Hāhā-uri, hāhā-tea

Māori Involvement in State Care 1950-1999

Chapter 2: Māori over-representation in State Care

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# Chapter Two Māori over-representation in State Care

Kaore te aroha mōhukihuki ana, te pānga mai ki ahau, me he ahi e tahu.

Alas, this all devouring grief, that burns within me like a flame[[1]](#footnote-2).

## Summary

Māori have been over-represented in the state care system. There are two significant state pipelines into care, welfare notifications and youth justice, which are the focus of this chapter (p. 72).

Knowledge of the social context of Māori is crucial for understanding how the settler state perpetuated social control over Māori. (p. 72).

There are significant challenges accessing the data required to make judgements regarding Māori over- representation during the research period. Limited collation of ethnicity data and reporting by state agencies seriously compromises the ability of the state to identify how many Māori were in care during the research period (p. 72).

Computer information systems, intended as case management tools, were not designed to monitor the experiences of children and families coming to the attention of the CYPS. While ethnicity data may have been held within individual case files, it could not be collated across the management system for reporting purposes (p. 72).

The ethnicity of children who were placed in the custody of the Director-General of Social Welfare was not always published in departmental official statistics (e.g., annual reports, statistical reports) during the research period (p. 72).

### Welfare settings

There were several child welfare legislation amendments and several attempted transformations by governing agencies. These early legislative acts defined and enabled state involvement in deciding the care and protection of children and young persons. While the legislation and systems were amended over the 50 years, social welfare and youth justice systems remained the two most significant pathways through which children came into care (p. 73).

The number and size of institutions managed by the Department of Social Welfare (DSW) has varied over the 50-year period of this research with a peak of 26 institutions in the early 1980s (p. 78).

The DSW 1979 annual report showed that about 80% of children in care (placement of children under the care and control of the Department) were living in the community (in foster homes, in family homes, with their own families or with relatives), while only about 20% were in institutions (p. 78).

Foster homes were used mainly for the long-term placements, while family homes and girls' and boys' homes were generally used for short-term stays. Younger children were more likely to be placed in a foster home as their first long term placement. Older children were more likely to be placed in institutionalised environments (p. 80).

## Introduction

The purpose of this chapter is to examine the extent of Māori over-representation in the settler State Care system. To explore this issue, the chapter focusses on the two significant state pipelines into care, welfare notification and justice. Where possible the presentation of data indicating the placement of Māori within the welfare sector is discussed. Māori and Pākehā offending rates are compared to demonstrate links between the justice and welfare systems and the consequences for tamariki Māori.

This chapter begins with a brief overview of the legislation that led to Māori over-representation in State Care, followed by the presentation of available evidence. This chapter is presented in five parts:

* Part one examines the overall data available for children in the care and protection system for the research period.
* Part two examines the pathway to care through justice referrals and the subsequent over-representation of Māori in justice settings.
* Part three examines the over-representation of tamariki Māori and vulnerable adults in psychiatric settings.
* Part four examines the over-representation of tamariki Māori in health camp settings.
* Part five examines the over-representation of tamariki Māori in residential educational settings.

It is important that this chapter is read in conjunction with the evidence presented in other chapters within this document. The impact of colonisation, land alienation and urbanisation on Māori and the implications of State Care have been discussed in chapter one. Evidence of differential treatment of Māori in discussed in chapter three. Understanding history and the effects of colonisation, is necessary to understand how the operation of the criminal justice system has shaped Māori imprisonment figures (Jackson, 1988). In addition, understanding the social context of Māori, the history of imposed assimilation policies, and colonial forms of welfare and justice, is imperative for understanding how the settler state perpetuated social control over Māori.

The over-representation of Māori in State Care is observed when the proportion of Māori in State Care statistics exceeds the proportion of Māori in the general population for respective age groups. Where possible, considering the available data, we attempt to provide disproportionality and disparity ratios for ethnic comparisons, which take into account the differences in population structure and size (Cook, 2021).

The ethnicity classification is used as in the original publications – i.e., Māori, non-Māori, Pākehā European, non-European.

As discussed in the Introduction to this report, there are significant challenges accessing the data required to make judgements regarding Māori over- representation during the research period (1950- 1999). The most significant barrier to examining the extent of Māori over-representation in State Care is the limited ethnicity data collected and reported by welfare agencies. The ethnicity of children who were placed in the custody of the Director- General of Social Welfare was not published in official departmental statistics (e.g., annual reports, statistical reports) during the research period. The implications regarding the lack of ethnicity statistics are discussed in the summary of this chapter.

## Background - Governing legislation and administration of children in State Care

There were several child welfare legislation amendments and various attempted transformations by governing agencies during the timeframe of this research (1950-1999). The introduction of the Child Welfare Act 1925 and the Prevention of Crime (Borstal Institutions Establishment) Act 1924 established procedures and set the course for dealing with child welfare concerns and young offenders for the following fifty years (Dalley, 1998; Department of Social Welfare, 1980). These early legislative acts defined and enabled state involvement in the care and protection of children and young persons. Whilst the legislation was amended over the 50-year research period, social welfare and youth justice systems remained the two most significant pathways through which children came into State Care.

In 1926, the Child Welfare Branch was established under the Department of Education[[2]](#footnote-3), which was renamed the Child Welfare Division in 1948. It was the principal state agency looking after children’s welfare.

On 1 April 1972, the Child Welfare Division of the Department of Education merged with the Social Security Department to become the Department of Social Welfare (DSW), operating until 1999. During this time (1972-1999), the Children and Young Persons Service (CYPS) was established in the DSW as a dedicated agency to deal with (intervene in) issues relating to the welfare of children.

In 1999, CYPS became the Department of Child, Youth and Family (CYF), and from 2001 it came under the portfolio of the Minister for Social Development. CYF operated until 2017 when it was replaced by Oranga Tamariki. Between 1972 and 1999 custody of children in statutory care was the responsibility of the Director-General of Social Welfare (before April 1972, the Superintendent of Child Welfare).

Social workers implemented the functions of legislation related to child welfare and protection, and young offenders up to the age of 17 years. Issues within whānau and families came to official notice for different reasons. The DSW also handled almost all adoption orders regulated by the governing legislation at the time (Department of Social Welfare, 1980).[[3]](#footnote-4)

A summary of child welfare legislation is provided in the Table 2.1.

Table 2.1. A short overview of the legislation in child welfare and youth justice

**1924** - The Prevention of Crime (Borstal Institutions Establishment) Act - Borstal sentencing 1924-1981 - The act allowed slightly older oﬀenders (15-21) to be detained for 1-5 years with the goal of reform. Borstals included a graduated rewards system and provided occupational training.

**1925** - Child Welfare Act – Established the 1925 Children’s Court - The Act was aimed to emphasise care rather than severe punishment of young people under 16.

**1954** - Criminal Justice Act - Enabled a wider range of penalties if Children’s Court ordered a young person 15-years-and above to be brought before a Magistrate’s Court for sentence or decision

**1954** – The establishment of the Juvenile Crime Prevention section of the Police (Youth Aid Section from 1969) - Aimed to divert oﬀenders under 17 away from the Children’s Court. Alternatives to prosecution included a police warning or informal Child Welfare supervision. Non-prosecution was likely to be applied to ﬁrst oﬀenders and those with less serious oﬀences (Donnell & Lovell, 1982).

**1961** – Crimes Act - Enabled Youth oﬀenders (16–21) to be sentenced to detention centres for three months of boot-camp style activities.

**1974** - The Children and Young Persons Act – Established Children’s Board[[4]](#footnote-5) and the Children and Young Persons Court - The Act intends to minimise the involvement of young persons in the formal justice system (i.e. court appearances) by settling welfare or oﬀending related issues in Family Group Conferences. Intention to give a priority for children to stay within whānau instead of formal departmental care.

**1989** - The Children, Young Persons, and Their Families Act (from 2017 Oranga Tamariki Act) –

* Family/Whānau Agreements as an informal type of intervention
* Care and Protection Family Group Conferences
* Youth Justice Family Group Conferences
* Youth Court (oﬀending of 14-17)
* Family Court (oﬀending of ≤13; care and protection)

The Act intends to minimise the involvement of young persons in the formal justice system (i.e. court appearances) by settling welfare or oﬀending related issues in Family Group Conferences. Intention to give a priority for children to stay within whānau instead of formal departmental care.

“There is nothing in the (Children, Young Persons and Their Families) legislation of 1989 that should have let something like that happen again (children being taken off their whānau) unless in exceptional circumstances, but it happened as a matter of course, and it’s because people believe themselves to have the right to judge Māori people and then take their kids away from them. If that is not abuse, I don’t know what is.”

