this survivor's experience and the experiences that we saw on the video last year?

12 **MR TE KANI:** I do think they're quite specific experiences that are different. That's not to
13 minimise the harm to young persons in the video at Te Oranga, but I wouldn't -- which is
14 reflected in an independent investigation conducted into Te Oranga and a number of
15 internal investigations articulate that Te Oranga was a care and protection residence that
16 was violent.

17 **CHAIR:** I think the question is specifically about secure. We talked earlier about how children
18 being held in remote areas such as Whakapakari for example, immediately makes it a
19 dangerous situation because there's no oversight. I think the point being made here is that
20 secure is a bit the same, so it's out of sight of the rest of the institution, it's a closed
21 environment where the hazards and the dangers of being assaulted and harmed are more
22 likely to occur than perhaps the rest of the residence. Do you want to comment on that
23 proposition?

24 **MR WHITCOMBE:** Yeah, I do. Just very simply on a couple of matters, the secure units in
25 residences are not -- I don't want them to be conflated with solitary confinement. Young
26 people are able to move around those units, there's outside space, and there are numbers of
27 staff that are in secure units as they are today.

28 We have CCTV camera footage of the areas throughout secure. The parts of secure
29 that aren't covered are the young person's bedrooms and bathroom and toilet, but that is the
30 only areas that are not covered by CCTV footage.

31 Any interaction in terms of -- so that CCTV footage is monitored 24/7 in real-time
32 by a staff member on site, and any use of force that occurs is reviewed within that 24-hour
33 period for any excessive use of force or any learnings about the approach that staff had
34 taken, whether it be about de-escalation or anything else.

1 And then if there have been any concerns about any kind of physical use of force or
2 interaction, there are appropriate processes around reports of concern. We do also have a
3 panel that we've more recently set up over the last year and a half which is a panel made up
4 of VOYCE - Whakarongo Mai representation, of the Ministry of Justice, and other
5 representation, Safety of Children in Care unit, and that team comes together to review any
6 use of force incidents where there might have been a young person hurt and, again, it's a
7 check and balance and provides recommendations back to the General Manager around
8 operational and practice improvements.

9 **CHAIR:** You can take another 5 minutes if you need.

10 **MS TOOHEY:** Thank you.

11 Just on that review of the footage, given what happened last year, have you given
12 consideration to an independent unit outside of that residential care facility reviewing the
13 footage so that if there is a culture of abuse happening within one institution, you have a
14 check on that from somebody who has no connection to that physical institution?

15 **MR TE KANI:** So there was an independent QC that looked at not only the footage but
16 conducted the investigation.

17 **MS TOOHEY:** Sorry to interrupt you, Mr Te Kani, but I meant every day, so that as the footage
18 is being reviewed that Mr Whitcombe just talked about, that somebody is always reviewing
19 what's happening on the footage. Is there any consideration of some other independent
20 check on that, I guess, is my question.

21 **MR WHITCOMBE:** I guess the independent check and balance that we do have in place is that
22 use of force panel where any young people who may have been hurt or injured during a
23 restraint process, those are reviewed, the CCTV footage is made available for review for
24 the whole of the panel.

25 **MS TOOHEY:** We'll come to that tomorrow, but just to finish this subject off, the Commission
26 heard evidence last week from Iona Holsted, the Secretary of Education, and she outlined
27 that in the education sphere, the use of seclusion is banned because it's regarded as a form
28 of abuse. Why does the Secretary of Education take such a different view than Oranga
29 Tamariki about the continued use of secure in relation to children?

30 **MR TE KANI:** I can't speak for the position of the Secretary of Education, but what I can say is
31 we don't take the use of secure rooms lightly. Every time there is a decision to use a secure
32 room, whatever the circumstance, we go through the process we know, it will be monitored,
33 audited, regulated, so we operate within the bounds that we have to. The use of secure

1 rooms has declined, nonetheless, it will always be our preference not to, but there have
2 been those circumstances unfortunately where we've had to use secure.

3 **MR WHITCOMBE:** I just want to again stipulate there's different sets of legislation that we exist
4 under. We're working under the Residential Care Regulations 1996, and I would not want
5 to, again, conflate seclusion or isolation or solitary confinement with use of secure care.
6 Where there are a set of -- young people are required to have recreational and educational
7 activities, they're not locked in their rooms during periods between 8.00 am and 8.00 pm.
8 So it's just really important not to conflate those two things.

9 **MS TOOHEY:** Do you consider that the current use is compliant given that the United Nations
10 Committee Against Torture report in relation to New Zealand in 2015 recommended that
11 for juveniles, New Zealand prohibit the use of solitary confinement and seclusion?

12 **MR WHITCOMBE:** We have a range of checks and balances and I wonder if Nicolette will talk
13 to some of those that go in and review the decision-making that surrounds use of secure
14 care and whether or not it meets the specific provisions within the care regulations. So I'll
15 just pass over to Nicolette.

16 **MS TOOHEY:** Just before you answer, one of the points I would like you to comment on is that
17 it mentions in the evidence, or in NTP 418, the response, that Oranga Tamariki are looking
18 at legislative amendments to downgrade the use of secure care. My question for you is that
19 the legislation appears to be permissive, it doesn't require the use of secure care and care
20 and protection facilities at least. If you could explain some of that, that would be helpful.

21 **MR WHITCOMBE:** Just to make the comment that, yes, Oranga Tamariki is working to review
22 the residential care regulations, we commonly understand there's policy work happening,
23 we understand it, we call it bill 2 at the moment, and there are a range of things that we are
24 looking at in terms of secure settings, use of force settings, custodial settings, where we
25 might want to shift and change, but we're just in that policy ledge development phase.

26 **MS TOOHEY:** But just to answer that question, the legislation doesn't require you to use solitary
27 confinement or seclusion, you could stop this practice tomorrow if you chose to?

28 **MR WHITCOMBE:** I want to be clear, we're not using solitary confinement currently.
29 Regulations 24 and 48 within the residential care regulations do talk to young people being
30 able to go to their rooms but it's for set periods of times for set circumstances and it's
31 monitored and reviewed.

32 **MS TOOHEY:** So at night they're locked in a unit but not in their bedroom, is that what you're
33 saying?

1 **MR WHITCOMBE:** Yeah, so young people in our units, in our residences, their bedroom doors
2 are not locked.

3 **MS TOOHEY:** But they're within a unit that is locked?

4 **MR WHITCOMBE:** Yes, that's correct.

5 **MS TOOHEY:** Are they allowed out of the unit during the day?

6 **MR WHITCOMBE:** During the day, yes.

7 **CHAIR:** This might be something we might need to stop because of the timing but this might be
8 something where we might want some more information and, again, would you be prepared
9 to answer some questions about that?

10 **MR WHITCOMBE:** Absolutely.

11 **MS SCHMIDT-McCLEAVE:** Madam Chair, I was just going to add, as well as the regulations
12 which Mr Whitcombe referred to, there are provisions in the Oranga Tamariki Act, 367
13 onwards, a group of provisions and there are very strict criteria around the use of what's
14 called secure care, so I just wanted to make sure the Commissioners understood that as well
15 as the regulations.

16 **COMMISSIONER ERUETI:** The question was about consistency with UNCAT, not -- I mean
17 Mr Whitcombe said consistency with your regulations, but I don't think you answered that
18 question about --

19 **MR WHITCOMBE:** We can come back with a formal answer on that.

20 **CHAIR:** I think out of humanity to our transcribers we need to take a break. Just given time
21 imperatives, should we come back at 2.00 pm or do you want to give us a little more
22 latitude, Ms Toohey, and come back at 2.10 pm?

23 **MS TOOHEY:** I'm in your hands, Madam Chair.

24 **CHAIR:** You know how long you need, don't you, and I suspect we have circumscribed you quite
25 a lot this morning.

26 **MS TOOHEY:** After the break we were going to explore some more issues about abuse in care. I
27 think we can cover it if we come back at 2.10 pm.

28 **CHAIR:** 2.10 pm. All right, then everybody take 1 hour and we return at 2.10 pm, thank you.

29 **Lunch adjournment from 1.10 pm to 2.10 pm**

30 **CHAIR:** Welcome back, everybody, to the afternoon session. Ms Toohey.

31 **MS TOOHEY:** Kia ora ano. I want to move now to a different topic, Mr Te Kani, which relates
32 to sexual abuse in residential care. And just as a warning for any survivors here or listening
33 online, some of the content might be disturbing. I want to take you first to a document that

1 the Commission has prepared based on evidence of historic claims made to the Ministry of
2 Social Development.

3 **MR TE KANI:** Yes.

4 **MS TOOHEY:** This is MSC0008285. The purpose of doing this, Mr Te Kani, is just to provide
5 some context to the number of allegations that were made in various residences. MSD
6 commented on these last week. It's not to show that there were findings of sexual abuse but
7 it does give a picture of how many allegations were made, at least to the Historic Claims
8 Unit. So this table relates to claims to the MSD Historic Unit of sexual abuse by staff at
9 Epuni Boys' Home.

10 **CHAIR:** Just say that again, Ms Toohey. These are?

11 **MS TOOHEY:** These are tables that have been prepared from information provided by the
12 Ministry of Social Development of how many historic claims they had in relation to Epuni
13 from 1968 to 1977, and if we just look there at the first page, this is a table, if you can
14 orientate yourself to this, there's the name of the person who's alleged to have perpetrated
15 the abuse, being staff members as noted in the next column, and the dates are the date range
16 of the period in which the offences are alleged to have occurred and you can see on this
17 page that's continuing from 1968 to 1972 and then there's a categorisation by the Ministry
18 of Social Development as to how severe in their view that abuse was, ranging there from
19 low, moderate to serious, and then on the right-hand column is the boys' home in which this
20 occurred, in this case Epuni.

21 If we go over to the next page, there's a continuation of this and I don't expect you
22 to do any maths from the witness box, but would you accept from me that this shows there
23 are 68 incidences of sexual abuse involving 19 different staff and seven more who are
24 unnamed?

25 **MR TE KANI:** Yes.

26 **MS TOOHEY:** And I want to touch on something that you said in evidence in your brief of
27 evidence, Mr Te Kani, at paragraph 21, which was that you'd met with people who'd left
28 care recently and they reminded you that there are others who haven't come forward to the
29 Commission, and presumably others who haven't gone forward to the Historic Claims Unit,
30 who also have accounts of abuse in care.

31 So although we have this picture as just one example of Epuni of just one of the
32 homes, do you accept that the true picture of sexual abuse in residential care is going to
33 remain unknown?

34 **MR TE KANI:** I accept that, yes.

1 **MS TOOHEY:** But it's at least likely to be much bigger than this snapshot?

2 **MR TE KANI:** Highly likely, yes.

3 **MS TOOHEY:** One other thing I wanted to clarify from your evidence, Mr Te Kani, and this was
4 at paragraph 218 of your brief. You made a comment:

5 "Oranga Tamariki notes that it was not until the mid-1970s that most jurisdictions
6 around the world formally acknowledged child abuse in legislation and policy. Oranga
7 Tamariki recognises that, historically, conversations about child abuse and children's and
8 young persons' rights were limited or in some areas non-existent. This reflects that social
9 work practice operates within a cultural and historical context. The context includes
10 changing moral attitudes and persuasion, which in turn determines the expected role of the
11 State through regulatory and legislative functions that in turn establish practice standards."

12 I want to give you an opportunity to explain what you mean by that.

13 **MR TE KANI:** Yes.

14 **MS TOOHEY:** Because I think you'd accept in the first instance that sexual abuse against
15 children has always been unacceptable legally?

16 **MR TE KANI:** Of course.

17 **MS TOOHEY:** It's a crime, and even within the scope period, that was recognised as in fact a
18 ground to remove children from homes where they were being sexually abused?

19 **MR TE KANI:** Of course.

20 **MS TOOHEY:** So what did you mean by this, that child abuse wasn't recognised until the
21 mid-1970s?

22 **MR TE KANI:** I'll ask the team to add in after I've made my introductory comments, but
23 irrespective of the timeframe, child abuse and sexual abuse is actually an act that we would
24 all agree shouldn't be condoned. So that's the first -- there's the first point.

25 Paragraph 218, I can see how it might be interpreted in the way that you've
26 articulated it, but that's not its intention. It's by all means not condoning or excusing in any
27 way the behaviour of staff in that residence for whom those allegations are being made
28 against.

29 What we're trying to say with that paragraph is in terms of the context at the time on
30 law and policy, it wasn't clearly articulated or recognised, nonetheless, we know what's
31 right or wrong. I'll pass on to Nicolette.

32 **MS DICKSON:** So the context I would add is that as a body of knowledge, the full extent of the
33 kind of behaviours that amount to sexual abuse, the kind of contexts in which sexual abuse
34 could occur, wasn't fully understood until that knowledge has sort of matured through the

1 70s, 80s and 90s. So, yes, all sexual abuse has been inappropriate. What this is saying,
2 though, I think, or what we were trying to convey is that there was sexual abuse which was
3 also inappropriate that wasn't recognised as being abusive. So when I think about some of
4 the witness accounts or, sorry, the survivor accounts, they talk about behaviour which is
5 young people are deemed to be equally culpable for a sexual encounter and activity and
6 now we would absolutely understand that that was predatory and inappropriate adult
7 behaviour. In the context of the time, it wasn't always recognised in that way. That's the
8 context of the comment.

