Hāhā-uri, hāhā-tea

Māori Involvement in State Care 1950-1999

Title, Preface, and Executive Summary

Accessible version

Ihi Research

July 2021



Kei ngā tamariki o te wao

Kua tau ki te korokoro o te parata

Kua rongo-ā-tinana, kua rongo-ā-hinengaro,

kua rongo-ā-wairua

Kua riro ki te whiu o te aitanga-ā-Whiro

Kua puta i te whiu o te aitanga-ā-Whiro

Kua kohia katoa ki runga waka, kua tae katoa tātou ki uta

Kei tai te kino, kei uta te whiu

Ko koe rā kei te aroaro

Ki a koutou katoa kua wherawhera ōu hara,

ōu tukihanga atu ki te taringa

Kua horo nei ki te āwhiotanga mai o te parata

Tēnā koutou

Kua kite i a koutou katoa

Ko koe rā kei te aroaro

Mō mātou rā kua whakairongia ki te kupu te takenga

mai o te parata

Kua mate ki te kohi nei i te kupu ngaro, kua tukia te

rae ki te taketake o te korokoro,

i ngā paeāwha o te taniwha.

Kua tangihia, kua tā ki te pene, kua kapohia e whatu, ā,

kua tukua anōhia kia rere a roimata.

E tika ana kia mihia ki te māiatanga o tōu aroha

kia ūpoko pakaru te tutukihanga mai o tēnei mahi.

Tēnā tātou

To all those children who were taken from sanctuary and

thrown into the mouth of the state

Those of you who have experienced the dislocation of your

innocence physically, psychologically and spiritually

Who have died within State Care who have survived State Care

All of that which has happened to you, without your permission

We have reached a reckoning

We see you

To those of you who have reached back in time to share your pain and

memories to the Commission of Inquiry

Tēnā koutou

We see you

To those of us who have come to paint the landscape in which

these horrendous actions could occur.

To us who have searched locked basements, who went down

those rabbit holes to search

We have cried, we have written,

we have read, we have cried again.

We have continued with love to successfully complete this piece of work.

Tēnā tātou

Hāhā-uri, hāhā-tea

Māori Involvement in State Care 1950-1999

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Hāhā-uri, hāhā-tea.

*Desolate darkness, desolate light.*

Mead, H., & Grove, N. (2001). Ngā Pēpehā o ngā Tīpuna. Victoria University Press: Wellington. (317, p. 59) This report shines a light on aspects of the state care system between 1950 and 1999. Much of what occurred remains in the dark. Given what has come to light has illuminated immense harm, we can anticipate that what remains unknown or unspoken (in darkness), has the potential to be equally or even more upsetting. Desolate darkness, desolate light.

Hāhā-uri, hāhā-tea - Māori Involvement in State Care 1950 – 1999

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# Preface to the Research Report

**Independent research commissioned by the Crown Response   
to the Abuse in Care Inquiry**

## Context

The Terms of Reference of the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Royal Commission) require it to give “appropriate recognition to Māori interests, acknowledging the disproportionate representation of Māori”.

Likewise, to develop its response to the Royal Commission, the Crown needs to understand what sits behind Māori involvement with the State Care system, its impacts, and how Māori involvement has changed over time.

The history of Māori involvement in State Care is not well understood and has never been comprehensively brought together. Historical records and data relating to Māori in State Care are scarce, and such information that exists is held in disparate locations. This highlights the need for this research, given the known over-representation of Māori in State Care both historically and today.

This research will not only help the Crown Response provide the Royal Commission with some of the information it will need, it will also help inform government agencies’ work on future policies, practices and services for Māori across the State Care system.

As with all aspects of the Crown Response, the commissioning of this work relating to the abuse of Māori children and vulnerable adults and their whānau, and hapū was guided by the set of principles underpinning the Crown’s strategic approach approved by Cabinet in April 2019.[[1]](#footnote-2)

## About the Crown Response

The Crown Response to the Abuse in Care Inquiry is coordinated by a small semi-autonomous Secretariat and overseen by a Sponsoring Group comprised of the Chief Executives of the Ministries of Health, Education, and Social Development, Oranga Tamariki and Crown Law. The Crown Response reports to the Minister for the Public Service.