Rahera Ohia, Māori senior public servant

During the 50 year time period three legislative provisions, The Child Welfare Act 1925, Children and Young Persons Act 1974, and the Children, Young Persons and Their Families Act 1989 modified the care proceedings by which children came into the custody of the state.

## Child Welfare Act 1925

Those children, who were committed to the care of the Child Welfare Superintendent by Children’s Court under the Child Welfare Act 1925, were referred to as ‘State Wards’ (Clerk of the House of Representatives, 1950).

* The reasons for children being committed to the care of the Superintendent included:

1. complaints laid against the parent(s) or official guardian(s) of the child under the Child Welfare Act 1925 (including indigent, neglected, living in a detrimental environment, not under proper control, delinquent, failing to comply with the terms of a supervision order), and
2. charged with an offence.

* The 1950 report reveals that 76% of ‘State Wards’ committed to care (total 431) were due to a complaint under the Child Welfare Act 1925 and 24% were charged with an offence (Clerk of the House of Representatives, 1950).
* Additionally, the Children’s Court may have placed a child under supervision of a Child Welfare Officer and order the child to spend time in an institution or be committed to Borstal.
* Children were also admitted to institutions or taken under the control of the Superintendent because of a voluntary agreement with the parents or guardians.
* Children with special needs (such as vision and hearing impairment and/or learning difficulties, referred to as ‘backward’ children) were placed in special schools, also under the supervision of the Child Welfare Division.

## Children and Young Persons' Act 1974

After the 1974 Children and Young Persons Act there were several routes for a child to come into the care/custody of the Department of Social Welfare as explained by Mackay (1981, p. 3):

* The majority are placed under the guardianship of the Director-General of Social Welfare by order of the Children and Young Persons Court, because the court considers either that the child is in need of care and protection, or that the child's behaviour is so difficult or disturbed that he or she cannot be effectively managed in his or her usual home.
* There are also a number of children in the care of the Department by agreement with the child's parents, under the provision of Section 11 of the Children and Young Persons Act 1974.
* The Department also provides temporary care for children who are remanded in custody by the courts, usually while their long-term needs are assessed, pending a final decision by the courts.

Until 31 October 1989, children under the Care and Control of the Department or ‘Children in Care’ (n=3,287) included three broader categories (Department of Social Welfare, 1990):

* Children Under Guardianship of the Director- General by Court order 70%
* Children Under Care by Agreement (with parents) 13%
* Children in Temporary Care (court remand, postponements, warrants, etc.) 17%

Additionally, ‘Persons under Social Welfare Supervision or Oversight’ (n=3,298) included the following categories (Department of Social Welfare, 1990):

* Children under supervision by Court order 44%
* Children receiving supportive service 34%
* Infants supervised in private foster homes licensed under the Children and Young Persons Act 1974 0.2%
* Adults receiving supportive service 22%

The corresponding figures for tamariki Māori were not available, although the subsequent review of available ethnicity data suggests that a high proportion of these children were likely to be Māori.

## Children, Young Persons and Their Families Act 1989

While the Child Welfare Act 1925 and the Children and Young Persons Act 1974 mainly prioritised the protection of children, the 1989 Act emphasised the preservation of the family unit, the recognition of children as members of a family group and the importance of this to the child’s wellbeing (Cockburn, 1994). The 1989 Act intended to minimise the involvement of children and young persons in the formal justice system (i.e. court appearances) by resolving welfare or offending related issues in Family Group Conferences (FGCs).

Care and Protection Family Group Conferences (dealing with welfare issues) and Youth Justice Family Group conferences (dealing with offending) were established to make decisions and plans with whānau and prevent court proceedings. The 1989 Act intended to divert care and protection cases from the courts where possible. When necessary, the Family Court could decide on emergency actions to protect a child. Cases not resolved at FGC would proceed to court. Care and protection issues and offending by children (13-years and under) would be dealt with in the Family Court; offending by young people aged between 14-17 would be handled by the Youth Court (Dalley, 1998; Department of Social Welfare, 1994; Taumaunu, 2014).

Since the 1989 Act, statistical reports of children in care has varied considerably. From 1972 until the end of 1994, reports included data on the number of children and young persons under the care, custody or guardianship of the Director-General (Department of Social Welfare, 1994). From 1995 the statistics were focussed on the number of children for whom Court orders were completed (including FGC plans). These orders usually involved the custody or guardianship of children and young persons, and the provision of ongoing support or services by CYPS (Department of Social Welfare, 1996). Further changes were made from 1997 onwards in the categorisation and collation of orders thus preventing comparisons with the previous years (Department of Social Welfare, 1997). Official statistical reports did not include ethnicity information. Some ethnicity data was available in a small number of research reports.

## Part One: Care and protection

This section examines the data available regarding the placement of children, particularly Tamariki Māori, into State Care during the research period 1950 - 1999.

### Placements of children in State Care

Private foster homes were the most common placements for children and young persons in the care of DSW (Department of Social Welfare, 1980). Over the years, the proportion of children in foster placements has ranged from 40-50% of all children in care (Mackay, 1981).

Social Welfare Today (Department of Social Welfare, 1980, p. 13) provides a description of other departmental placements. National and district institutions are intended for longer term rehabilitative training or short-term care for assessment, brief education and training, and placement in the community. Places are provided for children needing temporary care, children on remand from court, and children who may need comprehensive training over a period of many months. There are four main groups of residences:

#### Family Homes

Established in the 1950s to cater for children who were considered difficult to foster but for whom an institutional placement was unsuitable (Mackay, 1981). Managed by foster parents and accommodating about six children at the time; children attended ordinary schools. There were about 150 departmental family homes in 1980.

#### Boys and Girls Homes

Providing short-term training, assessment services and remand facilities (in secure units) for boys and girls aged 10-16 years. Schooling is generally provided on the premises, but some attend local schools.

#### Reception Centres

Providing short-term care for small children, some of whom may be disabled.

#### Long-term Training Centres

National institutions providing long-term training programmes from eight to 18 months. Schooling is provided on the premises and there are special remedial programmes designed to help the children for their return to the community. Most centres have some secure facilities. There were seven long-term training centres in 1980.

The number of institutions managed by the DSW has varied over the 50-year period of this research. In the early 1980’s the number of institutions peaked at 26 (Dalley, 1998).

Children who experienced behavioural problems, were disabled or in need of a special education programme were accommodated in a wide range of residences operated by the DSW (or in Special Schools run by the Education Department). The DSW (Child Welfare Division before 1972) was in charge of inspecting and cooperating with children’s homes and homes for children with special needs run by voluntary organisations.

In March 1950, there were 74 children’s homes administered by private organisations and registered under the provisions of the Child Welfare Amendment Act 1927 (Clerk of the House of Representatives, 1950).

In 1979, there were 57 voluntary organisations providing residential services (with capacity varying from six to 60 children); the majority were administered by faith-based organisations (e.g., Anglican Trust for Women and Children, Catholic Social Services, Presbyterian Social Services, Salvation Army Social Services) (Department of Social Welfare, 1979). Children could also be placed at home with their own families on a trial basis, or with relatives, while they were in the care of the DSW.

An overview of children’s placements into State Care is presented in the following table (Table 2.2)

The DSW 1979 annual report shows that approximately 80% of children in care (placement of children under the care and control of the Department) were living in the community (in foster homes, in family homes, with their own families or with relatives), whilst approximately 20% were in institutions (Mackay, 1981).

Table. 2.2. Placement types of children in State Care

Children who needed care and protection or were young offenders/ delinquents were placed in foster homes, with parents for a trial period, with relative or friends, on probation, or attending university or teachers’ college.

Children who needed mental health care or special education were placed in institutions, residences (family homes, boys’ and girls’ homes, reception centres, long-term training centres), private institutions/ voluntary agencies, Department of Education special schools, hospitals, psychiatric hospitals and psychopeadic hospitals, borstal, and detention centres.

### Instability of placements

Acknowledging the frequency with which children’s placements were likely to change over time is important when examining the data.

Mackay (1981) studied children placed into care in Aotearoa New Zealand in 1971. He found that each child had on average 6.5 placements over the five-year follow-up period. The high turnover rate was most evident in foster placements, on average a foster period lasted about nine months. Mackay (1981) noted in his research that home placements appeared to be the most frequently used placements. Sixty percent of the children were placed at home with their natural parents at some time during the five-year period. Fifty five percent of the children experienced foster placement, 40% experienced DSW family homes, and 50% experienced DSW girls' and boys' homes. Approximately a quarter of the children (24%) transited through the DSW long term training centres/national institutions, which were usually reserved for children considered to be difficult to manage in the community.