9 **MS TOOHEY:** So you mean that -- you're talking about sexual abuse -- or sexual activity
10 between two children in a home?

11 **MS DICKSON:** No, no, no, sorry. When I read some of the survivor accounts of sexual abuse by
12 an adult against a young person, it would be described in ways that suggested it was a
13 meeting of equals, that the young person's behaviour was akin to the adult, and that's where
14 I think the historical context has minimised and has suggested that, at times, the young
15 people have been responsible for predatory adult behaviour.

16 **MS TOOHEY:** Where have you read that it was consensual?

17 **MS DICKSON:** So I'm not saying it's consensual. Some of the documents I saw in the witness
18 bundle, I'd have to go back and have a look, talked about when an incident of sexual assault
19 or abuse had been investigated by social workers or whatever the organisation at the time, a
20 context was attached to it that suggested that somehow the young people were at fault, not
21 the adults, if that makes sense.

22 **MS TOOHEY:** You're talking about the response of Social Welfare at the time?

23 **MS DICKSON:** Yes.

24 **MS TOOHEY:** When a complaint is made about sexual abuse, that the workers, the state
25 workers --

26 **MS DICKSON:** Yes.

27 **MS TOOHEY:** -- categorised this as -- I think there are some examples that we can come to of
28 that.

29 **MS DICKSON:** Yes, so they failed to recognise it for what it was, which was adult inappropriate
30 sexually abusive behaviour.

31 **MS TOOHEY:** Which, I just want to give you the opportunity to comment though, has always
32 been criminal?

1 **MS DICKSON:** Yes, certainly. So what I'm saying is I think that the attitudes around sexual
2 abuse meant that there was under-identification of criminal sexual abuse at the time, that's
3 the point I'm trying to make. Sorry if that wasn't clear.

4 **MS TOOHEY:** Thank you. Let's go straight to a document that I think might illustrate your
5 point, Ms Dickson, which is ORT00006030060. It will take a minute to come up but this is
6 a letter from one staff member at Epuni to the Superintendent Social Welfare in late -- in
7 the late 1960s. And if I just summarise the first paragraph, it summarises that there was a
8 phone call to this person from the manager of the home, indicating that 12 boys were
9 involved in misconduct, it's called, on the part of a staff member in the course of his night
10 supervision. So this is what's called a night watchman at Epuni and it was alleged that he
11 woke boys to go to the toilet, and then if we go to the next paragraph. This is at paragraph
12 2:

13 "From the allegations, it would seem that in awakening them, he did so by touching
14 them in the genital area and although there is no evidence he actually masturbated those
15 boys, it would seem that this was his intention."

16 Then it goes on at paragraph 5 to indicate that the staff member was immediately
17 told that his services were no longer required, but that no Police action had been taken
18 because it appeared from discussions with the boys that no irreparable damage had been
19 done and that:

20 "I felt in the absence of any real corroborative evidence that this would only serve to
21 bring opprobrium on the institution and possibly give rise to considerable speculation on
22 the part of the public."

23 Then if we go to the next page, at the bottom, there is a note back from the
24 Superintendent, you'll recognise the name as a senior person within Social Welfare:

25 "It seems to me you should tell the incident to an appropriate officer in the
26 Police" -- underlined -- "not for the purpose of having an information laid against this man
27 but ensuring that the Police know of it so that something can be done if future employment
28 is found where offences against children are made easier to commit. I think our obligation
29 would end there."

30 First, in relation to that, what is described there is clearly criminal in nature.

31 **MS DICKSON:** Yes.

32 **MS TOOHEY:** Do you agree with that? And I think you'd also agree with me that that response
33 is wholly inappropriate?

34 **MS DICKSON:** Yes.

1 **MS TOOHEY:** By Social Welfare and that the concern appeared to be the reputation of Social
2 Welfare and the institution, as opposed to the safety of the children, and also that there
3 appeared to be no accountability to the children for what had occurred in terms of a Police
4 investigation?

5 **MS DICKSON:** Absolutely.

6 **MS TOOHEY:** Fast forward three years at Epuni and we have a witness account of another staff
7 member being investigated for sexually abusing the boys there who was in fact convicted,
8 and this is WITN0080001. At paragraph 13, I'm just going to read part of this to you:

9 "I will never forget being locked in a room in one of the wings and hearing the boy
10 next door being raped by a staff member, knowing that that was what was happening and
11 wondering when it would be my turn. The staff member was [such a staff member], he was
12 a prolific offender who I believe had been caught offending at a similar institution in
13 Hamilton, he was allowed to leave that institution and get a job at Epuni. This person was a
14 housemaster. He slept on site. The housemasters were all-powerful, they had easy access
15 to children, we had to obey them. If we didn't, we were disciplined. I remember the first
16 time he offended against me. He found a reason to send me to my room. Once in the
17 room, he came in and he abused me sexually. There was no escape. I was trapped in that
18 environment. I was 10 or 11 years old."

19 I take it, given that that person was convicted of sexual offending at Epuni, that you
20 accept that this happened in the children's home?

21 **MS DICKSON:** Yes.

22 **MR TE KANI:** Yes.

23 **MS TOOHEY:** But that the practice that had given rise to this occurring in the first place, which
24 was his very easy unsupervised access to children at night continued after the 1968 example
25 where the staff member was dismissed. Do you accept that that was a major failing in
26 terms of safeguarding the children?

27 **MR TE KANI:** Yes.

28 **MS TOOHEY:** Is there anything you want to say to those survivors, and there are so many of
29 them who have come forward to the Commission and are listening online, in relation to
30 sexual abuse, particularly at Epuni, and what occurred with them with the 10 years of
31 sexual abuse that we saw in the other table that has been reported?

32 **MR TE KANI:** Just to reiterate my acknowledgment from yesterday, that the State in this
33 particular example did not meet our obligation and duty to keep them safe, and I
34 acknowledge their kōrero and strength in coming forward.

1 **MS TOOHEY:** I want to go now to a different example which is Hokio, which is the children's
2 home in Horowhenua, and on that same table, MSC0008285, you'll see there that these are
3 recording instances from 1970 to 1979 at Hokio. Again, these are allegations made to the
4 Ministry of Social Development for historic claims so, again, I think you'd accept it's by no
5 means a full picture, but that this represents some of the allegations of abuse over that
6 period?

7 **MR TE KANI:** I acknowledge that, yes.

8 **MS TOOHEY:** Again, will you accept from me that these claims raise 26 instances of sexual
9 abuse involving 12 staff?

10 **MR TE KANI:** I acknowledge that, yes.

11 **MS TOOHEY:** I won't name them, but you'll see there, if you look down at 2065, there is a name
12 written there and that name appears a lot, you'll notice, if we go out again and you can see
13 that name frequently in the table, and I want to talk to you now about that staff member.
14 We're going to go to a survivor's account, WITN0157001, and this is paragraph 102. This
15 survivor records going to Hokio:

16 "The staff member was sexually abusing a lot of people at Hokio. I was there in
17 1973. Sexual abuse was frequent, especially by him. They would force you to do things."

18 And at 103:

19 "He'll play with your privates and bend over and have sex with you all the way.
20 I cried all the time because of the pain. They made you do things to them", and I won't read
21 out the rest of that. "A couple of times we were taken away, but separately because it was
22 more private. I wasn't the only one it was happening to, that was the thing. I was taken to
23 his house."

24 Then at 107, with this staff member:

25 "If you got called into his work area, we'd look at each other because we all knew
26 what was going to happen. We'd watch out, we knew the signs, we'd walk away and know
27 there was nothing we could do for the poor bugger."

28 Once again, do you have any comment on the extent of that abuse that's described?

29 **MR TE KANI:** Again, just to acknowledge the courage and the kōrero of that story coming
30 forward.

31 **MS TOOHEY:** I want to go now to another document, ORT0072696. This is at page 6. This is a
32 memorandum from the acting principal of the school to the principal in the mid-1970s,
33 advising that that same staff member had resigned. And if we look at paragraph 3 there, I
34 think this is your point, Ms Dickson.

1 **MS DICKSON:** Yes.

2 **MS TOOHEY:** So it's recording what had happened with the resignation and it says:

3 "Acting on rumours 'from several pupils', it was alleged that some boys had been
4 indulging in sexual activities with a staff member. These include mutual masturbation, anal
5 intercourse and other forms of sexual misbehaviour. Most of these incidents occurred in
6 the home of the staff member, which is approximately a mile away from the institution. On
7 occasions, that staff member would make improper suggestions and advances to the boys in
8 concealed areas of the institution."

9 Although you made that comment before, Ms Dickson, that -- and I think this is the
10 kind of comment that you were referring to?

11 **MS DICKSON:** Yes.

12 **MS TOOHEY:** This was serious --

13 **MS DICKSON:** Yes.

14 **MS TOOHEY:** -- sexual offending. I just want to give you the opportunity to comment on that,
15 because this would never have been acceptably characterised as mutual consensual
16 behaviour.

17 **MS DICKSON:** I'm sorry if there was any impression that I thought it was mutually consensual
18 behaviour. What I'm saying is that what's so concerning about this account of the events at
19 the time, that it was equalising the behaviour and it was suggesting that sexually predatory
20 criminal behaviour towards young people was somehow their fault. That was the point that
21 I was making. So I'm sorry if I haven't made that point clearer, but that is the context and
22 so, from that perspective, I think there would have been actions towards young people that
23 were not recognised for what they were, which was sexual abuse and criminal behaviour.

24 **MS TOOHEY:** I just want to take you now to a vetting issue about that same person and this is
25 NZP0005455. So just to explain to you what this is going to be before it comes up, this is a
26 criminal offence report from the Police relating to that same staff member because he was
27 charged in relation to some of the Hokio offending, but if we have a look at page 3, just at
28 the top half of the page, maybe. Let me call that out so we can read it. This is evidence
29 that the Commission received in relation to this person, indicating that in the late 1960s, so
30 many years before these incidents occurred at Hokio, that this person came to the attention
31 of the Police for sexually touching a 14-year-old schoolboy. I'm not suggesting that the
32 Department of Social Welfare actually knew this at the time that it employed him, but do
33 you agree first that this staff member, knowing that, should never have been employed by

1 the Department of Social Welfare, knowing that he was alleged to have indecently
2 assaulted a child?

3 **MR TE KANI:** If the Department knew that information, yes.

4 **MS TOOHEY:** Well, no. No, no, can we just go back. In what circumstances would it be
5 appropriate for the Department to employ someone who had come to the attention of the
6 Police for an indecent assault on a child?

7 **MR TE KANI:** To the extent that the Department knew that information.

8 **MS TOOHEY:** So that's the issue I wanted to discuss with you, just stepping through that.

9 **MR TE KANI:** Yes.

10 **MS TOOHEY:** Do you agree with me that in the 1960s and now, we need to have a system where
11 Oranga Tamariki can be made aware of any instance like this before they employ someone,
12 so that they are aware of any safeguarding issues that might make someone unsafe to
13 supervise children?

14 **MR TE KANI:** Yes.

15 **MS TOOHEY:** The Police Commissioner gave evidence last week in relation to vetting and he
16 said, and this is at page 92 of the transcript:

17 "I acknowledge the lack of a clear statutory framework for vetting which creates
18 uncertainty about what information can be considered as part of the process."

19 And there is some more discussion about the pressure the Police are under now in
20 terms of how many organisations require vetting.

21 What is your understanding and current practice about whether you would receive
22 information like that, and it's not clear whether he was convicted, but we have someone
23 who there is at least an allegation to the Police of sexual offending against a child. Are you
24 confident that now you would get that information in a vet before you employed someone?

25 **MR TE KANI:** I'll open up and ask Ms Dickson to follow up on it. What I would hope is, when
26 considering the employment of anybody to Oranga Tamariki, your point, we have all the
27 relevant information about that person, especially if that role is working with tamariki,
28 given the risks.

29 **MS DICKSON:** So the provisions for vetting have only been in legislation, as far as I understand
30 it, since the Children's Act in 2014, and certainly the information that the Police provide is
31 broader than convictions, and so complaints may be in some vetting. I couldn't with
32 absolute confidence say that the kind of report that you showed us would always be in, but
33 that's partly -- we're reliant on the information that the Police provide.

1 **MS TOOHEY:** Given the Commissioner's comment in evidence that it's a problem that there's a
2 lack of a clear statutory framework, do you think that you too, as an organisation, would
3 benefit from having a clearer statutory framework around vetting and what kinds of
4 information can be provided to Oranga Tamariki?

5 **MR TE KANI:** Definitely we hold a clear position that we would love access to all relevant
6 information about a person that's coming before Oranga Tamariki, especially for a role
7 working with our whānau tamariki.