Further information about the Crown Response is at [www.abuseinquiryresponse.govt.nz](http://www.abuseinquiryresponse.govt.nz)

## Research scope

In October 2020, the Crown Response commissioned Ihi Research (Ihi) to undertake independent research to examine the nature of Māori involvement with the care system from 1950 to 1999.[[2]](#footnote-3) The research was to be undertaken using a kaupapa Māori approach and while that was the intent, the nature of the kaupapa has led Ihi to take a Māori-centred approach.

The research was completed in July 2021.

A key driver of the research is for government agencies to know what happened, why it happened, how it happened, and what were the impacts. The Crown Response proposed specific questions for the research which fall into three parts:

**Part A: Link between Māori over-representation in State Care and colonisation and racism:**

* To what extent, were Māori over-represented among tamariki Māori and vulnerable adults in State Care? In what care settings did the over-representation occur?
* How, and why, did over-representation of tamariki Māori and vulnerable adults in the State Care system occur? What were the factors (and who were the actors) that caused this over-representation to happen, and to continue over time?
* What indications are there that the Treaty of Waitangi was part of agencies’ decision making as evidenced in available information such as policies, employment agreements, workforce practices and standards, and peoples experience of those things or the absence thereof.
* What was the contribution of colonisation, land alienation, and urbanisation to the subsequent over-representation of tamariki Māori in the State Care system? How are these factors connected to State Care (if at all)?
* Were tamariki Māori, whānau, and communities subjected to differential treatment by the State Care system (compared to that experienced by Pākehā children and families)? Are there documented examples of differential treatment or contemporary commentary about it?

**Part B: Māori experiences of the State Care system:**

* How has the State Care system (from 1950 to 1999) impacted on Māori as individuals and as whānau, hapū, iwi and communities – including intergenerational impacts, and impacts arising from the Adoption Act for example?
* How have Māori staff experienced working in the State Care system? Have they felt listened to, or able to contribute? Have they felt supported? How has the number of Māori staff and the experience of Māori staff changed over time?
* What initiatives have been generated and led by whānau, hapū, iwi and communities to cope with the State Care system and its challenges?

**Part C: Improving the State Care system for Māori:**

* How did services and systems for Māori change after the implementation of Puao- te-Ata-Tū and the 1989 Children’s Young Persons and their Families Act (the 1989 Act)?
* What were the challenges to implementing Puao-te-Ata-Tū and the 1989 Act?

## Approach

Ihi Research has specialist expertise in Māori research and was commissioned to carry out the research. The research was conducted through:

1. Literature reviews – Ihi drew on the considerable amount of work that has already been done on Māori experiences of care and its impacts. This existing work has been synthesised and summarised in a literature review, (particularly for Part B of the project).
2. Primary research – reviews of archival material, including publicly available material such as yearbooks and annual reports.
3. Key informant interviews – for aspects of the research where gaps in information have been revealed, or that need to be tested against real-life experiences. Ihi interviewed former agency staff, community service providers, people who were involved in development and implementation of Puao-te-Ata-Tū and Children’s Young Persons and their Families Act, Māori community officers and social workers who worked directly with tamariki Māori and whānau in the period of focus. The survivor voice was provided by participant researchers who were also survivors and from survivor evidence to the Royal Commission.

## Out of scope

The actions of faith-based care or the impact of faith-based institutions are not included in the scope except where state power was used to place Māori children in such institutions.

The narratives/stories of survivors of State Care abuse, (except where previously published) as this comes within the purpose of the Royal Commission of Inquiry.

Issues of Treaty breach are not addressed directly, (although recognising its relevance) because of the Waitangi Tribunal’s work particularly for the Urgent Hearing - WAI 2915.