Similarly, research by Von Dadelszen (1987) demonstrates a large number of changes in placements for girls aged 15-16 years under the guardianship of the Director-General of Social Welfare in 1985. On average, the girls experienced 10 changes of caregivers/living situations and each girl experienced living with five distinct families. The maximum number of distinct families reported for any girl was 16. These included natural, extended and foster families as well as DSW family home foster parents. Most of the girls (79%) had experience of living in an institution at some time in their lives, with a maximum of seven institutions experienced by one girl. Thirty percent of the girls were placed in Weymouth and Kingslea girls’ homes. Fifty-six percent of the girls resided in boarding schools, hostels and other private institutions. Over half of the girls (58%) had stayed in a DSW regional or national institution at some time.

Foster homes were used mainly for long-term placements. Family homes and girls' and boys' homes were generally used for short-term stays. Table 2.3 presents MacKay’s data indicating the types of placements experienced by children in care. The first (short-term) placement and the first (long-term) placements arranged for children show a notable age differentiation.

Younger children were more likely to be placed in a foster home as their first long-term placement (85% of 0-3-year-olds and 71% of 4–9-year-olds, compared with only 25% of 10-17-year-olds). A DSW short-term institution was the first placement for 63% of older children (10-16 years). Twenty six percent of older children were placed in an institution for long-term placement (e.g. Kohitere or Kingslea described as training centres by DSW, but commonly referred to as detention centres by survivors).

This indicates that older children were more likely to be placed in institutionalised environments and younger children were more likely to be placed in foster homes. Corresponding figures specifically for Māori were not presented in the research report.

Research indicates that after the end of a five-year period (from the guardianship order in 1971), 46% of the children were still in care. Approximately 90% of children aged 2-9 years (at the time of the care order) were still in care five years later (Mackay, 1981).

Mackay (1981) found a large proportion of children progressed from the care of DSW to the care of the Justice Department (in custody, under supervision or on probation). Twenty percent of the children in the original sample (and 37% out of all children who were no longer in care five years from the care order in 1971) featured later in the justice system. The data for children aged 10-17 years, demonstrates that a larger proportion ended up in the judicial system. ‘These are sobering figures. A third of all children (32%) who came into care aged 10 or more, and 60% of all boys of this age, passed eventually into the hands of the Justice Department’ (p. 79).

Table 2.3. Types of placements experienced by children in care (Mackay, 1981)

* Children aged 10-17 statistics for their first placements were 63% DSW short term institutions, 15% foster home, 15% family home, 2% other institutions.
* Children aged 10-17 statistics for their first long-term placements were 26% DSW long-term institution, 25% foster home, 10% family home, 12% other institutions, 7% natural parents.
* Children aged 4-9 statistics for their first placements were 11% DSW short term institutions, 57% foster home, 20% family home, 9% other institutions.
* Children aged 4-9 statistics for their first long-term placements were 71% foster home, 11% other institutions, 7% natural parents.
* Children aged 0-3 statistics for their first placements were 4% DSW short term institutions, 79% foster home, 7% family home, 6% other institutions.
* Children aged 0-3 statistics for their first long-term placements were 85% foster home, 2% other institutions, 6% natural parents.
* Children of all ages statistics for their first placements were 42% DSW short term institutions, 35% foster home, 14% family home, 4% other institutions.
* Children of all ages statistics for their first long-term placements were 17% DSW long-term institution, 7% family home, 10% other institutions, 6% natural parents.

Note. Short-term = from two weeks up to three months; long term = three months or more.

### Children placed in State Care 1950 - 1999

There are several reports that have attempted to estimate how many children were placed in State Care during the period 1950 to 1999. The Report of the Committee to Review the Children's Health Camp Movement (Hancock, 1984) presented data for 1980[[5]](#footnote-6). The report notes that approximately 20,000 children lived away from their parents for one month or more each year and 11,555 of these lived away from their parents for longer than a year (p. 39). These children were in substitute care (defined as ‘looked after by other than biological parents, relatives or friends’) or in a range of facilities under ‘state oversight’. Facilities included family homes, hospitals, boarding schools and other institutions. The following table presents an overview of children in substitute care in 1980. The total data for ethnic groups was not provided. However, ethnic distribution for some categories was presented (see Table 2.11).

Table 2.4. Facilities and number of children in substitute care in 1980:

* 245 Family homes - 1,350 children involved: 55% boys, 45% girls
* 56 Foster home programmes (including boys/girls’ homes, training centres, hostels, and permanent Children’s Health Camps) – 3,120 children involved: 53% boys, 47% girls
* 77 Institutions – 2,900 children involved: 61% boys, 39% girls
* 15 Foster home programmes (including Special Children’s units) – 700 children involved
* 104 Boarding schools – 11,500 children involved: 64% boys, 36% girls
* Total number of children in substitute care – 19,570: 64% boys, 36% girls.

Source. Hancock (1984)

There are many inconsistencies in the collection of data relating to the number of children placed in State Care. Analysing data and sources available to him, Cohen (2011) uncovered a variation in estimates: ‘officially, 130,065 admissions were processed nationwide in the 40 years to 1990. Ministry of Social Development gives the number of individual admissions during the same period as 106,985’ (p. 268).

Similar estimates indicate that over 100,000 vulnerable children and adults were placed in children’s homes and mental health institutions between 1950s and 1980s (Human Rights Commission, 2017, Stanley, 2017).

MartinJenkins Ltd (2020) estimates larger cohorts of young people experiencing State Care. During 1950 and 1999, 67,566 individuals were estimated to be in youth justice and 163,000 in other social welfare care settings, a total of 178,443. Table 2.5 presents this data by decade.

While the MartinJenkins (2020) report received criticism in the media, the peer review by Barry and Campbell (2020) concluded that the methodologies applied for estimating the cohort size of people in care and number of survivors of abuse in care, were fit for purpose. However, they noted the impact of the lack of data on the level of confidence in the results and suggested the estimated numbers only be regarded as indicative of potential total cohort size in care. Acknowledging the data challenges faced by MartinJenkins, Barry and Campbell (2020) concluded:

There is inevitably a wide range of uncertainty around any estimates of the cohorts and of the numbers of survivors of abuse. Indeed the ‘true’ number of people in care and the number of survivors of abuse over the last seven decades may never be known with any degree of precision (p. 5).

The cohort size of Māori in care was not estimated in the Martin Jenkins report due to the scarcity of demographic information in the available data. Cook (2020) criticised the report, identifying the omission of Māori experiences in State Care as a huge failing. Cook’s (2020) criticisms of the draft report included:

Māori are not identified separately in the results of the calculations. Given the known disproportionate connection of Māori children with child welfare, as well as psychiatric institutions, the glossing over of these differences is a huge failing of the MJ report. The requirement for an ethnic analysis has not been attempted (L. Cook, personal communication, April 14, 2021).

Table 2.5. Cohort of people within Social Welfare care settings, 1950 to 1999 – a summary by decade

* Youth justice: 1950s 1,195; 1960s 5,248; 1970s 22,537; 1980s 24,843; 1990s 13,743; total 67,566
* Other state-wards: 1950s 16,068; 1960s 20,130; 1970s 33,277; 1980s 26,735; 1990s 14,667; total 110,877
* Total number of state-wards: 1950s 17,263; 1960s 25,377; 1970s 55,814; 1980s 51,578; 1990s 28,410; total 178,443.

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

As indicated earlier, there were challenges gathering ethnicity data for the research period, however all attempts were made to source literature (research and statistical reports) relating to the experiences of tamariki Māori and vulnerable adults within State Care. In the next section, the available literature containing statistics and discussions of the over- representation of tamariki Māori in State Care from 1950 to 1999 is summarised.

### Over-representation of tamariki Māori in Care and Protection/ Child Welfare

The data collation and literature scan regarding Māori over-representation in State Care included two main settings:

* Care and Protection/Social welfare
* Youth Justice/Borstals

Additional information was collated from available sources in educational care settings (special residential schools), health care settings (health camps) and mental health settings (psychopaedic or psychiatric institutions). Early statistics with total numbers of children in State Care (i.e. under the care and control of the DSW) were published in the DSW annual reports and/or Statistics New Zealand Annual yearbooks. However, these statistical overviews did not contain ethnicity data and references to the number of Māori children placed in State Care were sparsely referenced in the literature. For example, referring to unpublished statistics by DSW, Craig and Mills (1987) highlighted:

‘the Department of Social Welfare does not routinely collect information on the ethnicity of children taken into its care but in the year ended 31 December 1984, 51% of the 1,368 children coming into care of the Department of Social Welfare were Maori’ (p. 36).