8 **MS TOOHEY:** I want to now turn to a slightly different subject, which is just around how some
9 of these allegations about staff members in the 1970s and 1980s began to come out, and
10 I want to just bring up a letter that was written in the early 1980s, this is MSD 0003098.
11 This is a letter that's from a former staff member of the Department of Social Welfare to the
12 Human Rights Commission. You'll see there that he's also copied it to the Department. At
13 page 3, he's recorded in the middle paragraph:

14 "What concerns me in these situation is the method whereby the Department,
15 particularly Head Office personnel, appear to 'cover up' some situations by transferring the
16 accused staff member to another position (no appeals can be heard on such occasions). The
17 person remains in this new position until the incident is well in the past and facts about the
18 incident are obscured in people's memory, and then these staff are afforded promotion to
19 positions where they in turn can select staff."

20 And then at page 4, the author concludes:

21 "I would therefore request your Committee pursue this matter to protect the rights of
22 children in care and to ensure that the method of selection, 'cover up' and promotion in
23 residential care is in the best interests of the children."

24 Before we go through the examples, are you aware of this practice? Because the
25 Commission has received many examples, which we will take you through some in the next
26 couple of days, but just to shortcut the process, are you aware of this practice of transferring
27 a staff member when allegations of abuse were made to another home, rather than, for
28 example, terminating their employment or reporting the matter to the Police?

29 **MR TE KANI:** I'm aware of some instances where, historically, staff members have been
30 transferred to different roles. What I would say is, without diminishing the action, being
31 really clear about the facts in each case and the intention behind why they were doing the
32 move.

33 **MS TOOHEY:** Let's go to another document, ORT0082593. This is a letter in the early 1970s
34 from -- I don't want to name the people involved, but to the Director-General. You'll see

1 the person named at the top, I just want you to note the person named as the staff member.
2 This is one of the staff members raised in the earlier letter to the Human Rights
3 Commission. And if we go to page 1, paragraph 2, I'm just trying to orientate myself to
4 that part there, but the letter stated that a senior position was created at Hokio for a senior
5 staff member from a home in Palmerston North, a girls' home, following an alleged
6 indiscretion with an inmate.

7 **CHAIR:** I don't think we're looking at the right paragraph.

8 **MS TOOHEY:** I can summarise this for you, that there were four allegations of sexual abuse and
9 three written statements by girls provided, relating to events several years earlier. Sorry,
10 I might just need -- that was the allegation from the letter to the Human Rights Commission
11 that there were allegations of sexual abuse and a recent complaint.

12 Then if we can just call out the second paragraph. It's recording that inquiries were
13 made by the CIB so the Police were involved, but they were not completed because the
14 credibility of the accusations had not been resolved one way or the other:

15 "The indications given to me however were that current allegations were
16 unfounded."

17 So with this in mind:

18 "The official from Social Welfare, in my presence and at district office, revealed to
19 the perpetrator the nature and extent in general terms of accusations made against him. He
20 was told, among other things, that a transfer would be absolutely but not immediately
21 necessary and that he himself would be given the opportunity of requesting it.

22 Shortly after that interview, however, I received further information from the CIB,
23 coupled with a request that the Social Welfare official and I call at the station to discuss
24 with the Superintendent and senior detectives the latest situation."

25 That was that one of the female residents' statements had just been received and
26 differed substantially from what had been conveyed verbally from the Whanganui CIB
27 office:

28 "Because of its content, the chief detective said he was obliged to have a
29 considerable number of the present inmates of the home interviewed, unless our department
30 was willing to arrange for the principal's immediate removal. Because of the certain
31 disruptive effects that such action would have, the Social Welfare official gave the
32 assurance that the perpetrator would be forthwith removed from duty. It was understood
33 that only one inmate would then be interviewed and that if no further leads were uncovered,
34 the matter would rest there."

1 Then on page 2, if we just -- in the second paragraph there. So then it was
2 obviously discussed with the staff member:

3 "I have discussed today the possibility of the perpetrator's request that he should go
4 to Hokio rather than to Kohitere. We agree this would be much more practicable both in
5 terms of the apparent need there is in that institution for relief staff and in terms of it not
6 being inconsistent with a move that he could have made anyway without disadvantage to
7 his career."

8 And that's signed by the acting assistant director of Social Welfare.

9 Do you agree with me that's an example of a transfer of a staff member in light of
10 allegations rather than a Police investigation?

11 **MR TE KANI:** On the basis of what we've read, yes.

12 **MS TOOHEY:** If we just go to another document, witness WITN0157001, and if we go to page
13 13, paragraph 89. So this is what happened a few years later or shortly afterwards when
14 this staff member was transferred to Hokio. This is the witness' account of what happened
15 to him at the hands of the same staff member:

16 "There was also this staff member. He was violent towards me and sexually abused
17 me. Once, when I was locked up in the cell at Hokio, he came in and sat on the mattress on
18 the floor next to me. He talked to me as if he was my friend. It started by rubbing my leg
19 and progressed from there. It wasn't just me getting that treatment, you could hear the other
20 boys screaming."

21 So on the basis of that account, the direct result of the deal that was struck with the
22 Police by Social Welfare was that this staff member was able to sexually abuse other
23 children in a different institution. Do you agree with me that that's what the documentation
24 proves?

25 **MR TE KANI:** Yes.

26 **MS TOOHEY:** I want to go now back to an MSD table, MSC0008283. This is another
27 compilation of information that's been provided by the MSD of allegations to its Historic
28 Claims Unit in relation to staff and this has been filtered for specific staff.

29 So at page 12, person number 7, you see the person's name at number 7 as being the
30 same staff member who we've just been discussing. That shows seven allegations of abuse
31 made in historic claims relating to the period 1972 to 1984 at three separate children's
32 homes in New Zealand, Hokio, Epuni, and Stanmore. Do you accept that this is something
33 of a travesty and a failure, a complete failure by Social Welfare to safeguard children in
34 care?

1 **MR TE KANI:** On the basis of the evidence presented, yes.

2 **MS TOOHEY:** I'm going to take you now to some later examples in the 1980s, and again just
3 bringing up a table, another table from MSD, MSC0008285, which is one we looked at
4 earlier that demonstrates the number of allegations to the Ministry of Social Development.
5 We just need to go to the table for Kohitere. You see there this is a period at number 3
6 there, illustrating a period between 1980 and 1989 in relation to Kohitere, again with a
7 number of staff members named across the tables, of sexual abuse. And, again, will you
8 accept from me that the table shows that there were 39 instances of sexual abuse raised by
9 survivors in relation to 19 different staff members?

10 **MR TE KANI:** Yes.

11 **MS TOOHEY:** So the problem of sexual abuse appears to not be slowing down throughout the
12 next decade. And I want to take you to a newspaper article now, NZP0026640. If we just
13 highlight that middle part, this is a newspaper article in the mid-1980s and it records that
14 Social Welfare says it had no way of knowing a man employed at two Auckland boys'
15 homes was a convicted sex offender and that this person in that week had been sentenced to
16 a year's jail for sodomising a 15-year-old boy but that he had in fact been convicted for a
17 similar sex offence in 1964 but had worked at Auckland boys' homes from 1983. It goes on
18 to record that Social Welfare was not allowed to use the Whanganui Computer to check
19 criminal records.

20 Do you agree that this is yet another example of failure by the Department of Social
21 Welfare to properly vet its staff?

22 **MR TE KANI:** I don't know enough of the facts of this particular case, Ms Toohy, but what I
23 can see from the article that you've presented is they didn't have all the information when
24 considering the employment of Mr Watson. To be specific, I don't know, from what I can
25 read, of the nature of his criminal conviction, if that's correct from what I can read.

26 **MS TOOHEY:** Perhaps this example highlights that, still now, with a lack of clarity in 2022 from
27 the Commissioner of Police as to what information can be provided to Oranga Tamariki by
28 way of vetting, that that is an area that New Zealand really needs to make sure that we have
29 right?

30 **MR WHITCOMBE:** I would agree with that and it goes back to Mr Te Kani's comments about
31 having all of the appropriate information that would give us confidence that we're
32 employing the right people.

33 **MS TOOHEY:** Do you experience some difficulties in relation to Privacy Act kind of
34 considerations when you are trying to obtain information in relation to staff?

1 **MR WHITCOMBE:** I haven't had issues around that in my role over the last 20 years.

2 **CHAIR:** I don't want to take a lot of time. We heard evidence from the education people,
3 Ministry of Education, and we've heard in other contexts, that there's vetting which is like
4 the term of art for getting somebody's list of convictions, previous convictions, but
5 education also go further and they rely on what they call safeguarding, which is getting
6 more background information, and that would include, I believe, things like allegations,
7 things like previous employment history.

8 Does OT have anything at all of that sort of system in place?

9 **MS DICKSON:** We are guided by the requirements in the Children's Act when undertaking
10 suitability checks for staff. Generally, for a children's worker, that would involve -- mostly
11 these things are specified or described at a high level in the legislation -- information from
12 Police, information about prior employment, referee checks that can attest to working with
13 children. I'm not sure that I could say exactly the kind of enquiries that were being referred
14 to in Ms Holsted's evidence.

15 **CHAIR:** It sounds like it. The question is, is it happening?

16 **MS DICKSON:** Yes.

17 **MR WHITCOMBE:** Yes.

18 **COMMISSIONER ERUETI:** Are these the same requirements in the Children's Act that we
19 discussed the other day with the ERO and his recommendation was for reform, greater
20 specificity about what the requirements would be so that schools would act consistently and
21 of a high standard?

22 **MS TOOHEY:** Perhaps the problem you have is that if something goes to the Police and it's not a
23 conviction, it seems from the Commissioner's evidence that there was a certain amount of
24 discretion in terms of what the Police provide you that might be on the database, is that
25 your understanding?

26 **MR TE KANI:** Yeah, that is indeed. So you could have a situation where there's allegations
27 against a particular person and there might not be a conviction and depending on the
28 discretion of the Police vet, and the candidate that might appear before us, we might not
29 well have that information presented to us when making an employment decision.

30 **MS DICKSON:** I was going to respond, I do think there is value in considering whether a broader
31 net and more specificity may assist in knowing every potential piece of information that
32 could suggest a risk to a child.

1 **MS TOOHEY:** Perhaps including -- I think that was the Commissioner's point, perhaps including
2 in relation to other sources, perhaps not just from the Police, but in other settings where that
3 person might have been employed before like educational settings.

4 **MS DICKSON:** Yes, I think that's what I'm acknowledging, so that broader -- not just a single
5 source, potentially.

6 **COMMISSIONER ERUETI:** So talking to the ERO about their reforms that are afoot, yeah.

7 **MS TOOHEY:** And in that process and in many of these processes that we're discussing where
8 there might be change afoot or Oranga Tamariki might be considering different processes,
9 have you considered involving survivors of abuse in part of your consultation to formulate
10 those policies going forward?

11 **MR TE KANI:** We would welcome that, yes.

12 **MS TOOHEY:** I just want to go to another couple of examples and I'm just going to go to page
13 17. This is -- I'm just going to bring up a different kind of example of sexual abuse. This is
14 EXT0016525. This relates to a survivor who gave evidence that she was removed and
15 taken to Bollard Girls' Home and told staff that her father had been sexually abusing her
16 before she was removed. At paragraph 66, this is the witness' statement recording that:

17 "Although we said we were being sexually abused, this was downplayed as a
18 complaint about unsatisfactory conditions at my father's house and as though we made this
19 complaint just to be moved to our mother's. Seeing it written down", this witness is seeing
20 it on their file, "shows they knew and they could have done something to stop this."

21 Then at 87, it's recorded by the witness that one report she had reviewed on her file
22 says that:

23 "I told the psychologist that my father had been sexually abusing me. I also told the
24 psychologist about my father continuing to abuse me during his visits at Bollard. However,
25 this is not recorded in the report."

26 And she records at 114 that her father was able to come and visit her in Bollard on
27 an unsupervised basis. At 115:

28 "I knew that my father would try to abuse me so I told the staff what was going to
29 happen before the visit, and I asked if someone could sit in the room with me. They were
30 annoyed because they were under-staffed and they more or less just pushed me into the
31 visiting room where they closed the door."

32 She goes on to say that after the first visit with other children present in the room,
33 her siblings, that he raped her during subsequent visits to Bollard. That was in the early
34 1980s.

1 Do you accept that that represents another safeguarding failure on the part of the
2 Department, to allow visits by someone who the Department knew to have sexually abused
3 the girl?

4 **MR TE KANI:** Absolutely, yes.

5 **MS TOOHEY:** Finally, I want to go to another example from Whakapakari which is at page 19
6 and this is witness WITN0302001. This is a witness who was in Whakapakari. We'll just
7 go to paragraph 48.

8 Just in terms of this paragraph, which I won't read out because it is fairly graphic,
9 but to summarise what it says, I'll just ask that you read this to yourself and to summarise it
10 for those who cannot see what is written there, it is describing this survivor seeing the
11 immediate aftermath of two children coming out of a tent at Whakapakari who reported
12 very graphically a violent sexual assault by staff. In fact it seems to have involved a
13 number of children at once. Do you have any comment on the extent of sexual abuse
14 happening at Whakapakari?