# Hāhā-uri, hāhā-tea Executive Summary

In October 2020, the Crown Secretariat[[3]](#footnote-4) contracted Ihi Research (Ihi) to undertake independent research into Māori involvement in the State Care system[[4]](#footnote-5) (1950-1999). The research had three key focus areas. These were to:

* Examine the extent of Māori over- representation in State Care and its link with colonisation, land alienation and urbanisation.
* Investigate Māori experiences of the State Care system, including that of Māori staff; and
* Investigate changes made to the State Care system for Māori following the Puao-te-Ata- Tū report and the Children, Young Persons and Their Families Act 1989.

The research utilised a Māori-centred approach (Cunningham, 1998) and involved qualitative and quantitative analyses. An integrative literature review of 482 documents was conducted including primary research, archival material, and publicly available reports and papers. Gaps in document analyses formed the basis of semi-structured interviews. The twenty-six participants included former agency staff, community service providers, people involved in the development and implementation of Puao-Te- Ata-Tū and the Children’s Young Persons and their Families Act.

## Data considerations and challenges

The scope of this research was limited by time[[5]](#footnote-6) and data availability. There is uncertainty around estimates of the cohorts and numbers of Māori tamariki and vulnerable adults in State Care, due to a lack of ethnicity data collected and reported by the state between 1950–1999. The ‘true’ number may never be known with any degree of precision, however there is data that emphasises the extent of Māori over-representation. Ethnic breakdown was available for Youth Justice-related statistics. Justice ethnicity data indicates firstly that there was no reason why ethnicity could not have been collected by other government agencies, and secondly that the State determined it more important to collect ethnicity statistics in justice than in care settings.

Results presented in this report emphasise the devastating, intergenerational harms that tamariki Māori and whānau have experienced through enduring, systemic and structural racism across the State Care system. These findings are not new, given a large part of analysis is drawn from published material and are also highlighted in more recent inquiries and reviews[[6]](#footnote-7). However, report analysis brings together in one place, a compilation of information relating to Māori over-representation and Māori experiences of the State Care system during the review period (1950-1999). Results also identify several issues that need to be addressed in the future to improve Māori over-representation and experiences of the State Care system.

## Major findings

Māori over-representation in State Care was the direct result of enduring structural and systemic racism across multiple settings (social welfare settings, health and disability settings, educational settings, transitional and law enforcement settings, including prisons). The undermining and undoing of whānau, hapū and iwi structures and networks was not merely a result of colonisation, but an essential part of the process. For example, state policies promoted and maintained the intentional dismantling of whānau gendered relationships through white European patriarchy. In pre-colonial society, wāhine Māori had autonomy equal to males, gendered relationships were more fluid and less pronounced than those of the white European settlers. Wāhine Māori status and authority was redefined by the state, and their behaviour was often interpreted as immoral and lacking male discipline. Young unwed Māori mothers were viewed as unworthy and not fit to raise tamariki Māori. Tāne Māori were stereotyped as inherently violent, simple-minded and dysfunctional fathers. Their criminalisation through interactions with the state reinforced these perceptions.

Land alienation and urbanisation of Māori communities was central to state policies of assimilation and integration. The loss of whenua and access to traditional life-sustaining resources had a dramatic effect on whānau wellbeing and economic prosperity. Māori families moved into towns and cities where Pākehā-defined living conventions were individualistic and unfamiliar, and tikanga Māori was disparaged and maligned. Urban migration signified a critical detachment of whānau and hapū ties and support networks which previously had ensured the wellbeing of tamariki Māori. Without the supportive factors of tribal, communal life, the conditions were set for increased economic disadvantage, social dislocation and cultural disconnection. Discrimination, loss of opportunity, poor housing, unemployment, low educational attainment, poverty, drug and alcohol use gave rise to further social problems, including domestic violence.

Racism also fuelled increased scrutiny and surveillance of whānau and this was the starting point for the over-representation of Māori within State Care institutions. Officials linked Māori juvenile offences to the perceived ‘defects’ in their home life, including the culture and traditions of Māori communities.