Interestingly, ethnic breakdown was available primarily for Youth Justice related statistics. That ethnicity data was collected in justice indicates there was no reason why ethnicity could not have been collected by other government agencies. That the state determined it more important to collect ethnicity statistics in justice rather than in care settings is particularly concerning.

Several research reports published in the 1970s and 1980s discuss the ethnicity of the children placed under the guardianship of the Director-General of Social Welfare, providing some indication of the over-representation of Māori in State Care.

### Tamariki Māori in care - 1970s to 1980s

The Department of Social Welfare (DSW) undertook research on the characteristics and family backgrounds of children who came into the care of the DSW via a court order in the 1970s (Mackay, 1981). The research reviewed case histories of 654 children randomly selected from a national sample of 1175 children, placed under the guardianship of the Director-General of Social Welfare by the Children's Court in 1971. As described previously, these children were considered by the courts to be in need of care and protection or as displaying difficult or disturbed behaviour. After the care order, the placement trajectories of the children in the sample were followed up over a five-year period. District social workers collected and compiled the data after the five-year follow-up period between March 1977 and April 1978.

Table 2.6 presents the percentage of children in care in 1971 by ethnicity. While Mackay (1981) acknowledged the ethnic classification was not entirely identical to the census (although similar), he emphasised that ‘Maoris are overwhelmingly over-represented in our sample, comprising more than half of the children’ (p. 20).

The figures suggest that the proportion of Māori in State Care was four times higher than would be expected in relation to the overall NZ population.

At the time there was a notable over-representation of ex-nuptial children in the sample which was identified as a risk factor for coming into care. This tendency was more explicit for Māori children. Thirty percent of Māori children in the sample were born ‘out of wedlock’ in comparison to 18% of European children. Explanations of differential treatment for wāhine Māori in the State Care system are explored in chapter three. It is likely the social stigma of illegitimacy at the time, the lack of support for single mothers by the state, and the impact of urbanisation on whānau structures meant these mothers were vulnerable to state welfare surveillance at the time.

Table 2.6. Ethnic origin of the children aged 0-14 years old in care by guardianship order in 1971

The number of children in the study was 654. Of those children, 39.0% were European, 53.1% were Māori or part-Māori, 3.7% Pacific Island Polynesian, and 4.3% other ethnic group. This was compared to the percentage of children aged 0-14 years old in the 1971 census which reported 80.9% as European, Māori and part-Māori 12.3%, Pacific Island Polynesian 2.4%, and other ethnic groups 3.4%.

The report highlights the high prevalence for a child’s or family’s previous history to be noted with official agencies. For example, 94% of the children or their families had come to the notice of official agencies prior to the occasion which resulted in the care order. It appears that European children were more likely than non-European children to have come to authorities’ notice for misbehaviour and inadequate home conditions. However non- European children came more frequently to official attention for offending prior to the care order (see details in Table 2.7).

Mackay assessed the reasons for courts’ decisions to take a child into care (in 1971) based on the child’s files. Three outcome categories were identified: offending by the child, misbehaviour by the child, and inadequate conditions in the child's home. It is important to note that while courts would have considered the child’s previous history at the time, this may not have been available or compiled with the level of detail reported in the research project.

The results parallel the previous history of official contacts prior to the current care order in table 2.8.

Children of non-European ethnic origin were also more likely than European children to be taken into care on account of offending behaviour. This is in keeping with the higher levels of offending among non-European children observed prior to the care order (Mackay, 1981, p. 56).

This indicates the most likely pathway into care for Māori children was via the justice system. Racism in the police and differential treatment through the justice system for Māori youth is well documented in the literature (Workman, 2016). This is explored further in chapter three.

Table 2.7. Proportion of children who had come to official notice prior to the care order by ethnicity

There were a total of 255 European and 399 non-European children.

* For offending: 32% European, 47% non-European
* For misbehaviour: 43% European, 34% non-European
* For inadequate home conditions: 74% European, 65% non-European

Note. ‘Non-European’ was used in the original reporting of this data (Mackay, 1981, pp. 43-47).

Table 2.8. Overall reason for the care order in 1971 by ethnic origin

There were a total of 255 European and 347 non-European children.

* For offending: 21% European, 37% non-European
* For misbehaviour: 22% European, 18% non-European
* For home conditions: 58% European, 45% non-European

Note. ‘Non-European’ was used in the original reporting of this data (Mackay, 1981, pp. 43-47).

### Placement in the Intensive Foster Care Scheme (IFCS)

Subsequent research and evaluation conducted by the DSW, examined the outcomes of the Intensive Foster Care Scheme (IFCS or the scheme) initiated by the DSW and New Zealand Foster Care Federation in 1979 (Mackay, 1988; MacKay, McArthur & Von Dadelszen, 1983; Von Dadelszen, Whitney & Walker, 1988; Whitney, Walker & Von Dadelszen, 1988).

The scheme was a four-year social work programme piloted in Auckland and Christchurch with the aim of providing enhanced foster placements for those children defined as difficult, who would not normally be eligible for foster care. Differences between the scheme and traditional foster care included: foster parents were expected to have particular characteristics to be able to cope with children described as more ‘difficult’ or ‘demanding’, they were expected to undertake training before the start of the placement and participate in regular support group meetings during the fostering. Additionally, they were paid higher board rates (double the standard rate) and a one-off payment prior the placement (MacKay et al., 1983, p. 2).

Mackay (1988) examined the ethnicity of the children in different types of DSW care. For comparative purposes, information was collected for a sample of children in other placements commonly used by the DSW for similar age groups (7 to 14 years) while the scheme was operating. These placements were:

* conventional foster placements (CF)
* family home placements (FH)
* home placements (HP)
* placements in national institutions (NI)

Comparable information was collected about the children placed in:

* the intensive foster care scheme (IFCS) itself.

**Table 2.9. Ethnic distribution within DSW placements**

* With the exception of the intensive foster care scheme, Auckland placements were characterised by a higher proportion of Māori children. Christchurch placements had more European children.
* The most marked ethnic differences in the Auckland sample appeared for the placements in national institutions (62% Māori versus 19% European), conventional foster care (61% Māori versus 28% European) and departmental family home (52% Māori versus 34% European).
* Mackay (1988) noted this would be expected due to the ethnicity of population of the two cities, with many more Māori/part Māori and Pacific Island children in Auckland. Nationally, around 12.5% of the age group 5 to 12 years was Māori in the 1981 census (Hancock, 1984).

Source: Mackay (1988). IFCS placements in Auckland were between November 1979 and June 1983, and in Christchurch between May 1980 and March 1985. Other placements in Auckland ranged between April 1982 and Oct 1983, and in Christchurch between April 1982 and July 1984.

However, despite a higher concentration of Māori and Pacific populations in Auckland, IFCS was used most often for Pākehā/European children. The Auckland and Christchurch samples together show nearly three-quarters of children in the scheme were Pākehā/European (70%).

Table 2.10. Foster parents' preferences as to the ethnic ‘origin’ of the child

Foster parent questionnaires reveal that most of the foster parents recruited in the IFCS scheme were Pākehā (95%). This was a higher proportion than Pākehā parents in conventional foster placements (79%) (MacKay et al., 1983). In other words, conventional foster placements had more parents of Māori or Pacific Island background than the scheme placements. There were no noticeable differences in the age of foster parents across both groups (average age about 40 years old).

Foster parents, both in the scheme and in conventional foster care, expressed no preferences concerning the sex of a foster child. However, there were notable differences in preferences with respect to the ethnicity of the child. There was a stark difference between the preference for European versus Māori children among the IFCS scheme foster parents (38% versus 11%) than among conventional foster care parents (13% versus 10%). 77% of the conventional foster care parents did not have an ethnicity preference for the child, compared to 57% of the scheme foster parents. More than a quarter of the scheme parents preferred to foster only Pākehā children.

Source: MacKay et al. (1983, p. 68)

The interim report on the scheme (MacKay et al., 1983) reveals social workers’ conclusions that ‘this type of fostering was not generally suitable for Māori or Polynesian children, as it was primarily a middle-class Pākehā scheme’ (p. 132). Whilst the recruitment procedure of foster families was not entirely clear from the reports, it was noted that social workers made the final decision about which foster families to accept.

None of the reports covering the scheme offered explanation for the low numbers of Māori children in intensive foster care or why Māori foster families were not recruited for the scheme. Cultural training did not appear to be part of the preparation. The foster parents’ questionnaires included questions to assess skills, confidence and knowledge about dealing with children’s behavioural and developmental issues as a result of the training; however, cultural skills or knowledge were not evident. This supports other findings that placement assessments were monocultural and dominated by Euro-centric social work practices (see chapter seven).