15 **MR TE KANI:** Again, just to acknowledge the -- it is difficult to read. To the survivors listening,
16 just to acknowledge it's not okay, the harm that was done to them at Whakapakari.

17 **MS TOOHEY:** Just to finish this witness' account at paragraph 60, he describes being taken by a
18 staff member to a camper. The staff member had a gun and said, "Get on the [expletive]
19 bed" and put the gun down on the counter and then proceeded to rape him and another child
20 who he'd taken with him. It's another account of abuse at gunpoint by children at
21 Whakapakari. That account relates to a period in 1990. So, again, not really that historic,
22 is it?

23 **MR TE KANI:** No, it's not.

24 **MS TOOHEY:** And then just one final account at Whakapakari, which is EXT0018161. This is
25 at paragraph 67. This relates to mid-late 1990s and he describes being, at paragraph 67,
26 being sexually abused a few times by a staff member:

27 "He came into the showers while I was there and forced me to masturbate him. This
28 happened about six times when I was alone in the showers or I was the last boy left in the
29 showers. He raped me about four times as well. He told me that if I reported it, the abuse
30 would just get worse."

31 My point, Mr Te Kani, of taking you to that end example is that at the very end of
32 the scope period of the Commission's work, sexual abuse in State care is still violent and
33 horrific. Do you agree?

34 **MR TE KANI:** I acknowledge that, yes.

1 **MS TOOHEY:** And in fact this provider wasn't shut down until 2004, which is quite a recent
2 period.

3 I want to now just bring up the final document to show you in this session, which is
4 MSD 0015420. Just to demonstrate, again this is a document that the Commission has
5 prepared from information provided by the Ministry of Social Development of their historic
6 claims, again by no means a full picture, but some measure of the amount of allegations. If
7 you just look at the homes on that page, you can see that Kohitere, there were 134
8 allegations of sexual abuse, Epuni 208, Hokio 136, Ōwairaka 120, the list goes on and I
9 don't need to take you to all of them, but I do want to ask for your comment in relation to
10 the apparent prevalence of sexual abuse in State care throughout the scope period. Do you
11 accept that sexual abuse of children in State care was a systemic problem?

12 **MR TE KANI:** On the basis of the information we've seen, acknowledging it will be
13 under-reported, I think we've established that over the scope period, there is a large number
14 of instances of sexual abuse.

15 **MS TOOHEY:** The safety and harm report that you mentioned, Ms Dickson, in relation to -- I
16 think the last report was July 2020 to June 2021.

17 **MS DICKSON:** Yes.

18 **MS TOOHEY:** That demonstrated that in that year, 486 children in care were harmed, with 742
19 findings of harm. Have I got those --

20 **MS DICKSON:** Which report?

21 **MS TOOHEY:** The safety and care report.

22 **MS DICKSON:** In which reporting period, sorry?

23 **MS TOOHEY:** July 2020 to June 2021.

24 **MS DICKSON:** I don't have that data in front of me. I've got the more recent reporting period,
25 sorry.

26 **MS TOOHEY:** Certainly. Well --

27 **MS DICKSON:** I'm happy to --

28 **MS TOOHEY:** That report indicated, if you'll accept it from me and I'll obviously give you a
29 chance to check that, but that 77 children had 88 findings of sexual harm in that year. It
30 seems to still be a problem that children in State care are experiencing sexual abuse.

31 **MS DICKSON:** Yes, what I would say is that these findings relate to a much broader range of
32 care arrangements than just residential care. That's not to minimise or -- it's just to
33 contextualise, so it's across the, you know, the 5,000-odd children in care across residential
34 care, whānau care, return to parental care, abuse that may have occurred within a placement

1 or in a care arrangement or outside of a care arrangement. I'm certainly not suggesting
2 there is not sexual abuse that occurs for tamariki in care today, I just want to give the
3 context that data is comparing a different context.

4 **MS TOOHEY:** I think the aggregate finding in that report of all sorts of harm, all of the harm, not
5 just sexual abuse, was that 6% of children with findings of harm, so 6% of that figure of
6 486 were in residences.

7 **MS DICKSON:** Yes, that's correct.

8 **MS TOOHEY:** Which the report noted was slightly higher than the overall number of children in
9 care in residences, which is 5%?

10 **MS DICKSON:** Yes, slightly, yes.

11 **MS TOOHEY:** I just want to give you the opportunity, Mr Te Kani, having traversed a large
12 number of -- large diverse kinds of abuse that was suffered by survivors in State care,
13 again, the question that I asked you earlier today, has Oranga Tamariki given consideration
14 to apologising to the survivors of abuse in State care for the physical abuse, the emotional
15 abuse and the sexual abuse that they suffered?

16 **MR TE KANI:** To respond to that, Oranga Tamariki is part of the broader Crown response to this
17 Inquiry. Of course we take in the evidence on board to then think about what the
18 appropriate response is.

19 **MS TOOHEY:** I just want to convey to you that if the survivors who have come forward to the
20 Commission, that is, I think I can confidently say, uniformly what they want the most.
21 Some of them are terminally ill. Is there a timeframe in which the State will consider this,
22 give consideration to this?

23 **MR TE KANI:** I genuinely can't answer that question right now, but I absolutely acknowledge
24 that the survivors and those who have put their kōrero forward would be wanting a
25 response from the State in that regard.

26 **MS TOOHEY:** Commissioners, there's 10 minutes, I wondered if you might have some questions
27 that you wanted to ask at the conclusion of this part of my material for today?

28 **CHAIR:** I'm sure that --

29 **MS TOOHEY:** Ms Schmidt-McCleave is indicating a timeframe for the national apology for the
30 middle of next year.

31 **MR TE KANI:** Okay.

32 **CHAIR:** So just to be clear about this, as part of a Puretumu Torowhānui report, the redress
33 report, we recommended that apologies be made to survivors and in response we have

1 heard that it is proposed that there be a -- maybe you could explain it to us,
2 Ms Schmidt-McCleave, what it is the Crown is proposing to do and when.

3 **MS SCHMIDT-McCLEAVE:** Yes, and I did outline this, Madam Chair, in my opening
4 statement --

5 **CHAIR:** Yes, but I think it's important to repeat it now.

6 **MS SCHMIDT-McCLEAVE:** Yes, absolutely. My understanding is that there is work, there
7 was a press release from the minister in charge last week that the work is progressing
8 towards that national apology which is intended to be given at the conclusion of your
9 processes.

10 **CHAIR:** Does that mean once we have issued our final report?

11 **MS SCHMIDT-McCLEAVE:** After that, Madam Chair, yes.

12 **CHAIR:** So that will be after June 2023?

13 **MS SCHMIDT-McCLEAVE:** Yes, that's right.

14 **CHAIR:** Okay, thank you. I'm just going to check with the Commissioners about whether they've
15 got any questions?

16 **MS TOOHEY:** Perhaps we could take an early break, then.

17 **CHAIR:** Yes, we could. I've just got one question. This relates to the foster -- I know we've done
18 residences, but just a -- no, perhaps I won't ask it at this point because I need to get a
19 quotation, so I'll just leave it at that.

20 That's good, we get an early break. So we'll come back at 3.35 pm, thank you.

21 **Adjournment from 3.20 pm to 3.39 pm**

22 **CHAIR:** Nau mai hoki mai, we're back for the final session of the day. Over to you, Dr Cooke.

23 **QUESTIONING BY DR COOKE:** Thank you. I understand that Commissioner Gibson may
24 want to ask a couple of questions?

25 **COMMISSIONER GIBSON:** Yes, thanks. This is for Ms Boyles or Mr Te Kani, apologies if
26 I'm not looking at the right person. Starting from -- is it fair to assume that you believe all
27 children belong in families?

28 **MR TE KANI:** Yes, Claudia's looking at me to answer too.

29 **COMMISSIONER GIBSON:** I noted in the acknowledgments yesterday there was an
30 acknowledgment of ableism but not structural ableism in the same way that there was
31 structural racism acknowledged. Is there a reason for that?

32 **MS BOYLES:** It's in your acknowledgments, is there --

33 **COMMISSIONER GIBSON:** There was not an acknowledgment of structural ableism.

- 1 **MS BOYLES:** I don't know what reason there would be for that. I believe there is structural
2 ableism.
- 3 **COMMISSIONER GIBSON:** Just looking at how blatant it was, if you like, in 1989 Act, I think
4 the words from section 141 and covering the next few sections was that there are
5 children -- referred to children too disabled to belong in families.
- 6 **MS BOYLES:** Sorry, I don't know the exact words either, but there was like "very disabled" or
7 something like that was the language in section 141.
- 8 **COMMISSIONER GIBSON:** Would that be an example of structural ableism in the sense that
9 it's embedded in the legislation and it features throughout the practice of Oranga Tamariki
10 and its preceding organisations?
- 11 **MS BOYLES:** Yes, and that section has been removed.
- 12 **COMMISSIONER GIBSON:** As of 2019, is that right?
- 13 **MS BOYLES:** Yes, that's right.
- 14 **COMMISSIONER GIBSON:** So there was that structural ableism at least until that point, would
15 that be fair?
- 16 **MS BOYLES:** Yes.
- 17 **COMMISSIONER GIBSON:** This group of children, they would be the -- we've seen so many
18 reports, the data on abuse, this group of children would be the ones who would have the
19 least opportunity to complain if there was any form of abuse, would that be true?
- 20 **MS BOYLES:** Yes, that's true.
- 21 **COMMISSIONER GIBSON:** And there were less statutory protections as well as practice
22 protections around them?
- 23 **MS BOYLES:** Less statutory protections, yes. I don't know about practice protections.
- 24 **COMMISSIONER GIBSON:** Do we know what data OT and its predecessors have on these
25 kids, what happened to them in care through that amount of time as far as abuse and neglect
26 went?
- 27 **MS BOYLES:** I don't believe we do insofar as we don't really have data on disabled children
28 generally, so I'm not sure how we could have -- how we could have data on what's
29 happened to them if we don't even know that they're there.
- 30 **COMMISSIONER GIBSON:** Do we have data, do we have the stories on what's happening to
31 these kids who otherwise, pre 2019, would have been under this part of the Act, what's
32 happening to them now?
- 33 **MS BOYLES:** Yes, we have -- Oranga Tamariki is now the only provider for high needs children,
34 so the pathway for high needs children to come into care is exactly the same as any other

1 child, that was the removal of 141 -- that was the result of that. So we do you know, yes,
2 where they are and how they're being looked after.

3 **COMMISSIONER GIBSON:** And are we starting to pick up data on abuse and neglect for this
4 group of children as well as all disabled children?

5 **MS BOYLES:** Yes.

6 **COMMISSIONER GIBSON:** Do we have anything from the last year, the last two or three
7 years?

8 **MS BOYLES:** I don't have that to hand, I'm sorry.

9 **COMMISSIONER GIBSON:** Their path out of Oranga Tamariki care, does that give them an
10 opportunity to become citizens, support to make their own decisions, is there any specific
11 support around them to exit out?

12 **MS BOYLES:** That's a bit of a practice question. Nicolette?

13 **MS DICKSON:** Sure. So, the same supports for transitioning young people that I talked about
14 yesterday are available to all young people, and particular consideration would be given to
15 any support that might be required around disability related needs. I'm not sure that goes as
16 far as it could in terms of ensuring completely equitable support.

17 **COMMISSIONER GIBSON:** Thanks. Just moving on to data, and I think almost like an
18 intuition to collect and a curiosity about it. A few years ago, Dr Ian Lambie reported that in
19 the Australian Youth Justice system, 89% of kids had neurodisability, neurodiversity and he
20 said he wouldn't expect too much to be different here. I hear things about that it's almost
21 ready to sign off a data collection plan. What's the intensity given the size of this group and
22 the predominance in Youth Justice for the work to be done around data collection?

23 **MS BOYLES:** So we do recognise that there's an urgent need for better data collection,
24 particularly around disability and neurodiversity. We do have the issues that I described
25 earlier about things like diagnosis and some of the children who we count at the moment
26 because they get Disability Support Services where they're eligible for those services, that
27 wouldn't include children who are covered by ACC for example. So we need to collect our
28 own data about these children and in the notice to provide we talk about the urgency of that
29 and that we need it now. We also talk about -- just to say, in the NTP 18.27 to 18.9, we
30 describe a time when we didn't have ethnic data and data on Māori and Pacific, and it's
31 taken us a while to collect that data, but we've turned that around and I think we need to do
32 the same thing for disability data. It's possible we can do it, we did it before.

33 **COMMISSIONER GIBSON:** Do we assume that once we've data, we've got needs assessment,
34 we've got diagnosis, that there will be needs that are identified and met, do we have the

1 development of the workforce that the confidence that there is that capability out there to
2 meet the needs of these children?