## Māori over-representation in welfare settings

The number and size of institutions managed by the Department of Social Welfare (DSW) has varied over time, with a peak of 26 institutions in the early 1980s. The proportion of tamariki Māori and young persons in DSW institutions was highest around the 1970s and the early 1980s, reaching up to 80% in some institutions. Through the Children, Young Persons and Their Families Act 1989, increased emphasis was given to the placement of tamariki Māori with their whānau or in the community. The overall numbers of children placed in residential institutions significantly reduced. However, the proportion of tamariki Māori admitted to state residences remained staggeringly high. Research examining children in care of the Department of Social Welfare (i.e. placed under the guardianship of the Director-General of Social Welfare via court order) in the 1970s and 80s, showed that over 50% were tamariki Māori. A 1998 birth cohort study of 56,904 children in Aotearoa New Zealand showed that by the age of 18, tamariki Māori were 3.5 times more likely to experience out of home placement than European children.

Variability in child welfare decision-making was influenced by subjective interpretations, organisational culture and systemic resources. Decisions by staff determined the subsequent intervention. Tamariki Māori were 2.5 times more likely than non-Māori children to be assessed by CYFS as abused or neglected.

## Māori over-representation in justice settings

A proportion of children progressed from the care of DSW to the care of the Justice Department, in custody, under supervision or on probation. From 1964 to 1974, the total increase in rates of appearance by tamariki Māori (150% increase among boys and 143% among girls) was twice that by non-Māori. From 1964 to 1989 tamariki Māori were brought before the official bodies at much greater rates than non-Māori. Concerns were raised about the ethnic disparities and over-representation of tamariki Māori and rangatahi in youth justice statistics since the 1980s. In 1988, Pākehā accounted for 51% of known juvenile offenders, Māori for 43% and Pacific Island Polynesian for 5%.

Studying the patterns of offending, the DSW (1973) analysed a cohort of children born in 1954-55 by cumulating their first offender rates from 1965 (when they were 10) to 1971 (when they were 16). These results showed a disproportional number of tamariki Māori in the cohort who were brought to court on a legal complaint or police charge. There is an ethnic bias against Māori in the criminal justice system, which is over and above the estimated effects of social, family and individual disadvantage. This disproportionality is the result of a combination of long term social and economic disadvantage related to colonisation and ongoing systemic discrimination.

## Māori over-representation in psychiatric settings

The data indicate a stark and significant rise in Māori psychiatric admissions reported from the 1960s to the 1980s. A lack of evidence hinders an exact explanation. However causal explanations include the impact of colonisation, urbanisation, socio- economic and employment factors, misdiagnosis, culturally inappropriate services, and alcohol and drug related prevalence amongst Māori.

From 1970 to 1987, tamariki Māori (10-19) and young adults (20-29) were admitted to psychiatric care at a rate approximately 1.5 times higher than non-Māori. The rate of Māori admission in the 20-to- 29-year age group, increased to approximately double the non-Māori admission rate in the mid- 1980s. Māori were about 2 to 3 times more likely to receive referrals from law enforcement agencies than non-Māori. From 1983 onwards, analysis indicated Māori over-representation in psychiatric care based on population percentages. In 1991, Māori contributed 15% to all first admissions and 19% to all readmissions (compared with about 13% Māori in the 1981 population Census). Māori proportion in readmissions reached 20% in 1993.

The connection between over-representation in mental health and the justice system, and the confluence of the two systems, was established in the research. The high rate of apprehension for criminal offending amongst Māori impacts on the over-representation of Māori in psychiatric institutions. The way data has been collected and presented does not allow us to describe trends in the admission and readmission data for the entire 50-year period. However, more recent qualitative evidence suggests that there were definite sub- populations who were discriminated against and persecuted through psychiatric institutionalisation, including wāhine and tamariki Māori with disabilities and takatāpui.