Pākehā children were targeted for the Intensive Foster Care Scheme (IFCS) which included better training and payment for foster parents. It would be expected that all ethnic groups would be considered equitably within the programme’s aims: ‘the scheme was aimed at a target group of ‘severely disturbed’ children who would not normally be candidates for fostering in that they ‘require more care than is currently available and who would normally be placed in institutions’ (Mackay, 1988, p. 1). However, the data clearly shows that Māori did not receive similar access to IFCS and that such schemes were not designed for Māori foster parents, or Māori tamariki.

The data from studies by MacKay and colleagues (1983) demonstrates that Māori children were more likely to be placed in residential care or conventional foster care and less likely to receive intensive support. Furthermore, they were more likely to be discriminated against in placement. This data, in line with other findings, demonstrates Māori were over- represented in State Care institutions other than IFCS.

As mentioned previously, the Report of the Committee to Review the Children's Health Camp Movement (Hancock, 1984) published national ethnicity data for children in substitute care (defined as ‘looked after by other than biological parents, relatives or friends) in 1980[[6]](#footnote-7). The data is presented in table 2.11.

Table 2.11. Ethnic background of children in substitute care, 1980

* In institutions: European 68%, Māori 28%, Pacific Islander 3%, other 1%
* In family homes: European 71%, Māori 24%, Pacific Islander 4% other 1%
* In foster homes: European 72%, Māori 15%, Pacific Islander 11%, other 1%

Source. Hancock (1984).

This data indicates that Māori were proportionally placed in institutions (28%), followed by family homes (24%) and then foster homes (15%). The 1981 census showed that around 12.5% of the age group five to 12 years was Māori (Hancock, 1984), suggesting an over-representation of tamariki Māori in these placements.

The data indicates that Māori were more likely to be placed in more restrictive institutional environments, and European and Pacific children were more likely to end up in foster placements.

Von Dadelszen (1987) conducted research on behalf of the DSW of 15–16-year-old girls living in five main urban areas (Auckland, Hamilton, Wellington, Christchurch, and Dunedin). The girls were under the guardianship of the Director-General of Social Welfare in 1985. Of the 239 girls in the study, 37% were Pākehā, 51% were Māori and 12% were from other ethnic groups (primarily of Pacific Island origin). This data indicates Māori girls were significantly over-represented. While the ethnic breakdown per placement was not reported, at the time of the study 25% of the girls lived at home, 35% in private foster homes, 8% were placed in DSW family homes, and 20% were residing in institutions (boarding school or hostel, DSW regional or national institutions, private institutions and psychiatric hospitals).

The targeting and consequent over-representation of wāhine Māori in the State Care system supports evidence of racism through the assimilationist policies of the settler state that impacted wāhine Māori (Mikare, 1994).

The next section explores the ethnic composition of residential institutions administered by the DSW.

### Over-representation in residential institutions

Residential institutions comprised a much smaller proportion of all children in care than foster care placements, (e.g., 29% of all state wards were in institutions in 1972; 20% in 1979). The Human Rights Commission (1992) noted, ‘Department of Social Welfare operates residences for young people ‘experiencing emotional difficulties or who are difficult to manage or whose offending cannot be managed with less intrusive controls’ (p. 4).

Craig and Mills (1987) noted that older children were more likely to be placed in institutions. For instance, in 1984, 22% of 9-year-old State Wards were placed in residential institutions, the proportion increased to 47% for 14-year-olds. As children aged, issues related to care and control became more visible and there were fewer foster placements available, which increased the likelihood of institutional placements for older children (Craig & Mills, 1987).

The number of residences increased in response to a growing number of state wards and young people on remand from the 1960s until the late 1970s. Stanley (2016) asserts the increased institutionalisation and harsh environments were a product of the highly punitive political climate when ‘there was a real moral panic about youth delinquents’ (p. 51). This is discussed further in chapter seven.

In 1948, the Child Welfare Division administrated 17 residential institutions; in 1972 there were 20, including five for long-term residences (Dalley, 1998).

The Education Department’s special schools, Campbell Park, Otekaike (until 1987) for boys, and Salisbury in Nelson for girls in need of specialist care, were also used by Social Welfare. Gradually more institutions were established, mainly assessment and short-term remand facilities. By early 1980 there were 26 institutions run by the Department of Social Welfare (Dalley, 1998). However, by 1989 only nine institutions were still operating (Parker, 2006). In 1992, there were four residences remaining: in Auckland (Weymouth), Wellington (Epuni), Christchurch (Kingslea) and Dunedin (Elliot Street) (Human Rights Commission, 1992).

The data kept by residential institutions varied greatly across settings. In many cases there is no available ethnicity data for the children in residence, particularly prior to the 1980s. This research reviews the available literature providing information on the ethnicity of children kept in national institutions/ long-term training centres’ residents.

#### Social Welfare Residential Care 1950- 1994 Report

Compiled by Wendy Parker (2006a, 2006b, 2006c), this report profiled 14 out of 26 social welfare residential institutions as well as Campbell Park which was administered by the Department of Education.[[7]](#footnote-8) The ethnicity of the residents was summarised for most of the residences; however, the presentation of data by ethnic groups and years varied between the residences. It is likely the summary was influenced by inconsistent reporting of data in the original reports (mostly annual reports of the residences). While some institutions’ statistics on Māori residents was provided from the 1960s (the only statistics from the 1950s related to Fareham House which was known to be 100% Māori until the mid-1960s), other institutions only reported this information from the 1980s.

Ethnicity profiles of Social Welfare Residential Institutions (divided by national institutions and district institutions) collated from Parker’s (2006b, 2006c) reports are provided in Figure 2.1.

The precent of Māori children in Girl’s Homes and Boy’s Homes from the 1950s –1990s. 
The five national institutions for boys were Holdsworth, Kohitere, Hokio Beach, Campbell Park, and Weymouth. The two national institutions for girls were Fareham House and Kingslea. 
Eight were district institutions, six for boys Owairaka, Wesleydale, Hamilton, Epuni, Christchurch, Dunedin and two for girls Allendale and Miramar. 
Eleven homes were in the North Island and four homes were in the South Island: Campbell Park, Kingslea, Christchurch and Dunedin. 
Overwhelmingly, Māori were over-represented in residential institutions in every home where ethnic information was gathered. Only two homes had fewer than 50 percent Māori residents, Dunedin 14 percent and Christchurch with 30 percent of residents recorded as Māori. All of the rest of the homes that recorded ethnicity were over 50 percent Māori, with four homes recording over 75 percent of their residents as being Māori, Hokio Beach, Weymouth, Fareham House, and Hamilton.
Figure 2.1. Proportion of Māori residents in residential institutions collated from Parker’s (2006) reports

There was an overall tendency for Māori children to be over-represented in these institutions. Parker (2006a) emphasised ‘a rise in numbers of Māori children from the late-1960s and throughout the 1970s in North Island residences’ (p. 52). In contrast, Dunedin showed a decline in the number of Māori children in care during the first half of the 1980s, from 39% to 14%.

There is insufficient evidence to draw conclusions from the data regarding variations in the number of Māori children in South Island institutions. However, residential records from Campbell Park indicate concern from the Auckland Committee on Racism and Discrimination (ACORD) regarding the conditions for Māori (see chapter seven).

Ethnicity data is particularly scant between 1950s and 1960s. From the information available, the proportion of Māori in State Care appears to have increased significantly in the 1960s and stayed relatively high. Figures presented to the Human Rights Commission investigation in 1982 by the principal of Owairaka Boys’ Home, Mr Arthur Ricketts, illustrate the changes in the resident numbers and dynamics over a 20-year period.

Table 2.12. Owairaka Boy’s Home figures

The ethnic composition of the residents had almost reversed from 1959 to 1969. In 1959, 75% of residents were European and 25% Māori. In 1969, 30% were European and 70% Polynesian. By 1978, 80% of children residing in Owairaka Boys’ Home were Māori or Polynesian and 20% were European.

Source: Human Rights Commission (1982). ¹ The principal stressed that with a re-admission rate of 210 in 1971-1978, over one third of the admissions had previously been in residence (about half of them had been in residence three or more times). On 6 April 1978 when the above ﬁgures were extracted, there were 52 boys in residence at Owairaka. Of the 52 residents, half were re-admissions.² In 1976, Wesleydale started to take 10-13 age group.

#### ACORD (1978) and WARAG Report (1985)

The 1978 inquiry conducted by ACORD, Nga Tamatoa and Arohanui (1979) into social welfare children’s homes emphasised the large percentage of Māori in welfare homes. The reported identified these rates were not only disproportionate to the Māori population, but also to the staff in the institution. ‘In most of the homes, Maori and Pacific Islanders comprise 70-80% or more of the inmate population. In stark contrast, Maoris comprise 1-5% of the Administrative/Managerial Staff of these institutions’ (ACORD, 1979, p. 2).