3 **MS BOYLES:** It needs to go hand in hand. I think what better data will tell us is what the need is
4 and the magnitude of it, and will also help us forecast what we need to be able to provide.
5 But it's not going to do the work for us, we actually have to have the workforce to deliver
6 what we need.

7 **COMMISSIONER GIBSON:** In the absence of that data and those needs assessments and those
8 diagnosis and the support, does that mean that some kids are getting some significant needs
9 that are neglected at the moment?

10 **MS BOYLES:** Yes, I believe that's true. And I think it's more because we don't understand it and
11 we don't know about it than it is an intentional neglect.

12 **COMMISSIONER GIBSON:** But neglect does go on now and that seems a long, slow path
13 away from the -- neglect still continues for this group of people in the OT system, would
14 that be fair?

15 **MS BOYLES:** Yes, I think that is fair.

16 **COMMISSIONER GIBSON:** And, also, when children are diagnosed or assessed, to me an
17 important need is to affirm all the components of their identity. Is there any understanding
18 about how we can make disabled kids proud of who they are and what that means for them?

19 **MS BOYLES:** Absolutely. So one of the pieces of work we're doing at the moment is the
20 development of a disability strategy and we want to do that alongside people who are care
21 experienced, disabled Māori people, disabled Pacific people, who can help us think about
22 that vision, you know, what we ought to be able to expect from Oranga Tamariki for
23 disabled children, what should a social and rights-based model result in in 10 years' time, in
24 20 years' time if we applied it well.

25 **COMMISSIONER GIBSON:** Moving on to disabled parents, I think Dr Webb articulated to
26 some extent that in the disabled community there's been resistance to supporting some
27 disabled parents, particularly disabled mothers to retain their children. I think you gave an
28 example, one example of good practice. To what extent are there policies, practice
29 guidelines about how to support disabled parents, how widespread is that example
30 structured into the organisation at the moment of how to support?

31 **MS BOYLES:** So the guidance is something that's being worked on as part of the practice shift
32 and the guidance that goes along with that. The Regional Disability Advisors in each
33 region provide that support at the moment to social workers, and to be honest they're an
34 amazing bunch of people with a lot of knowledge, but we could use 30 more of them.

1 They're flat out all the time, it's a busy job, but they absolutely provide that kind of support
2 and knowledge.

3 **COMMISSIONER GIBSON:** I think disabled mothers feel they could do with some more
4 support in various directions as well.

5 Just a final question for Mr Te Kani, there is a lot of, "This is in development, this is
6 underway". It seems all quite late and also noticing, just from what I'm reading, is there an
7 intent to have a permanent Chief Advisor Disability in the organisation?

8 **MR TE KANI:** Yes.

9 **COMMISSIONER GIBSON:** I didn't see the sort of workforce diversity around disability
10 articulated through the RTP, compared with other groups. Is there that intent to build a
11 diverse workforce?

12 **MR TE KANI:** Sorry, just got a bit of a frog in my throat, but absolutely the intent is to make
13 permanent the Chief Advisor Disability role. That's an absolute commitment for the
14 organisation for the obvious reasons, and then part of our workforce development strategy
15 for the organisation, of course we'll be thinking about diversity there as well, and those are
16 all parts that are currently underway.

17 **COMMISSIONER GIBSON:** And to try and reflect almost an adult version of the children's
18 base across the organisation?

19 **MR TE KANI:** That would be an aspirational vision, yes.

20 **COMMISSIONER GIBSON:** Thanks.

21 **CHAIR:** Yes, Dr Cooke.

22 **DR COOKE:** I just want to have a couple of follow-up questions, if that's okay, to that, and it's
23 going to be addressed to both Ms Boyles and perhaps Ms Dickson and Mr Te Kani.

24 Under the law, as it used to be with section 141 children, that was a process that was
25 facilitated by an FGC, wasn't it?

26 **MS DICKSON:** Yes.

27 **DR COOKE:** And as a result of that, there was no need to go to the Family Court, as there is
28 now, to get orders in relation to children who would be in need of what we would say care
29 and protection on the grounds of being profoundly disabled?

30 **MS DICKSON:** That's correct.

31 **DR COOKE:** And as a result of that, as has been acknowledged, there were no safeguards in
32 place, either by the court itself -- which is a safeguard, you would agree?

33 **MS DICKSON:** Yes.

1 **DR COOKE:** Or by the appointment of a lawyer for the disabled child who would be the subject
2 of the extended care agreement. So I'm aware of some concern that was expressed at the
3 time, whether or not those conferences could be used as vehicles, arrangements between
4 parents who were unable to cope and thought, "This is one way of relieving some of the
5 stress and pressure on us", we'll sign an agreement so that our child is taken into care by a
6 way that's relatively easy in comparison say to a more formal application. Have you heard
7 of that concern?

8 **MS DICKSON:** I'm just reflecting on your question, sorry.

9 **DR COOKE:** A bit of a shortcut is what I was suggesting, through the FGC process.

10 **MS DICKSON:** I think from my experience, and I'm just talking of my own experience, I think
11 what became quite fraught was whether it was the disability related needs that were driving
12 the journey into care or whether there was pressure to see parents as not meeting their
13 needs.

14 **DR COOKE:** You spoke of supports that are available to those children who are -- like yesterday,
15 who are the subject of status, custody orders and the like, and how they can be entitled to
16 support up until the time they reach 25.

17 If a child was the subject of a section 141 agreement, would that child, for example,
18 be entitled to that kind of support by virtue of there having been an FGC agreement, or are
19 they excluded because there was no formal custodial status?

20 **MS DICKSON:** My answer would be that the provisions didn't co-exist but I'm going to ask my
21 colleague to confirm that.

22 **MS BOYLES:** That's correct.

23 **MS ATTRILL:** Yes, that's correct. Section 141 was repealed around -- at the same time as the
24 obligations against the Chief Executive in accordance with the care standards were
25 introduced, so there was a swapping out of the two sets of arrangements.

26 **MS DICKSON:** So there weren't transitions obligations in the way they now exist to the old age
27 group at the same time.

28 **DR COOKE:** So there's at least a theoretical number of children who would have been the subject
29 of those arrangements who would not be eligible for that assistance -- there could be some
30 children who were the subject of 141 agreements who, had they been taken into care once
31 that 141 had been discharged, they then would have been eligible for support, they would
32 be now, but that's a group who are not?

33 **MS DICKSON:** Sorry, I'm not trying to be difficult, I'm not quite sure I understood the question.

34 **DR COOKE:** I'll leave it for present purposes.

1 **MS CHASE:** Kia ora, I think I might be following it. It sounds like the whole incentive around
2 having a custody order, whether it's for a disabled child or any child, means that having
3 custody status following a discharge, you would be able to get permanency support services
4 or some kind of additional support, and you're saying that there's a group of tamariki that,
5 disabled or not, will miss that opportunity, having had an agreement out of it in another
6 way, is that right?

7 **DR COOKE:** That's right, yes.

8 **MS ATTRILL:** Sorry, if I could just offer one more comment. One of the as- I understood it at
9 the time, one of the reasons that section 141 was repealed was because the children who
10 were subject to those agreements were not afforded the same safeguards as all other
11 children who were in out- of- home family care, so there was a very important
12 consideration to ensure that their rights were upheld,- and their interests were front and
13 centre of decisions about them.

14 **DR COOKE:** And that was the point I was initially making.

15 Just in terms of disability and the role of Oranga Tamariki, and I'm thinking of those
16 children who had a custodial status, and it was clear as they aged through the care system
17 that they would have to have a continuing legal status but under the protection of Personal
18 and Property Rights Act and for many years there was a lacuna in the law, as it were,
19 because under the PPPR Act, you couldn't get an order until you were 18, but custody
20 orders ended when a child was 17. So there was a year when theoretically no agency was
21 there to stand or to come in and help families of those children.

22 For those of us who were involved at that stage, that was a matter of significant
23 frustration in getting Oranga Tamariki to act because they often had custodial status,
24 parents were not engaged and at times -- I know for example I had to get wardship orders,
25 for example. Would you agree that that was a time when Oranga Tamariki was struggling
26 to be able to know what to do with children who fell within, who were within that
27 category?

28 **MS DICKSON:** Yes, and I think it reflects a broader issue that young people left custody at a
29 younger age than adult services were routinely available to them, so there was this -- I don't
30 know the best word, no man's land, I suppose, in terms of where that support overlapped.

31 **DR COOKE:** And these young people today who leave care at the age of 18 and may end up
32 under the PPPR Act, they're often going to go into care provided by a disability service,
33 aren't they, CCS, an organisation such as that, there may be engagement as well in
34 Auckland with having to get Te Kura involved?

- 1 **MS DICKSON:** Some may, some may benefit from the provisions of remaining in care so they
2 may have continuity of the care arrangement beyond 18.
- 3 **DR COOKE:** Do you have any statistics on that, as the children who are able to remain in the
4 care placement that they were in under that particular provision?
- 5 **MS DICKSON:** I don't have it to hand but I'm sure we could provide it.
- 6 **DR COOKE:** Is there any ballpark figure of children who have elected to -- who are disabled and
7 have elected to stay?
- 8 **MS DICKSON:** I don't have that to hand, I'm not sure if any of my colleagues do, no.
- 9 **DR COOKE:** There's been talk of formal engagement with various iwi authorities to provide, as
10 part of that partnership and relationship. Do you have similar relationships or engagements
11 with providers in the disability sector for that group of children who are going to be within
12 that sector for the balance of their lives?
- 13 **MS DICKSON:** I'll just check if Ms Boyles wants to respond to that?
- 14 **MS BOYLES:** No, no arrangements outside of our usual.
- 15 **DR COOKE:** Would you agree that that's because of the numbers of children who are in care,
16 coming through the care system who have a disability, there may be FASD, and often these
17 things all go together as we know, that there is -- if you don't have that engagement, it's
18 going to mean there is yet still another chasm in the provision of service for an important
19 and significant cohort of children?
- 20 **MS DICKSON:** In part, I would reflect back to the point Ms Boyles made earlier about children
21 and young people aren't one part -- a part of one community or another or have one part of
22 their identity, so there are -- as Ms Boyle said, there are children and young people who
23 have disabilities who are Māori, who are Pacific, so it's a combination of factors, yes.
- 24 **DR COOKE:** But you would know, as I know through the work that I do, and I'm working in the
25 Family Court on a daily basis, whether it's under the AT Act or the PPPR Act, I'm coming
26 across children with disabilities from all sectors of society and from all cultures.
- 27 **MR TE KANI:** Yes.
- 28 **DR COOKE:** So that's the reality which I'm talking about.
- 29 **MS DICKSON:** Yes.
- 30 **MR TE KANI:** Yes.
- 31 **DR COOKE:** Are you able at the moment, just while we're on this point of disability, are you
32 able to tell us how many -- were you familiar with the report that Valerie McGinn provided
33 to the Commission?
- 34 **MS DICKSON:** I've reviewed many of the reports but I may not have reviewed that one.

1 **DR COOKE:** You know who Valerie McGinn is?

2 **MR TE KANI:** Yes, I certainly do.

3 **DR COOKE:** She's been at the forefront of work in this area and working for a number of sites
4 across the motu.

5 **MS DICKSON:** Yes.

6 **DR COOKE:** Her and her team are assessing children to see whether they have FASD.

7 **MS DICKSON:** Yes.

8 **DR COOKE:** Do you have any statistics or could you get statistics on the number of referrals that
9 have been made to people like Dr McGinn, and she's not the only one, her and her team at
10 the FASD centre, and there are others, of children who are being assessed to see whether
11 they have FASD?

12 **MR TE KANI:** I think it would be difficult to do that within our existing data reporting and case
13 management system.

14 **DR COOKE:** Is that something you should be capturing in terms of the care standards or are the
15 care standards deficient in that respect?

16 **MS DICKSON:** So it's not the care standards are deficient. We've been quite open in our
17 monitoring of the care standards that there are some aspects of the care standards we cannot
18 yet evidence at a population level, so we supplement that by doing quite robust case file
19 analysis, and that would be identified in that for a sample group. I could provide that but I
20 don't have that to hand.

21 **DR COOKE:** Since section 141 was repealed, do you have any statistics on the number of
22 children who have been the subject of formal application who would otherwise have been
23 141 children?

24 **MS DICKSON:** Off the top of my head I don't know that I could say that we have that data.

25 **COMMISSIONER ALOFIVAE:** I was just going to ask a question, if I can, Mr Cooke, just to
26 Ms Dickson.

27 In terms of just trying to be able to get some figures around neurodiversity because
28 the evidence of Dr McGinn is that, actually, this is an actual pathway into care for a number
29 of children, not just Māori Pacific but young people in general, whether there's a process
30 perhaps with the Justice Department, the courts, where we would be able to get like a
31 baseline figure, because all Youth Justice files are dealt with either in the Youth Court or in
32 the Family Court, to be able to track those figures down if it was too difficult, simply
33 because of the case management system that you run to do it internally?

1 **MS DICKSON:** I'm going to defer to my colleague who knows more about the Youth Justice
2 space.