## Evidence of negative, differential treatment

There is clear evidence of negative, differential treatment towards pēpi, tamariki and whānau Māori across the State Care system. Adoption practices of the 1960s indicate that social workers and officials treated the adoption of tamariki and pēpi Māori differently. Māori who wished to adopt were severely disadvantaged by the Court system, as they were often unable to afford court costs and/or legal representation. In addition, applications made by whānau to legally adopt relations in a legal whāngai capacity were rejected on the basis of wealth and age. Whānau were often discriminated against by magistrates who viewed Pākehā upbringing as far superior and more desirable. As a result of this bias, and that pēpi and tamariki Māori were considered ‘undesirable’ and harder to place, Pākehā families of concern to social workers were more likely to be granted approval if they agreed to adopt a non- white child. Tamariki and pēpi Māori were therefore more often adopted by less desirable applicants. Tamariki Māori were also more likely to be placed in restrictive institutional environments, than European children who were more likely to end up in foster placements.

The Intensive Foster Care Scheme (IFCS) demonstrates how racism and differential treatment played out in welfare. The IFCS placement assessments were monocultural, dominated by the social work paradigm-based Euro-Western theories and practices. Pākehā children were targeted for the Intensive Foster Care Scheme (IFCS) which included better training and increased payment for the foster parents. Tamariki Māori did not receive equivalent access to IFCS. They were more likely to be placed in residential care or conventional foster care and less likely to receive intensive support.

## Whānau deprivation, racism and inequitable treatment

A series of research reports from the 1960s – 1980s highlighted issues of whānau deprivation. While Māori were noted as over-represented in juvenile offending statistics, there were clear links with structural racism, poverty, educational underachievement and poorer income levels. However, socio-economic explanations aside, the data substantiate that inequitable treatment has been a characteristic of Māori engagement with the courts, police, and welfare.

Racialisation of crime and differential treatment towards Māori have been an intrinsic component of policing since the beginning of the state. There is evidence of police targeting of tamariki Māori that has continued throughout the 1950s, 1960s and beyond. The differential treatment incurred during this period is likely to have directly influenced contemporary rates of Māori imprisonment and offending. Research demonstrates that Māori conviction rates were higher compared to Pākehā (in the 1960s) and were linked with the lack of legal representation for Māori.

## Māori experiences of the State Care system

The State Care system has had various and interrelated impacts on Māori as individuals, and as collectives, over the period (1950-1999). For survivors these impacts ‘circle out’ beyond the individual to whānau, hapū, iwi Māori as well as following generations. The psychological, cultural, emotional and physical harms arising within and from State Care were considerable. Despite the ‘pathologies’ resulting from their State Care experiences, the ‘survivorship’ of survivors must be acknowledged, their ability to endure and resist in the face of considerable and ongoing adversity.

For tamariki Māori removed from their whānau, impacts included the loss of fundamental attachment relationships. For some, removal granted them relief from abusive or harsh family environments. However, in most other cases they experienced enduring sadness, guilt and internalised blame. Tamariki Māori experiences of multiple placements while in State Care amplified their feelings of unwantedness. There was instability and insecurity arising from ‘failed’ and frequent placements. Tamariki Māori became wary of forging relationships with others, protecting themselves from the inevitable pain of displacement.

State Care environments exposed children to neglect, physical, sexual and emotional abuse. For tamariki Māori abuse frequently had racist overtones. Tamariki and rangatahi Māori often lost access to aspects of Māori culture that were positive and affirming. Survivors’ strategies for coping with their pain and suffering could also produce secondary impacts. Alcohol and drug use is a common disconnecting/avoidance mechanism and can develop into dependence.

The failure of State Care to provide quality education for tamariki Māori led to widespread educational under-achievement. This compromised the future employment and economic prospects of survivors. In conjunction with these factors, recruitment to gangs while in State Care set a number of tamariki Māori on a pathway to prison, with a significant subsequent effect on their life trajectories. The enduring lack of trust and resentment towards state authorities engendered by their treatment in State Care extended in life beyond, reinforced by subsequent experiences of incarceration.