Similarly, Dalley (1998) noted:

[The] residential population was similar in broad outline to those appearing before court: it was predominantly male and disproportionately Māori. Auckland’s Cornwall Park Reception Centre noted that two-thirds of its admissions in 1981 were Māori or Pacific Island children; Hokio had similar proportion, and staff at Weymouth recall an even higher non-Pākeha representation among the girls there (p. 293).

The 1985 report by the Women Against Racism Action Group (WARAG), provided a snapshot of the ethnic composition of the children in residential institutions in Auckland and contrasted this with the ethnic distribution of staff.

Table 2.13. Toe ethnic composition of the children and staff in six departmental institutions in Auckland, 1983

In 1983, the proportion of Māori young people residing in six Auckland departmental institutions was 62% (ranging from 44% to 64%). While only 22% were Pākehā children, 71% of the staff in these institutions were Pākehā. The authors point to ‘a gross imbalance in the ethnic composition of the children in relation to the staff’ (Department of Social Welfare, 1985, p. 14).

Source: Department of Social Welfare (1985).

The New Zealand Official Yearbook 1988-1989 (Department of Statistics, 1989) noted a new commitment to move away from institutional care towards community care of children and young persons following a 1986 review of Department of Social Welfare residential services.

Fulcher and Ainsworth (1994) noted that increasing disillusionment with institutional solutions to social problems in Western countries was leading to new policy directions including moving towards de-institutionalisation and community care across social service spheres. The authors note several factors that had a significant impact on the development of child and youth care services in New Zealand in the 1990s. These included practice ideologies (originating from the United States) such as normalisation and mainstreaming (in special education); de-institutionalisation (in mental health); the use of least restrictive environment, diversion and minimal intervention (in criminal justice); coupled with the economic and social reforms from the 1980s.

With the changes in DSW policies and legislation through the Children, Young Persons and Their Families Act 1989 (renamed in 2017 to Oranga Tamariki Act), a stronger emphasis was given to the placement of children with their whānau or in the community. The overall numbers of children placed in residential institutions significantly reduced. However, the proportion of Māori children admitted to state residences remained staggeringly high.

The Human Rights Commission (1992, p. 6) reported that in January 1992, there were 79 children and young people in four Department of Social Welfare residences. Children and young people of Māori and Pacific Island descent were over-represented, when compared with what would be expected from the general population (of under 17-year-olds, 24% were Māori in 1996 Census): 37% Pākehā, 15% Māori/Pākehā, 33% Māori, 15% Pacific Islanders.

The majority of these children and young persons (78%) were referred through Youth Justice and 22% were ‘in need of Care and Protection’.

Māori over-representation is also apparent in the occupancy of Child, Youth and Family (CYF) residences for later periods. This is reported in written Parliamentary Questions (1 September 2004). On 23 August 2000, there were 87 children and young persons placed in five CYF residences, 39% were New Zealand European/Pākehā, 39% were Māori, 7% were Pacific and 15% were unknown.

The review of available data indicates the proportion of Māori children and young persons in DSW institutions was highest around the 1970s and the early 1980s, reaching up to 80% in some institutions. While the extent of disproportionality has decreased since the year 2000, Māori children continue to be over-represented in residential institutions on a per population basis. The factors contributing to Māori over-representation in the State Care system are discussed further in chapter three.

### Evidence from cohort studies

This section presents data from cohort studies that have been undertaken within the research period.

#### The Christchurch Health and Development Study (CHDS)

This study followed a cohort of 1265 children born in Christchurch urban areas in mid-1977 from birth to age 40-years. The study represents only one geographical area, which is known for its relatively small Māori population. This limits the conclusions that can be drawn nationally about the extent of Māori children in State Care. The percentage of Māori in the CHDS cohort at birth was nearly identical to the New Zealand population percentage of Māori quoted in the census statistics at the time (J. Horwood, personal communication, May 20, 2021). The study is valuable as it details the proportion of children from the cohort, including tamariki Māori, who were placed in care. The project identified three definitions of care which were combined into the category ‘any care’:

* Institutional care – short or long-term admission to state residential facilities for child behavioural or protection issues, as well as long-term institutional care for severe neurosensory disability.
* Foster care – children being placed with foster parents by state or other social service organisations on a short or long-term basis as a result of care/protection issues arising within the family.
* Respite care – short-term placement in health camp, Cholmondeley Children’s Home or related facility.

The data provided by the project researcher Professor John Horwood (2021) is based on a sample of 1036 children, of which 11% were Māori, 3% Pacific Island and 86% European/other children.[[8]](#footnote-9)

Table 2.14. Christchurch born children in care by ethnicity and gender

* The CHDS results presented in Table 2.14 demonstrate that out of the total study sample, 7% of the children were placed in State Care or equivalent by the age of 16.
* Horwood (2021) commented that sample attrition (16% loss from the original cohort) had a modest association with socioeconomic disadvantage (lower maternal education, lower socioeconomic status family, single parent family), which may have resulted in a slight underestimate of the true incidence of children in care from the full cohort.
* While there were no gender differences in the proportion of children in care (7% for both girls and boys), there were notable ethnic differences. The proportion of children in care was nearly 2.5 times higher for Māori children (15.5%) than for European children (6.3%).

Source: Data provided by Horwood (2021).

#### Other Cohort Studies

Drawing from analyses of a 1993 birth cohort in ‘Children’s Contact with MSD Services’ (MSD, 2012) the Modernising Child, Youth and Family Expert Panel (2016) identified that two in 10 children and young people were known to CYF by age 17, either through care and protection or youth justice referral. Approximately six out of 10 children in the study, who might have been considered vulnerable[[9]](#footnote-10) at some point during their childhood, were likely to be Māori (Modernising Child, Youth and Family Expert Panel, 2016).

A recent study of a 1998 birth cohort of 56,904 children in New Zealand where 59% were classified as European, 23% as Māori, 10% as Pacific Islander, 7% as Asian, and 1% as other also indicated over representation. The study indicates that by the age of 18, Māori children were 3.5 times more likely to experience out of home placement than European children (Rouland, Vaithianathan, Wilson, & Putnam- Hornstein, 2019). The results demonstrated that 7% of Māori children in the cohort had been placed in out-of-home care (with kin, foster parents or in a residential facility) by the age 18, compared to 2% of European children.

Across these cohort studies, Māori children were more likely to be over-represented in groups identified as vulnerable and to be placed in out of home care.

The department had a focus, if you like, on investigation and assessments, and some sort of plan as a result of that. And it was really quite forensically focused, I think, during my time. And didn't really involve families as they should have been, as they could've and certainly not a wider whānau, iwi, hapū. Stop investigating and assessing people, and gathering information on people, and coordinating services that don't exist. Just help them.”

– Don Sorrenson, Māori social worker

### Reports of abuse and neglect

Kaiwai et al. (2020a) note that child abuse became the focus for social workers dealing with children and young people during the 60s and 70s. This contributed to large numbers of children being admitted into state custody. Investigations involving abuse and neglect commonly resulted in children being removed from their whānau and placed in State Care. Cockburn (1994) wrote that ‘child protection legislation in the English-speaking world has, in the main, sought to protect children from neglectful, harming and abusing parents, and has given the state and its agencies statutory power to intervene in families’ (p. 87).

The increase in awareness of child sexual abuse since 1978 resulted in increasing investigations. In 1987 the DSW conducted research into the sexual abuse of girls in the care of the DSW (Von Dadelszen, 1987). This study noted:

‘there was insufficient information on the problem of sexual abuse generally, and that social workers had been provided with insufficient training and preparation to allow them to deal with confidence with abuse cases that ended up on their caseloads’ (p. 20).

The analysis showed that 54% of the total sample (239 girls) had experienced sexual abuse (defined as involuntary negatively viewed genital contact). There was a staggeringly high incidence of sexual abuse (80%) disclosed by girls who had resided in DSW institutions. Von Dadelszen (1987) noted that ‘no systematic information had previously been collected on the sexual abuse of Māori girls and this study made some attempt to ascertain whether there were any differences between the Māori and Pākehā girls’ experiences’ (p. 83). While Māori girls were over-represented in the sample (51%), there were no significant differences in the incidence of sexual abuse between Māori (58%) and Pākehā (55%) girls.

The report established that 42% of the abuse occurred prior to the girls coming under the guardianship of the Director-General of Social Welfare, 40% began after guardianship, and 10% began in the same year as guardianship. Von Dadelszen (1987) emphasised the substantial amount of sexual abuse that occurred while the girls were in State Care, stating ‘coming under the care of the Department of Social Welfare does not ensure safety from sexual abuse’ (p. 152).