3 **MS CHASE:** Of neurodiversity, I'm aware that Mr Phil Dunham led a project for that and I have
4 asked in the background for us to be sent an update. He has since left us, but there is a
5 project team that was working on the neurodiversity, so we've sent for that and perhaps we
6 could provide it overnight or tomorrow.

7 **CHAIR:** Another thing to add to our shopping list of information.

8 **MR WHITCOMBE:** Yeah, the comment that I'd make around neurodiversity and, for example,
9 educational outcomes or issues with education and then the flow-on effect of
10 disengagement in school and what that means for a pathway into care, I think is really
11 relevant in light of the Youth Justice population and the proliferation of neurodiverse issues
12 that they face. So on that account, I would agree with the pathway, because of the early
13 lack of response of support and then what that eventuates into.

14 **MS BOYLES:** Can I just say that speaks a lot to Oranga Tamariki's role in prevention that I think
15 we are still clarifying, you know, preventing children coming into care from any direction,
16 but for my part, in terms of disability, relinquishment has to be one of the most
17 heart-breaking things I've come across. I can't imagine thinking that you can't care for your
18 own child and that the State can do a better job because of a disability and maybe because
19 there's something you're not getting the support for, and then when the child's turned over,
20 all the support mechanisms just turn on. And I think, yeah, it's horrible and we are working
21 on that aspect of Oranga Tamariki's role in amongst the rest of the system, how do we
22 prevent that.

23 **COMMISSIONER ALOFIVAE:** I think that talks to a much broader issue which I think
24 Mr Cooke will get to, it's around your Oranga Tamariki, the action plan and the role that
25 you play, but also the role of other agencies. But I'll hand it back to Mr Cooke.

26 **DR COOKE:** Yes, it won't be today. Thank you.

27 I'm going back to the discussion that we had this morning, but it's going to be on the
28 perspective of complaints within the care and protection area. I'm going to start -- I'm not
29 able to bring it up on the screen but it's a document that's in the bundle. For some reason
30 it's missing, it hasn't been loaded on, but it's WITN0888001 and it's a statement from a
31 Māori male survivor at the foster care hearing who was born in December 1958, was 62 at
32 the time of the statement and he entered care in 1963 at the age of 5.

33 I'll just give you some brief detail on it. He was a child who had been whāngai'd
34 and took on the name of that family. When he was at the age of 5, that care provision

1 ended and he went into formal care. This was down -- he was living then down the line, he
2 was taken to Auckland by train. At another station, a child comes onto the train and our
3 survivor is told that they have the same name, Christian name and surname. This child is
4 Pākehā. They were told they were half-brothers. The survivor's -- our survivor's Christian
5 name was then changed by his social worker and that was the name by which he seemingly
6 was known for many years, without any formality.

7 He was then placed in foster care and there are a number of concerns, so I'm going
8 to briefly go through them because they provide the context to the final quote that I'm going
9 to give you.

10 The concerns were, when he was placed, he found that -- he went to eat at the
11 kitchen table with the family and when he first did that, he was punched in the head and
12 told not to. The next night, he had a dog chain put on him and he was chained to the dinner
13 table but his food was placed in a bowl on the floor for that survivor and the family dog.
14 He had to compete with the dog for the food. He was made -- in another instance he was
15 made to sleep in a tin shed, there was an old man lying on a bed in that shed where this
16 young survivor had to sleep, and a couple of days later that person died within -- they were
17 in the same -- that was where he was.

18 He describes having beatings nearly every day, or every day, with sticks, jug cords,
19 with a fire shovel. He was told on many times, as he was being hit, to dance and dance
20 when given these hidings, and this seems to have occurred for the entertainment of others.
21 The caregiver had a pit that he describes as being filled with dog shit and eel guts and on
22 one occasion, for eating a nectarine, the survivor was given a hiding and thrown into this
23 hole which was then filled with dirt and shit up to his shoulders. The dog urinated on his
24 head and the dog attempted to have sex with his head on that occasion.

25 So that's part of the narrative to this survivor's statement, and on page 6 of the
26 statement at paras 50 and 52, he says this about the visits:

27 "My social worker visited me fortnightly. I would make a complaint to him every
28 time about the hidings I was getting. Every time the foster parents had an excuse about
29 why I had marks on me, the social worker always believed them. I did not tell the social
30 worker about the sexual stuff" -- which I haven't referred to -- "just the hidings. I also told
31 the teachers at school but I was getting into trouble there as well and getting canings from
32 them. I don't know if the social worker told the foster parents but I would always get a
33 hiding afterwards for trying to complain to him", the social worker. "After a while,
34 I stopped complaining because I knew it would not work."

1 Again, I would invite your comments around the statement that was made by that
2 survivor about his experience of his interactions with his then social worker.

3 **MR WHITCOMBE:** I'll comment on that. That's not the -- I have listened to that survivor's
4 statement before and it strikes me as just horrific. It should never have happened and in
5 terms of the social worker's inaction and disbelief, it was completely unacceptable.

6 **DR COOKE:** I'm going to -- I meant to ask you this at the beginning, I'm going to go through
7 another couple of case studies which bring out a number of themes which you won't be
8 surprised at and which are redolent of the themes that cover the experience of survivors
9 over the period of the Commission.

10 **MR WHITCOMBE:** Sure.

11 **DR COOKE:** And I'm wondering if, at the end, when we finish, I wonder if you would then be in
12 a position to tell me if you think that any of the events that I've described, any of those
13 themes would still be continuing today and would be of concern. I also say that in the
14 context of in the last session when I think Mr Te Kani was being cross-examined or
15 questioned, he gave some statistics about -- Ms Dickson gave statistics around the
16 prevalence of sexual abuse occurring throughout the current care domains, which I
17 understand to be current statistics, and I would note there that, as I understand it, 6% of
18 those occurred in residences, because that was the focus of the question, which leaves 94%
19 of that abuse occurring across other domains where the Chief Executive has custodial
20 status. That's correct, isn't it?

21 **MR TE KANI:** Yes, it is.

22 **MS DICKSON:** It's across a range of care arrangements in both inside and outside of care
23 placements.

24 **DR COOKE:** Yes, but they are situations where the Chief Executive has a formal responsibility?

25 **MS DICKSON:** Yes.

26 **DR COOKE:** Which is a custodial responsibility?

27 **MR TE KANI:** Yes, it is.

28 **MS DICKSON:** Yes, absolutely. Quite right.

29 **DR COOKE:** I just wanted to make sure that point was absolutely clear.

30 Now let's turn to WITN0865001. We can bring this up and I'll go through it. It's
31 about complaints. So the first one is -- this is a witness who was known as Ms ED and
32 gave -- spoke at the foster hearing. Paragraphs 76 to 79 which I'll take you through is her
33 reporting of the abuse and how that was disbelieved by social workers and the Police. She
34 said she didn't think anyone would believe her and -- this is she's being told by another

1 person -- you'll see from the context that it was a discussion with somebody else, two
2 women:

3 "And I said, 'Yes, they will, because he' -- who's the caregiver -- "did it to me as
4 well'. We didn't know that while we were living at the same home together, Mr ... was
5 doing it to both of us. We never spoke about it, I never told her, she never told me. It was
6 only after I'd moved out that she said, 'Dad's been raping me', and I knew she was telling
7 the truth because of what he had done to me. The first person I told was another foster
8 parent."

9 She was taken from that first place and went to the second foster place and she said:

10 "I needed to talk to her and I said that this other person told me this about dad, I still
11 called him dad at that stage. When I told this, she said, 'How dare you make those
12 accusations?' I was marched over to the other house, the social workers were called and he
13 was there too. 'Say to him what you said to me'. They all said it didn't happen."

14 This person was dragged out and she was crying:

15 "When I said he did it to me too, they asked me why we would jeopardise ourselves
16 like that, especially if we wanted to live together. We were ostracised and called liars and
17 sluts. We were absolutely disbelieved. It was clear everyone was on their side from the
18 beginning."

19 Just on that, is that a -- if an allegation such as that is made, there's a process that's
20 in that narrative that's very concerning, isn't there?

21 **MS DICKSON:** Yes.

22 **DR COOKE:** What would you identify as being concerning?

23 **MS DICKSON:** Firstly, the first statement that was made in terms of conveying a sense of
24 disbelief in the allegations. Secondly, putting the young person in the situation of being
25 confronted in front of her abuser with the allegations, dragging another young person into
26 that situation, and then again, this was the point I was trying to make earlier, the labelling
27 of a young person's behaviour suggesting that it was something in relation to -- you know,
28 the reference to liars and sluts and whether that's implying a level of promiscuity and
29 somehow, you know, discounting any veracity in the allegations.

30 **DR COOKE:** Thank you. Para 78:

31 "The social workers took us to the police station to give a statement. There was no
32 talking in the car on the way, there was stone cold silence. It was while we were at the
33 station that a social worker threatened us with being sent to Wellington and never seeing
34 each other again."

1 Again, that's a message, isn't it, implicit to these young women that they're not
2 being believed, and that if they carry on in this way, they're going to be separated?

3 **MS DICKSON:** Yes.

4 **DR COOKE:** Do you see that?

5 **MS DICKSON:** Yes, definitely.

6 **DR COOKE:** Then you see in 79:

7 "The Police pretty much made up their mind, probably before they'd even taken our
8 statements, that nothing was going to happen with it. That's what it felt like, like it was a
9 token thing, we'd better do the right thing and do a statement but it was never going
10 anywhere. The policeman kept saying, 'Why are you making up these lies?'"

11 Would you accept that that would have been a prevalent attitude by authorities at
12 that time?

13 **MS DICKSON:** I don't want to speak for another agency but, yes, I do think that that was the
14 view of a broad range of professionals at times.

15 **DR COOKE:** And you would know from your experience that it would include social workers,
16 police, etc, as being typical of the agencies involved that would take that view. That would
17 be a fair comment, wouldn't it?

18 **MS DICKSON:** Here we're talking in the context of the time of --

19 **DR COOKE:** Oh, yes.

20 **MS DICKSON:** Yes.

21 **DR COOKE:** If we can go to ORT0073200, this is a letter dated 28 July 1988 and it is from the
22 social worker to the director regarding abuse allegations from Ms ED. If we start at para
23 3(a), this is what the social worker says:

24 "As the social worker involved in visiting both these homes on the intensive foster
25 care scheme, I feel that the following information and concerns must be addressed with
26 regard to the allegation.

27 The complainant has a long history of untruthfulness and sexual fantasising and she
28 has been previously sexually abused by a member of her natural family."

29 You would accept the inference that comes out of that, wouldn't you, that it's
30 implicitly an untrue allegation, she's probably a damaged teenager because she's suffered
31 sexual abuse, and as a result of that, allegations are probably being made, etc, that are
32 untrue. You would accept that?

33 **MS DICKSON:** Yeah, and it's a deeply troubling conclusion to reach.

34 **DR COOKE:** At paragraph 5, this is a family -- again, this is from the social worker:

1 "...that have fostered for the Department for 37 years and I feel the possibility of
2 collusion ought to be eliminated in order to ensure that the case is not prejudiced.

3 Therefore I would recommend the children be placed in separate homes and that contact be
4 limited until the investigation has been completed."

5 The context of that is that the people to be separated are the two complainants, aren't
6 they, so it's a matter therefore of those two women being seen as the problem, as the issue,
7 and we have to separate them in order to have an investigation in respect of a well-regarded
8 foster family who have been doing it for 37 years. Do you agree with that?

9 **MS DICKSON:** That's certainly the suggestion in the way it's written, yes.

10 **DR COOKE:** It would be inappropriate, in your view, that these women, who were the only
11 supports they had, who had been in care together, would have been separated for that
12 reason?

13 **MS DICKSON:** Did you say would it?

14 **DR COOKE:** It would be inappropriate.

15 **MS DICKSON:** Yes, yes.

16 **DR COOKE:** So we go to ORT0073187 and this is a letter from a social worker to the director.
17 It's a visit by a social worker to another child fostered by the parents against who the
18 allegation was made, okay? So it's simply saying, if you go to paragraph 2, and we're
19 talking about a different -- you'll understand that this is a different person, but she had been
20 in that same foster placement.

21 **MS DICKSON:** Yes.

22 **DR COOKE:** The social worker was saying:

23 "She told me that at the time she lived with the caregivers, she herself was not
24 subject to any overt sexual advances by the ex foster parent. On reflection, she said the
25 only time that she could recall there may have been anything untoward in his behaviour
26 was when they used to have play fights and he would sometimes place his hand close to her
27 lower body region. She said that she felt that because she was older when she went to stay
28 there, she was not subject to any sexual overtures from him."

29 The comments there would, on the face of it, raise a degree of concern, wouldn't
30 they?

31 **MS DICKSON:** Yes.

32 **DR COOKE:** If we go back, can we just bring it back up again, Zita, at the second paragraph, she
33 said in relation to these women that we're talking about:

1 "She does not believe they'd be lying about the allegations that they have made.
2 She did not think that the two girls would have any reason to make up something like this.
3 She also said that the foster father used to spend a lot of time with the first of these
4 women."