Legal and institutional processes presented barriers for whānau fighting to retain their tamariki. When tamariki Māori were removed, whānau often experienced profound difficulty and sadness over the severed relationship. Tamariki Māori admitted to State Care were lost to their wider communities, often returned as damaged and traumatised adults, ‘assimilated’ in the most abhorrent way. For a community attempting to regroup and regenerate from over a century of depopulation and destabilisation, these losses were a substantial setback to whānau, hapū and iwi.

Individual outcomes of State Care feed into much larger social problems, transmitting the effects of trauma across generations. The mechanisms of intergenerational trauma are both biological and social, evident in deteriorating health, higher rates of incarceration, domestic abuse, unemployment, homelessness, mental illness, drug and alcohol addiction and reduced educational opportunities. All of these factors impact on the life trajectories of whānau across generations. In terms of State Care, a lack of genuine partnership with, and appropriate funding for whānau, hapū, iwi and Māori organisations has constrained efforts to support the significant needs of whānau resulting from intergenerational disadvantage and trauma.

## The experience of Māori staff working in State Care

A lack of ethnicity data has constrained analysis of Māori staff working in State Care and how this has changed over time. However, literature demonstrates a continued shortage of skilled staff, particularly of Māori staff, in the State Care sector reported since the 1950s.

Early western models of psychiatric/welfare care were characterised by large institutions with a limited range of treatments. Eurocentrism dominated the profession of social work and social work practices. Residential institutions, special schools and psychiatric residences were institutionally racist. There was a lack of effective state monitoring, the administration of such institutions was mono- racial, and staff in residential institutions were often untrained and unsupervised. There was an absence of a Māori perspective during assessments and a lack of culturally appropriate programmes for Māori.

In 1985 the DSW was first recognised as institutionally racist, described as a typical, hierarchical bureaucracy, the rules of which reflected the values of the dominant Pākehā society. The department promoted a tokenistic and diluted form of biculturalism. Pākehā retained control and were reluctant to share power with Māori or hand power over to whānau. Māori public servants were often perceived by their communities as ‘monitors for the state’ and could be treated as ‘agents of the state’ by their community. Māori staff reported having to leave their ‘Māoriness’ at home and conform to the Pākehā hegemony within the workplace.

The impact of employment practices and conditions within the state sector has influenced Māori staff experiences in the State Care system. The emphasis on technical qualifications effectively disqualified most Māori staff from policy making roles. Whilst there was a commitment to recruiting Māori staff in the 1980’s and 1990’s, recruitment tended to focus on junior entry level positions. Policies and procedures were not in place across the public service to build strategic Māori capability. There was no recognised approach to developing Māori leadership and career pathways for Māori public servants.

There is evidence of under provision of appropriate training for Māori across the State Care sector. Rōpū teams were introduced at CYFS with the specific goal of supporting Māori social workers and improving services for tamariki Māori and their whānau. Little to no resources were provided for Māori supervision or leadership to keep Rōpū teams supported and thriving. Ongoing appropriate in-service training was lacking for Māori, including clinical supervision. This has limited the development of Māori social work and critical Māori programmes in care and protection.

The lack of bicultural capability and capacity, despite the promise of Te Tiriti was a serious issue that is apparent in multiple sources over several decades. The lack of Māori capacity within the system has meant Māori staff have often had unrealistic expectations placed upon them. Māori staff were often used to provide advice on Māoritanga however, their knowledge, skill and ability went unrecognised and unrewarded. Burnout and high turnover of Māori social workers resulted in a drain of Māori knowledge and capability from the sector.

The lack of support to build indigenous research evidence in the State Care sector has had a significant impact on Māori staff. The fact that there is so little evidence of Māori staff experiences in this sector prior to 1999 is an indication of the value the state placed on Māori staff in the sector, and the lack of opportunities for Māori practitioners to research and publish during the period. While Māori staff have worked within this context, they have developed their own practices and theoretical approaches. Māori staff voiced their concerns to senior managers and were resistant to changes that they believed did not reflect the intention of te Tiriti o Waitangi/the Treaty of Waitangi or Puao-te-Ata- Tū. Māori staff described themselves as the ‘squeaky wheel in the machine’, realising that their resistance could compromise their opportunities and ambitions within the sector.