Von Dadelszen (1987) noted that 11% of girls indicated that someone in their foster family was the perpetrator of abuse. Five of the recommendations made in the report related directly to preventing and dealing with sexual abuse in foster families.

For a substantial number of girls under guardianship, there was no experience of sexual abuse recorded on their files or known to their social workers. Less than half of the girls (47%) who reported abuse at the interview had abuse recorded on departmental files and/or known to their social workers. Only 8% of the girls came into care with sexual abuse recorded as a reason for their guardianship order being made. The majority of the girls (59%) were placed under guardianship because of their home conditions, followed by offending or misbehaviour (39%). Only a quarter of both Māori (25%) and Pākehā (23%) girls told a social worker about the abuse. Māori girls (95%) reported more positive reaction by their social worker than Pākehā girls (57%). The social workers reactions were interpreted as expressions of disbelief when sexual abuse was reported by Pākehā girls (Von Dadelszen, 1987).

The Christchurch Health and Development Study (CHDS) analysed data from 1036 children born in Christchurch in mid-1977. The analysis identified a history of child abuse (sexual, physical) among the study sample which was broken down by experience of care (including institutional, foster and respite care)[[10]](#footnote-11). Both Māori and European, children ‘in care’ were more likely to have a history of physical and sexual abuse than children ‘never in care’.[[11]](#footnote-12)

Figure 2.2 demonstrates the difference between children ‘in care’ and ‘never in care’ appeared more profound with ‘severe sexual abuse’ (defined by the researchers as attempted/completed penetration) at 17% versus 3% for Māori, and 23% versus 5% for European children. A slightly smaller contrast between children ‘in care’ and ‘never in care’ appeared with ‘frequent, severe or harsh’ physical punishment - 22% versus 10% for Māori, and 18% versus 5% for European children.

While the percentages of exposure to sexual and physical abuse for Māori and European children with care experience appear different, ethnic differences were not significant (p > 0.5 on the Chi test). These results suggest that experience of sexual abuse and physical punishment may have been factors influencing out-of-home care decisions for both Māori and European children. However, limited data availability does not allow us to explore other potential factors to explain why children with experience of care was approximately 2.5 times higher for Māori than for European children in the cohort. Pacific children’s exposure to physical and sexual abuse appeared to be unrelated to care experiences. Whilst Pacific Island children had the highest share of sexual and physical abuse, there was just one child with history of care in the sample (1/28, i.e., 3.6%).

Caution needs to be exercised in interpreting these findings as the proportions are calculated from a small sample number (i.e., 18 Māori and 56 European children in care). However, they do provide an indication of tendencies.

Figure 2.2. Christchurch Health and Development Study, sexual and physical abuse, children in care and ethnicity

This graph is in two parts. One part presents percentage of Māori, European and Pacific Island children’s experiences of childhood sexual abuse grouped by the care experience: ever in care, never in care, and all. Childhood is defined as under 16 years of age.
Childhood sexual abuse has 3 categories: No abuse, abuse not involving attempted/ completed sexual penetration, and attempted/ completed sexual penetration. 
The other part of the graph presents percent of Māori, European and Pacific Island children’s experiences of childhood physical punishment/ abuse grouped by the care experience: ever in care, never in care, and all.
Childhood physical punishment/abuse has 3 categories: never/rare, regular, and frequent/ severe/ harsh.
A full description of the data shown in both graphs in figure 2.2 is on pages 105 to 106.


#### The Children, Young Persons and their Families Act 1989

Under The Children, Young Persons and their Families Act 1989 notifications of children at risk due to abuse, neglect or misbehaviours were recorded by the New Zealand Children and Young Persons Service. As Ernst (1999) noted, ‘removal of a child should occur only in cases of serious risk or harm’ (p. 166). Social workers determined the level of ‘risk or harm’ for the child in care and protection (or CYF) notifications. They had the authority to determine if and what further action was required for notifications of ‘abuse and neglect’. Notifications could be received from a variety of sources including members of the public, family or whānau, the police, schools, health professionals, or other government or community agencies. If the subsequent investigation concluded abuse was found to have occurred this would be categorised by abuse type (physical abuse, sexual abuse, emotional abuse, neglect, self-harm behaviours, problem behaviour/relationship difficulty). These risk assessments were steps towards decisions of removal of a child. As noted in chapter seven, both social work practice and risk assessment tools were drawn from Eurocentric theories and practice, with some adaptations for cultural considerations.

The ethnicity of children who were affected by, or subject to, a care and protection notification was not reported in statistical reports during the research period. Very few references to ethnicity could be found in statistical reports. In 2000, the Care and Protection, Youth Justice, Residential and Adoptions Services (CYRAS) case management system was implemented to record personal data, actions, information and responses.

However, the ethnic composition of notifications for care and protection was available for the year ending 30 June 1992 (Robertson & Maxwell, 1996). In addition, ethnicity data for notifications obtained from March to May 1993 was available in a study that used the Children and Young Persons Service computer information system (CYPS the predecessor of CYRAS), which was operating between 1990 and July 1994 (Robertson & Maxwell, 1996). Care and protection notifications, by ethnicity where it was known, is presented in table 2.15.

Table 2.15. Care and Protection notifications by ethnicity

* Year ended June 1992: European 47%, Māori or Māori/European 41%, Pacific Island 9%, other 3%
* March-May 1993: European 46%, Māori or Māori/European 43%, Pacific Island 8%, other 3%

Source: Robertson and Maxwell (1996)

The results between these two different data sources demonstrate similar patterns, compared to population estimates, Māori were over-represented among children officially notified for care and protection reasons. However, there are limitations with this data. Firstly, in 36% of all notifications in 1992, ethnicity was either unknown or not stated and it was unclear how ethnicity was determined. As the notifications were not based on individual clients, re-notifications (e.g. the same person being notified more than once) may have been more common for some ethnic groups potentially inflating their proportion in the sample. Secondly, 23% of the cases in the 1993 sample were classified as ‘unknown ethnicity’, however unlike the 1992 reports, this sample was based on distinct cases rather than on total notifications or counts of actions.

Robertson and Maxwell (1996) recommended that clear distinctions should be made between allegations and substantiated cases in care and protection notification. From the late 1990s these distinctions started to appear in published literature on statistical research showing the ethnicity of children notified to be at risk or in need of care and protection.

Keddell, Davie and Barson (2019) acknowledge the variability in child welfare decision-making is influenced by subjective interpretations, organisational culture and systemic resources. They emphasise that substantiation decisions determine the subsequent intervention. ‘Substantiations are when, after an initial notification, child protection staff conduct a risk and safety screen and make a decision that abuse has occurred’ (p. 3). Concerns regarding substantiation through risk assessment scaling and social worker cultural incompetency/ racial bias has been noted in chapter seven.

Based on the Department of Child, Youth and Family Services (CYFS) statistics, during the year 1999/2000, an investigation of abuse and neglect notifications resulted in the assessment of ‘substantiated’ abuse and neglect among 45% of Māori, 35% European and 11% of Pacific children and young people. Māori represented 43% of all children and young people in care (0-16) for that year, showing a significant over-representation for their ethnic group (Ministry of Health, 2001).

The ‘Children and Young People: Indicators of Wellbeing in New Zealand’ report by Ministry of Social Development (2004) shows the rate of substantiated cases of child abuse (physically, emotionally, sexually) or neglect from 1998 to 2000 following a notification to CYFS. The rates ranged from 12.3 to 13.4 for Māori and 5.0 to 5.3 for non- Māori (as a proportion, per 1,000, of all children under 17-years of age.

This data demonstrates that Māori children were 2.5 times more likely than non-Māori children to be assessed by CYFS as abused or neglected. This data needs to be read in conjunction with other aspects of the report that provide evidence of staff unconscious bias, institutional racism, and the use of Eurocentric assessment protocols, including risk estimation systems introduced in the 1990s (discussed in chapter seven). These factors contributed to hyper-vigilance in the system, increased surveillance of Māori and likely over reporting.

Table 2.16. Substantiated cases of child abuse or neglect, Māori and non-Māori, 1998-2000, rate per 1,000 children aged 0-16

A study within New Zealand of the 1998 birth cohort (Rouland et al., 2019) reported the highest rates of care and protection notifications and substantiated findings of abuse for Māori than any other ethnic group. By the age of 18, 42% of Māori and 17% of European children in the cohort had received care and protection notifications. One in five (20%) Māori children had a finding of substantiated abuse (including neglect, physical, sexual or emotional abuse), compared with one in 16 (6%) of European children.