5 I suppose that her -- for what it's worth, I was going to say, that this previous -- this
6 woman's advice around these two women would be -- should be accorded a degree of
7 credence, do you think?

8 **MS DICKSON:** Yes, in a fulsome investigation you would take those perspectives as part of the
9 information you would be drawing on to understand what occurred.

10 **DR COOKE:** Thank you. I would like you to bring up ORT0073139. This is a letter to the
11 Assistant Director-General from the Director in Christchurch and you'll see it's dated 29
12 August 1990, so we're talking about again a time that's not so far away for some of us, and
13 as you read it, you'll see there's a favourable impression being given of the foster parents
14 and there are references to -- I've studied the file, there's no doubt that they were valued and
15 trusted foster parents, 180 children over 38 years, there was an award made, the allegations
16 have caused great upset that the Department hasn't placed children with them since, there's
17 a statement that the matter's not been handled well by the Department, and you'll see that
18 the writer of that is at a loss at what to do other than apologising for lapses by the
19 Department as to how the caregivers can be helped and perhaps the best way is to make a
20 payment of money.

21 So I just wanted to provide -- use that to provide some context and then we go on.
22 The next one's going to be ORT00739091. And you'll see this is -- it's dated 27 September
23 1990 and it's about these same foster parents. You'll see that, here, there's a representative
24 from an NGO, which is the foster care federation, and the person from the foster care
25 federation was there in that formal role as chairperson and she was also a friend of the
26 caregivers and she was there to support them. If you just scroll down to -- you'll see there
27 was a lengthy visit it talks about:

28 "Both the caregivers and the lady from the foster care federation gave me in
29 considerable detail their versions of events from the day the allegations were made up until
30 the present. Most of this has been summarised in previous memos but it's obvious that the
31 file is devoid of quite a lot that went on in 1988 at the time of the allegations. What stands
32 out" -- and just move on -- "there is nothing on the file saying anything about the Police
33 inquiry into the allegations. It's commonly understood the case against the caregiver could
34 not be proved."

1 When one looks at that in the context of the time, it would appear that they're
2 talking of having established the case to a level that would satisfy the Police. Would you
3 agree with that?

4 **MS DICKSON:** Yes.

5 **DR COOKE:** Are you familiar with this file?

6 **MS DICKSON:** I haven't read this particular document, no.

7 **DR COOKE:** You would agree, wouldn't you, that the fact that something may not satisfy the
8 Police to the level that they would want either for making -- bringing a prosecution, or if a
9 prosecution was brought, that a conviction is or isn't entered. It does not in itself establish
10 that a complaint made by a young person in care is not a correct complaint?

11 **MS DICKSON:** Yes, there's a different evidentiary test, yes.

12 **DR COOKE:** It would presumably, if you're looking back on this, you would -- do you think
13 from your knowledge that the approach then being taken in the very late 80s into 1990, that
14 that would be a typical approach being taken by the Department when they're investigating
15 allegations of abuse? If you can't say, don't say.

16 **MS DICKSON:** I'm not sure I could say it to be honest.

17 **DR COOKE:** If we go down, it also says:

18 "There's no documented evidence of any senior officer of the Christchurch office
19 initiating an inquiry into the caregiver's suitability to foster or any departmental follow-up
20 to the Police inquiry."

21 Again, that would be of concern, wouldn't it? That if --

22 **MS DICKSON:** Yes, that's saying there was no inquiry into their suitability following the Police
23 inquiry, yes.

24 **DR COOKE:** And it would suggest, wouldn't it, when one reads the -- if you take the opportunity
25 to just read the balance of the letter, that it would tell us there hasn't been a proper inquiry,
26 that there's a degree of sympathy coming through that letter for the foster parents, isn't
27 there?

28 **MS DICKSON:** Yes.

29 **DR COOKE:** For example, the whole experience has been traumatic for them, they cited
30 incidents where the social workers then snubbed them, they felt let down and discredited.

31 **MS DICKSON:** Yes.

32 **DR COOKE:** Their health and family life has suffered from this experience and it's taken away a
33 lot from their quality of life, etc. It's worth just noting at the end what they said they
34 wanted as a result, if you just move to the next page, Zita. They wanted their credibility

1 restored and feel this should be by way of a letter saying the matter's been resolved. They
2 should have their status approved as foster parents, restored, and that they're entitled to
3 some monetary compensation for suffering and the loss of credibility. Of course that's
4 supported by the foster care federation and that goes back to the question I asked earlier,
5 that the sense coming through here is one of these are good people, this could not have
6 occurred, we have to find a way through it?

7 **MS DICKSON:** Yes.

8 **DR COOKE:** Can we go to ORT0073109. This is a letter from the southern regional office to the
9 lawyers acting for the caregivers and it's a letter formally apologising for the way the abuse
10 allegation made by the complainant had been handled, and assuring them that the allegation
11 did not impact their fostering opportunities. You'll see there that they say that there's been
12 a full review carried out, that the Department handled the matter badly, and that there's a
13 formal apology being issued for that mismanagement.

14 In the middle paragraph, it says this:

15 "The current DSW procedures put in place sometime after your case had provided
16 for a coordinated investigation, but in this instance there was no communication from DSW
17 to the caregivers following Police decisions not prosecute."

18 So it would appear -- and the Department paid for the legal costs. So it does appear,
19 doesn't it, that as I've said earlier, this is matter where the initial investigation wasn't
20 handled correctly in terms of addressing the allegations that had been made, but a
21 subsequent investigation, probably on a retrospective basis, has come to a conclusion that
22 these people have been hard done by. That's the inference that comes out, isn't it?

23 **MS DICKSON:** Yes.

24 **DR COOKE:** All right. I want to go now to ORT0056076. This is a letter dated 4 November
25 1988 from the case social worker to the manager and it's a social worker here responding to
26 concerns that have come from the foster care federation representative and the social
27 worker herself is making what appear to be very brave statements for someone in her
28 position. So if you'll see there at the second paragraph beginning, "For myself, I believe".
29 This is the social worker:

30 "For myself, I believe caregivers of children who have been sexually abused (or
31 alleged to have been) first and foremost need to have a good background knowledge in
32 sexual abuse. They can then understand the need to believe the child and accept the need
33 for an investigation of any allegation and that such allegations to be treated seriously."

34 That would appear to be a good expression of practice?

1 **MS DICKSON:** Absolutely.

2 **DR COOKE:** And if you'll see the next bit:

3 "The importance of believing the child and actively supporting her/him cannot be
4 stressed enough as it is in the context of everyday living, ie in the caregiver's home that the
5 child's fears, anxieties and worries come out."

6 Again, you wouldn't disagree with that?

7 **MS DICKSON:** No, I think that's absolutely correct.

8 **DR COOKE:** If we go down, I'll just take you through the balance of it. If you go to the next
9 paragraph, the one saying, "First, I consider". Here, she's talking about the welfare of her
10 client who is the survivor:

11 "As I've previously stated, it's in the context of everyday living that the child's fears
12 come out. They need to be able to talk about these in a supportive environment. For
13 example, on several occasions, while out, the young women concerned have come across
14 the alleged offender and members of his family. These meetings were distressing to them
15 and need to be discussed. I believe it is far more appropriate for the social worker involved
16 to have named the alleged offender in the first instance, rather than the child/young woman
17 involved naming them in the course of any conversations held with caregivers."

18 Would that be a process that you would endorse?

19 **MS DICKSON:** I think the tenor of this is that she was considering the best way -- sorry, the
20 social worker was considering the best way of addressing concerns and creating a space for
21 the children to share any concerns, so --

22 **DR COOKE:** Yes, in a safe way?

23 **MS DICKSON:** Yes, so that would be the focus, is creating the safest way for a child to be able
24 to share anything that was happening to them. The end bit I think is a bit of a judgment call
25 depending on the circumstances.

26 **DR COOKE:** Yes. I just want to have a quick look to see if there's anything else that's of
27 relevance for present purposes.

28 If you bring up the second "In this case". The social worker says:

29 "In this case, I believe it clear that my client should never have been placed with the
30 caregivers. In a discussion with this caregiver, myself, the foster care and other DSW staff,
31 the caregiver herself stated that she could not believe this allegation was being treated
32 seriously and that my client was being believed. I feel that such views as held by her led to
33 her misinterpretation of comments made, ie by saying to my client that I believed her, this
34 was taken as myself stating the alleged offender was guilty."

1 Do you want to comment on that?

2 **MS DICKSON:** I think in good practice a starting point is to acknowledge and believe a child
3 when they make a disclosure as a starting point for then fully assessing and investigating
4 that situation, but it starts with the premise that it may well have occurred, could have
5 occurred, probably occurred, rather than a premise that it probably didn't occur.

6 **DR COOKE:** Can we go to the last paragraph on -- yes, "While in this case". Again, I just want
7 to bring this up. It just reiterates the point made earlier about there may be a Police
8 investigation but that may have a particular emphasis. I want to bring it up because it
9 shows the social worker is attuned to the nuances of a case such as this, isn't it?

10 **MS DICKSON:** Yes.

11 **DR COOKE:** Isn't she?

12 **MS DICKSON:** Yes.

13 **DR COOKE:** Yes, thanks.

14 **MS DICKSON:** And if I'm correct about the time period, this would be post-1989, so the --

15 **DR COOKE:** She wrote this in 1988.

16 **MS DICKSON:** Right.

17 **DR COOKE:** And if we can go to the second to last paragraph on page 3. It's for a child in care
18 and this probably fits in with the themes that you've heard earlier today:

19 "Additionally, for a child in care, they are often already labelled as a delinquent and
20 it is very easy to dismiss what they are saying. In my client's case, there was an onslaught
21 upon her credibility. I'm told by a number of my colleagues that she was a liar,
22 untrustworthy, that she was no innocent, and given to sexual fantasising. When looking for
23 an alternative placement, I was advised to warn the new caregivers that it would be likely
24 she would make false allegations against male members of the household."

25 So we have themes coming through there, don't we, that are redolent of numerous
26 experiences of children in care and also of perceptions of children in care, delinquent girls,
27 promiscuous, out there to make complaints that are not founded, etc.

28 **MS DICKSON:** Yes.

29 **DR COOKE:** If a social worker today had that same experience, I'm almost going to call him or
30 her a whistleblower, would that person be in a protected position to be able to make a
31 charge against, say -- when I say a charge, I mean a complaint about a practice that's
32 occurring that he or she has concerns about? How would that be dealt with?

33 **MS DICKSON:** I think what I would start by saying is that we have processes now that would
34 encourage people to be open about any very broad range of concerns but any concerns that

1 they had about actions that were not okay, including by senior staff. That would be my
2 starting point.

3 **DR COOKE:** If there is a case, let's assume it's a case not dissimilar from this, one imagines there
4 would be some sort of triage process taking place in the office, wouldn't there, there would
5 be an analysis, an assessment of what's going on?

6 **MS DICKSON:** Sorry?

7 **DR COOKE:** If there's a case such as --

8 **MR WHITCOMBE:** Are you referring to the report of concern process that would follow an
9 allegation?

10 **DR COOKE:** You have someone who's in care and there's an allegation that's being made similar
11 to this --

12 **MS DICKSON:** Absolutely. I thought you were referring to reviewing a concern from --

13 **DR COOKE:** No.

14 **MS DICKSON:** Absolutely, so a report of concern would be started which would initiate an
15 investigation, there would be an investigation under the protocols that are jointly held with
16 Police, it would follow that process and certainly there would also be a concurrent -- part of
17 the process would also be understanding and assessing the well-being impacts for the
18 young person, so it's not just about whether or not something happened, although that's an
19 important part of the investigation. It's also about the well-being, safety, ongoing needs for
20 a young person as a result of what's occurred.

21 **DR COOKE:** If the situation was to occur today and the allegation was made, how do you think it
22 would be handled? What would happen to the complainant? If you were the social worker
23 and you were responsible, what would you do about it?

24 **MS DICKSON:** So there are usually a couple of processes going on. There are
25 some -- caregivers have rights to a natural justice process too, so the investigation that I've
26 just described would be one part of the process, ensuring at the right time and taking into
27 account the safety of the child, at some point the allegations would be put to the caregiver.
28 There would be an outcome of an investigation, and then, irrespective actually of the
29 finding, that would initiate a review of the caregiver's circumstances.

30 **DR COOKE:** Would it be unlikely that the complainant would be returned to that placement in
31 the event of such an allegation having been made?

32 **MS DICKSON:** So in a case of sexual abuse?

33 **DR COOKE:** Yes.

1 **MS DICKSON:** Yes, I think -- what I would say is in allegations more generally, we have taken a
2 more nuanced view of assessing the circumstances. It used to be any time there was an
3 allegation, a child would be removed from that care arrangement and so that in itself could
4 have an impact, so it's more of an assessment of what is safest for that young person and
5 what would enable that investigation to be done in the most appropriate way.