## Resistance by Māori communities

Resistance by Māori whānau and their communities to institutional racism and the inadequacies of the State Care system occurred consistently throughout the research period. These responses increased in resistance and intensity in response to evidence of institutional racism and over-representation of Māori in the system. Complaints by tamariki Māori and vulnerable adults in the State Care system were ineffective in bringing about change. They tended not to be believed and were deemed to be untrustworthy by adults running the institution. Whānau wrote letters to advocates, welfare officers, residence staff, Government departments and Ministers inquiring after tamariki Māori and asking for them to be returned. While the actions of individuals within the system was apparent at the time, they were insufficient alone to influence change within the State Care system.

The work of advocacy groups such as ACORD and Ngā Tamatoa is particularly apparent throughout the 1970’s and 1980’s. Their work resulted in the closure of some institutions such as Lake Alice, and changes in conditions within justice and subsequent care for Māori. Their ability to mobilise is an example of how collectives can support individuals to bring about change.

Throughout the research period different Māori/iwi organisations have emerged to work within the state system. The state needed and wanted intervention from these organisations to assist in their assimilative aspirations for Māori. However, once the organisations formed and established their own rangatiratanga they inevitably began to challenge the status quo. These organisations were constantly engaged in ‘push-pull’ activity with the state. While the organisations were seeking power to determine their own futures through rangatiratanga, the system was designed to ensure power was retained within the state.

## Improving the State Care system for Māori in the 1980s and challenges encountered

In the 1980s Puao-te-Ata-Tū emerged as a critical juncture in time, with potential for substantive change, creating a blue-print for systemic transformation and partnership with Māori. Pūao- te-Ata-Tū emphasised the crisis facing many Māori communities and the dire situation of tamariki Māori in State Care. Institutional racism within the DSW was acknowledged, alongside grave concerns about cultural ignorance and detrimental policies/practices within other state departments. Urgent action was needed to address substantial harms. Despite the urgency, analysis revealed only ‘initial’ or ‘partial’ change on behalf of the state, as well as a ‘reversal’ of change over time.

The introduction and implementation of the 1989 Children, Young Persons, and Their Families Act (CYPF Act) was the state’s main response to Puao- te-Ata-Tū regarding state obligations to Māori. The 1989 Act was designed to introduce a more culturally appropriate, accessible and more whānau- based approach to promote the wellbeing of tamariki Māori. In theory an approved Iwi Authority (or Cultural Authority) could exercise specific duties or powers, including guardianship or custody. Additionally, the 1989 Act introduced government initiatives such as an increase in frontline Māori workers.

The 1989 Act made a distinction between ‘care and protection’ and ‘youth justice’. The rights and responsibilities of families were to be ensured by new practices, such as the Family Group Conferences (FGCs). The idea was that FGCs would be facilitated by department professionals whose main responsibility was as a resource to the family. The changes created new roles for mainly non-Māori professionals, as they were expected to present official information at the conferences, leaving families to review and discuss before returning to help develop a plan of action and resolution. Furthermore, a new Youth Court was set up to deal with youth offending. However, the implementation of the 1989 Act including FGCs were seen as largely tokenistic; a grafting of Māori faces and processes onto the same monocultural welfare system that had not fundamentally changed.

A particular focus of the Act was to be the empowerment of whānau, hapū and iwi in the care and protection of tamariki Māori. However, there was a lack of comprehensive action by the state to ensure equitable funding to harness the potential of whānau, hapū and iwi. Considerable structural barriers and competing government agendas were cited as reasons why equitable partnerships did not occur. The Public Finance Act 1989, neo-liberal reforms and loss of political commitment all became obstacles. Neo-liberal economic policies introduced in the 1980s and continued in the 1990s had devastating impacts for many Māori communities, who were in low-skilled jobs in sectors that were later decimated by state reforms.