6 **DR COOKE:** And there would be a different -- there's a differentiation therefore between sexual
7 abuse, for example, and physical abuse?

8 **MR TE KANI:** Yes.

9 **DR COOKE:** And presumably in relation to physical abuse, there would be a gradation of
10 severity around the nature of the abuse?

11 **MS DICKSON:** Yes, and the extent to which we would call it safety planning, you can wrap a
12 safety plan around the situation.

13 **DR COOKE:** And such planning would be important in terms of the current practices and where
14 you want to go around making sure that children who are going to be returned to their
15 family or placed with family members, and I use family members to be incredibly generic
16 in this respect, that those children are safe?

17 **MS DICKSON:** Yes.

18 **DR COOKE:** That's right, isn't it. I want to go now to the final example, which is ORT
19 000238400003. This is a letter addressed to the Director General of Social Welfare. I've
20 highlighted the portion, it's in relation to an allegation from a foster child against his foster
21 father and it says there are two other allegations that have been made against the foster
22 father.

23 **CHAIR:** Just give the timeframe, something about 79?

24 **DR COOKE:** Yes, June 79, there are some consequences of this that will come out later. You'll
25 see there that he says:

26 "Unfortunately I have to report that there have been two incidents where similar
27 allegations have been made against this person by European youths with whom they were
28 fostering."

29 And it talks:

30 "I'm given to understand that both these youths were devious, untruthful and
31 manipulative boys."

32 So we have some powerful language in there, don't we?

33 **MS DICKSON:** Yes.

34 **DR COOKE:** And of course the allegations, it says here:

1 "One of them later recanted the allegations stating he'd made it because this person
2 found out about a theft that had been committed, there was an apology given, and there
3 were friendly contacts maintained with the foster parents. The second allegation was made
4 in June 79, made by a boy who was seen as well capable of manipulating and lying his way
5 out of situations which he found not to his liking. Unfortunately, both of these youth's files
6 have been transferred to other districts and I have no means of checking on any notes made
7 at the time of the allegations."

8 That's probably indicative of issues at the time, but it's a worry around how local
9 offices would know of what's occurring in relation to allegations against particular foster
10 carers, isn't it?

11 **MS DICKSON:** Yes.

12 **DR COOKE:** So would it be right that if there's an allegation made on a file say at the North
13 Shore office, and the youth's files then gets transferred to Paeroa, back in the day, there
14 would be no way, for example, that the Takapuna caregiver who was of concern, they
15 wouldn't know there that the previous allegations had been made?

16 **MS DICKSON:** Back in the day, prior to a centralised case management system, I imagine that's
17 a very real risk.

18 **DR COOKE:** And you'll see just in the final paragraph the author saying that the temporary
19 placement was arranged when the author was totally unaware that the allegations had been
20 made in the past. So we're able to move on. If we go to page 3, last paragraph, you'll see
21 there that there's a report here from the Henderson Police that they would be unable to
22 proceed with a prosecution. The evidence consists only of two entirely conflicting
23 statements and there's no supporting or corroborating evidence available. There was anger
24 expressed by the caregivers about the abrupt removal of the children and you'll see that
25 there's been a reference made -- a complaint made to the local MP.

26 On page 4, the next page, para 2, there's then a suggestion, we're talking here about
27 three other children who have been in this placement, they were going to be permitted to
28 return because it would appear from the experience of the home that they were not at risk
29 with these foster parents. They regarded the home as their home and that at their respective
30 ages, which I'll give you in a minute, having given and received acceptance in this
31 placement, they were unlikely to settle happily anywhere else and they'll suffer from
32 concurrent distress and disturbance if they were removed, that such a disruption would
33 prove.

1 Those boys at the time were I think in their mid-late teens and one was I think
2 entering adolescence but that's more or less their age. I wanted to raise this because what
3 we now know is that this particular foster father was later convicted for indecent assault on
4 young boys 20 years after the date that that letter was written. If we bring up the statement
5 of the witness, which is WITN0168001, at page 10, para 73, he says this:

6 "There was a high profile case against [this person]. He had abused many children
7 in his care while he was a foster father up to the 1990s. When the Police started
8 investigating the case against him in the 1990s, I got a call from a detective who was
9 pursuing the prosecution. He said, 'Do you remember a chap called...?' It took me a while
10 to realise who he was talking about. I felt sick and thought, 'Oh, my God, I thought this
11 was all in the past'. At the same time, I was pleased to know he was going to get justice.
12 I went to Auckland to give evidence. A copy of my statement is annexed. It made me feel
13 very sick having to do that. I saw him for the first time in many years and did not want to
14 be there.

15 He was eventually convicted and sentenced in 2000. The Court of Appeal decision
16 is... Everything came to light during that case. As part of the investigation, the Police
17 found peepholes in the ceiling of the bedroom where he would watch us kids. This is scary
18 to learn. I found that out when he went to court."

19 If we could go to page 10, para 72, the same page. He's made a complaint:

20 "After I made the complaint, Social Welfare took me back to get my stuff from the
21 foster home where I had been abused. I remember telling them, 'No, I feel unsafe going
22 back there', but they made me go back to the house anyway."

23 We wanted to use those two case studies, as it were, to give -- to highlight some of
24 the experiences around vetting, around complaints, children not being listened to, etc, the
25 perceptions that are held of children, those things. Again, they are indicative of many of
26 the evidence of survivors that we've heard and that you have heard as well, right?

27 **MS DICKSON:** Yes.

28 **DR COOKE:** And I know you say that you acknowledge what you've heard and you
29 acknowledge the stories that have been told, that's correct, isn't it?

30 **MR TE KANI:** Yes, it is.

31 **DR COOKE:** I confess to some difficulty in understanding at times what acknowledgment
32 means, but I assume it's a word that's chosen carefully as meaning that you have heard, you
33 understand and there's empathy and sympathy and possibly a belief in what has been -- in
34 what you have heard and what the survivors have said, would that be correct?

1 **MR TE KANI:** Yes.

2 **MR WHITCOMBE:** Yes.

3 **DR COOKE:** I'm wondering now, if we go back to the beginning of the session and we talked
4 about -- you talked about the statistics, of course, that are current and still present, which
5 tells us that there is a continuing theme from the time 1950 to 1999 and beyond, whether
6 you think in terms of what we've heard today, not only from what we've just heard in this
7 little session, but from the other survivors' statements, whether you can tell these
8 Commissioners that those experiences no longer are happening in 2022?

9 **MS DICKSON:** So I want to be clear and I've acknowledged that we absolutely are clear and
10 open about the fact that abuse absolutely regrettably does still occur in care. What is
11 different, and I can talk to the processes in addition to the investigation process I've
12 described, which is the way any report of concern for a child in or out of care would be
13 dealt with, we've added additional protections to make sure that we look very closely any
14 time there is an allegation of abuse in care. And I can talk through some of that work, it's
15 work that sits within my team, it's the work that leads to the annual reporting, the bi-annual
16 reporting, but probably the more important aspect to it from my perspective is that there is
17 a, in real-time, review of any report of concern for a child where there's been abuse in care.

18 The first thing is to determine whether an appropriate decision has been made about
19 whether the concern is assessed or investigated, the second thing is to have an independent
20 experienced practitioner who's part of my team review the entirety of the investigation to
21 ensure that it's being done appropriately, to ensure that support's being provided to the
22 child, to the children involved, to ensure there's been a fair process to the caregiver, that is
23 still important, and will pick up the phone and have a conversation with the social work
24 team if they see things that are not being addressed through the investigation.

25 **DR COOKE:** We have an event occurring at site level?

26 **MS DICKSON:** Yes.

27 **DR COOKE:** But you're not at the site level, are you?

28 **MS DICKSON:** No.

29 **DR COOKE:** You're in Wellington or in Auckland? Here and there?

30 **MS DICKSON:** Yes.

31 **DR COOKE:** You're hot-desking between the two cities?

32 **MS DICKSON:** My team, they're essentially a Wellington based team, yes.

33 **DR COOKE:** So your team is a Wellington based team?

34 **MS DICKSON:** Yeah.

- 1 **DR COOKE:** How many are in your team?
- 2 **MS DICKSON:** So I've got a large team, but in that particular area, looking specifically at
3 allegations of abuse in care, we currently have four staff.
- 4 **DR COOKE:** We often hear stories about caseloads of social workers. Would you describe that
5 your staff have caseloads?
- 6 **MS DICKSON:** So they're not the social workers for the children, I wouldn't describe that as a
7 caseload, no, to be honest.
- 8 **DR COOKE:** I'll reframe it this way, then. What I was wanting to ask you, how many complaints
9 would they be dealing with, how many notifications are they dealing with at this time?
- 10 **MS DICKSON:** The data that we reported on, extrapolated out but-- I'd have to --
- 11 **DR COOKE:** You'd have an idea, wouldn't you, as the manager?
- 12 **MS DICKSON:** I know how much it is per month but it's -- yeah, it's --
- 13 **DR COOKE:** What would it be per month?
- 14 **MS DICKSON:** It's the corresponding number to the numbers that we looked at in terms of the
15 abuse in care numbers that we report. I don't have them right in front of me, I can find
16 them.
- 17 **DR COOKE:** Could you give some figures -- I think there were some figures that -- Ms Toohey
18 gave you some figures --
- 19 **MR WHITCOMBE:** Yes, so the figures would be in the last reporting, six-month reporting
20 period, there were 412 instances of abuse for 273 children. So what Ms Dickson is saying
21 is if you extrapolate that out over the six-month period, it gives you a sense of the 273
22 children that the team has a line of sight across.
- 23 **DR COOKE:** Divided by four staff?
- 24 **MS DICKSON:** Yes.
- 25 **DR COOKE:** And is that a -- do those notifications of concern come from particular areas?
- 26 **MS DICKSON:** They are all reports of concern for all children in care irrespective of where they
27 are.
- 28 **DR COOKE:** I was really wondering if there were any particular geographic areas where they
29 come from?
- 30 **MS DICKSON:** More, is it?
- 31 **DR COOKE:** Yes, are there more from -- in proportion from Tāmaki Makaurau as opposed to
32 Canterbury?
- 33 **MS DICKSON:** There's variety in terms of the numbers of children in care.

1 **DR COOKE:** Are you able to tell us about the nature of the allegations that have been made, are
2 they do-- they cross the gamut of sexual abuse, physical abuse, emotional, psychological?

3 **MS DICKSON:** Yes, and within each abuse type, there would be a broad range of the very
4 serious abuse that would meet the threshold for prosecution, through
5 to certainly- I wouldn't want to say -lowlevel- concerns but concerns that are less. Probably
6 not meet the threshold of a criminal act but are no less something that we would be
7 concerned about and would be able to make findings about.

8 **DR COOKE:** When there's an internal complaint made around possibly abuse or if a person's not
9 happy with an adult who makes the complaint or even a child, if the complainant is then
10 unhappy with the outcome of their complaint, what's the next process?

11 **MS DICKSON:** So there's a couple of pathways, so at any time, not even necessarily waiting
12 until the end of a complaint, there are other avenues outside of Oranga Tamariki such as the
13 Ombudsman to make a complaint to. If it was a complaint reviewed by Oranga Tamariki
14 and there was, you know, that it wasn't resolved and there was -- the concerns weren't
15 resolved, there is the option of a complainant taking the matter to the Chief Executive's
16 complaints panel.

17 **CHAIR:** Dr Cooke, before we go any further, we've hit 5 o'clock. How much longer do you
18 anticipate going?

19 **DR COOKE:** I was playing it a bit by ear at the moment.

20 **CHAIR:** Were you now. How long is your ear?

21 **DR COOKE:** I'd be quite happy to --

22 **CHAIR:** Take instructions from Ms Toohey.

23 **DR COOKE:** I have taken instructions from Ms Toohey, which I'm always happy to do, and I
24 think we could finish now because we all need to reflect on where we're at.

25 **CHAIR:** Really the only reason I was asking is if we're going to go any longer, we'd take a break.

26 **DR COOKE:** No.

27 **CHAIR:** So on instructions from your learned friend, we might stop. Is this a moment -- was
28 there a last question or do you want to round off?

29 **DR COOKE:** No, I was just doing some tutuing.

30 **CHAIR:** On the basis that tutuing means we're all getting tired; I think we should step. I'm just
31 double checking that we've got our kaikarakia in the house?

32 **COMMISSIONER ERUETI:** Can I also check, Mr Cooke, we're returning to complaints
33 apropos in the morning?

34 **DR COOKE:** Yes, it can only be tomorrow.

1 **CHAIR:** That's right.

2 **COMMISSIONER ERUETI:** Just making sure we're doing that.

3 **CHAIR:** So thank you to the witnesses for today and the bad news is you're back again tomorrow
4 at 9 o'clock in the morning, for which we are very grateful.

5 So we'll close the day off with our waiata karakia. Kei a koe matua.

6 **Waiata Parea Nei and karakia mutunga by Ngāti Whātua Ōrākei**

7 **Hearing adjourned at 5.07 pm to Wednesday, 24 August 2022 at 9.00 am**