Constant restructuring was a feature of the State Care system during the 1990s including a focus on managerial objectives, commercial branding and ‘efficiencies’, fuelled by a concern to reduce state expenditure. The focus was on measuring ‘outputs’ rather than ‘outcomes’. The recommendations of Puao-te-Ata-Tū were never fully implemented. This meant structural racism and whānau deprivation endured and Māori over-representation in State Care remained disproportionately high.

Tukua mai he kapunga oneone ki ahau hei tangi māku

**Send me a handful of soil so that I may weep over it[[7]](#footnote-8).**

1. **manaakitanga**: Treating people with humanity, compassion, fairness, respect, and responsible caring that upholds the mana of those involved;

   **openness**: Being honest and sincere, being open to receiving new ideas and willing to consider how we do things currently, and how we have done things in the past;

   **transparency**: Sharing information, including the reasons behind all actions;

   **learning**: Active listening and learning from the Royal Commission and survivors, and using that information to change and improve systems;

   **being joined up**: Agencies work together closely to make sure activities are aligned, engagement with the Royal Commission is coordinated and the resulting actions are collectively owned; and

   **meeting our obligations under the Treaty of Waitangi**: Honouring the Treaty, its principles, meeting our obligations and building a stronger Māori-Crown relationship through the way we operate and behave. [↑](#footnote-ref-2)
2. The State Care system is defined in the Royal Commission’s Terms of Reference as formal and informal arrangements in the following care settings: social welfare settings, health and disability, educational settings, and transitional and law enforcement settings. These include, for example: schools (day and residential), early childhood centres, psychiatric institutions, day and residential disability services, Police cells, borstals, children’s homes, foster care and adoptions. They also cover service providers who have been contracted by State agencies to provide care services. [↑](#footnote-ref-3)
3. A small secretariat leads and coordinates the Crown’s response to the Abuse in Care Royal Commission of Inquiry. The Secretariat, Crown Response to the Abuse in Care Inquiry was set up to support Government agencies to respond to the Royal Commission. [↑](#footnote-ref-4)
4. The State Care system is defined in the Royal Commission’s Terms of Reference as formal and informal arrangements in the following care settings: social welfare settings, health and disability, educational settings, and transitional and law enforcement settings. These include, for example: schools (day and residential), early childhood centres, psychiatric institutions, day and residential disability services, Police cells, borstals, children’s homes, foster care and adoptions. They also cover service providers who have been contracted by State agencies to provide care services. For the purposes of this report, the State Care system is aligned to various governments and State departments/agencies that operated within the defined time period (1950-1999). [↑](#footnote-ref-5)
5. The research was conducted over a six month period. [↑](#footnote-ref-6)
6. These include recent inquiries and reviews into State Care undertaken by the Office of the Children’s Commissioner and the Waitangi Tribunal Inquiry: WAI 2915 Oranga Tamariki Urgent Inquiry. [↑](#footnote-ref-7)
7. Māori have an intimate connection to the land and as tangata whenua we see ourselves as kaitiaki of this taonga. This connection to the whenua provides us with a source of identity, spiritual nourishment and emotional healing. Being away from home, one feels a sense of aroha and longing for the land and often feels compelled to return to fill the wairua and nourish the soul. The land absorbs the tears that we may shed and can also provide healing in times of emotional turmoil.

   Pihama, L., Greensill, H., Manuirirangi, H., & Simmonds, N. (2019). He Kare-Roto. A selection of Whakataukī related to Māori emotions. Te Kotahi Research Institute Hamilton, Aotearoa / New Zealand. Downloaded from [https://www.waikato.ac.nz/ assets/pdf\_file/0008/480788/He-Kare-aa-roto-Full-Booklet-for-download.pdf](https://www.waikato.ac.nz/%20assets/pdf_file/0008/480788/He-Kare-aa-roto-Full-Booklet-for-download.pdf%20)  [↑](#footnote-ref-8)