Source: CYRAS (Ministry of Social Development, 2004, p. 47)

### Tamariki in Care after the 1989 Act

The Department of Social Welfare (DSW) published statistical information reports on Children, Young Persons and Their Families Service (CYFS) up until 1998. These reports did not include ethnicity data. Researchers have noted the difficulty in finding ethnicity data for children in care during the 1990s (e.g. Cook, 2020).

Official Information Act requests[[12]](#footnote-13) demonstrate the substantial public interest relating to care and protection issues. However, ethnicity data requests for children in care prior to 2010 is refused due to the data not being held or requiring substantial work to compile the information, which would not be in ‘public interest’ to pursue. For example, the Oranga Tamariki response (15 October 2018) to an Official Information Act request concerning the historical data on admissions to state residencies by ethnic groups stated:

Prior to 1991 ethnicity data was not recorded in any format by our predecessor therefore your request for ethnicity data on admissions to Care and Protection and Youth Justice residences between 1980-1991 is refused under section 18(g)(i) of the Act as the information is not held by our department, nor do we believe the information requested is held by another department.

From 1991 until 2010 all admissions into Care and Protection and Youth Justice residences were recorded in manual spread sheets. Information about ethnicity was captured in individual case files and was not centrally recorded. As such, your request for ethnicity data on admissions into Care and Protection and Youth Justice residences between 1919-2010 is refused under section 18(f) of the Act as in order for us to compile the information necessary for response would require a manual review of every individual case file. I have considered imposing a charge or extending the timeframe; however I do not believe either would enable a response and the greater public interest in staff being available to support tamariki.[[13]](#footnote-14)

The ethnicity of children in State Care has been a topic of inquiry at the Waitangi Tribunal (Wai 2615, the Māori Children placed in State Care claim; Wai 2915, the Oranga Tamariki Urgent Inquiry). The Waitangi Tribunal requested information from the Crown regarding the number of tamariki Māori in State Care from 1989 onwards (e.g., Wai 2915, #A22(a), #2.5.7).

The responses to date have included explanations about the limitations of data availability and reliability prior to 2000. An assessment of the possibilities to extract reliable pre-2000 ethnicity-related data was undertaken (e.g., Copeland, 2020; Lambert, 2019). To the best of our knowledge, results of this assessment have not yet been published.

Robertson and Maxwell (1996) discuss the problems related to data from the early electronic data management systems used by CYPS. In addition to challenges associated with reliability of data due to variability in recording practice, the authors argued that the computer information systems, intended as case management tools, were not designed to monitor the experiences of children and families coming to the attention of the CYPS. While ethnicity data may have been held within individual case files, it could not be collated across the management system for reporting purposes.

Robertson and Maxwell (1996) conclude that ‘specific research studies may be required from time to time to obtain the information necessary to monitor the operation and effectiveness of Children and Young Persons Service intervention’ (p. 16).

As mentioned previously, this research has revealed a dearth of research showing ethnicity data for children affected by the Care and Protection services in the 1990s including a significant data gap for mid-1990s. Statistical reporting from 1990 reflected the changes in procedures relating to care and protection and youth justice initiated by the 1989 Act. Care and Protection Family Group Conferences and Youth Justice Family Group conferences were established to reach agreements with whānau without needing to proceed to court.

Table 2.17. Ethnicity of children for whom Family Group Conferences (FGC) were held in 1990

The report, ‘Statistics on the First Year’ since the 1989 Act, produced by Maxwell and Robertson (1991) demonstrated that Māori were over-represented in all Family Group Conferences (FGC). 38% of Care and protection family group conferences were for Māori children, and 53% of youth justice family group conferences were Māori children. The proportion Māori children under the age of 17-year-olds, in the general population were 24% Māori, 1996 Census.

Source: Maxwell and Robertson (1991)

There were notable regional variations for Youth Justice conferences involving Māori young persons, ranging from 32% in the Southern region, to 72% in the Western (i.e., Waikato, Bay of Plenty and Taranaki). In the Northern region, while 49% of Youth Justice conferences involved Māori, there was also a relatively high proportion of Pacific young persons (19%) in comparison to other regions 2%-8%).

The Social Environment Scan by the DSW (1999) highlighted:

Māori children and youth are highly over- represented among the clients of the Children, Young Persons and Their Families Service. While Māori made up 24 percent of children at the 1996 Census, they made up 42 percent of care and protection cases and 53 percent of youth justice cases that came to the attention of the Children, Young Persons and Their Families Service in the year to June 1998 (Department of Social Welfare, 1999, pp. 52-53).

Table 2.18. Children and young people in care 1999 and 2000, by ethnicity

In a written reply to Parliamentary Questions, the Associate Minister for Social Development and Employment Hon. Ruth Dyson provided information on the ethnicity of children and young persons in Children, Youth and Family (CYF) care in the late 1990s and early 2000. At the beginning of 1999, 30% of children and young people in the care of Child, Youth and Family (n=3292) were Māori, more than would be expected from Māori proportion in the population statistics. Within Youth Justice at least half of the placements were occupied by Māori young people (14-17 years).

Source: Parliamentary Questions, 17.03.2004 Source: Parliamentary Questions, 6.04.200

### Care and protection - discussion of data

The number of statistical reports and information about tamariki Māori in State Care for the research period (1950-1999) are considerably limited. There is a substantial gap in the reporting of tamariki Māori in the child welfare system before the 1970s, with the exception of some long-term residential institutions.[[14]](#footnote-15) The proportions of tamariki Māori in State Care in the 1950-60s cannot be accurately identified from the available and accessible records.

The removal of tamarki from their whānau intensified from the 1960s when the previous practice (in 1930-1960s) of dealing with child neglect and delinquency issues within their local communities was dismantled (Kaiwai et al., 2020a).

Research reports by the Department of Social Welfare provide a clear indication of the over- representation of tamariki Māori across DSW placements in the 1970-80s. In most of the placement types such as conventional foster care, DSW family homes, and national institutions tamariki Māori were over-represented. This occurred more profoundly in national institutions, where the proportion of tamariki Māori was known to reach about 80% (e.g., Owairaka Boys’ Home in late 1970s). Research by a Māori research team in the Human Rights Commission’s (1992) report found that institutions have been frequently described as ‘places of last resort’ with alternative options tried and failed; however, ‘all other options had seldom been explored and that institutionalisation could not accurately be described as the ‘last resort’. Often the young person is institutionalised because of lack of adequate services to support family’ (p. 182).

Research reports and statistics concerning Māori in care were equally limited after the passing of the 1989 Act. In 1990, the year following the 1989 Act Māori children were the subject of 38% of the Care and Protection FGCs and 53% of the Youth Justice FGCs held. This over-representation didn’t appear to have changed significantly in the late 1990s. In the year to June 1998, 42% of ‘Care and Protection clients’ and 53% of ‘Youth Justice clients’ were Māori. Information sourced from parliamentary written questions/responses disclosed that Māori made up 30% of Care and Protection and 57% of Youth Justice placements in early 1999.

Statistician Len Cook (2021) noted a lower level of disproportional removal of tamariki Māori from their homes in the late-1990s compared with the 1970-80s. Māori children being placed in State Care peaked from 1971 to the mid-1980s. Perceived delinquency appeared to dominate the explanations regarding why children were taken into care in the 1970s. Disproportionality started to reduce markedly after 1988. Cohort analyses suggests the (higher or lower) level of disproportional removal of tamariki Māori during certain years mirrors the later imprisonment rates for that cohort (Cook, 2021).

Len Cook emphasises the distinct demography of Māori population that made them more vulnerable to state interventions and amplified the long-term impacts of State Care.

At its peak in 1966, the share of the Māori population aged 14 and under exceeded 50 percent. At that time, for every Māori person aged 65 and over, there were 25 children aged under 15 years. … During the 1960s, the average number of children born to Māori women was 5.6 compared to 3.5 for Pākehā women (Cook, 2021, p. 9).

For Māori, the combination of the continued inherent disproportionality along with extreme policies occurred at a time of massive demographic change, caused by being the period when the Māori birth rate peaked, urban migration was strong and in 1966 Māori children under 15 were half the Māori population. (L. Cook, personal communication, July 1, 2021).

“(people) didn’t care enough to make sure they didn’t continue to put them (Māori children) into harmful situations. It didn’t matter enough that Māori kids cannot be turned into Pākehā kids. Māori kids are Māori. Why do you want them to look like you and be you?”

- (Rahera Ohia, Māori senior public servant)

Limited ethnicity data collection and reporting by welfare agencies presented a significant challenge in our research examining the extent of Māori over- representation in State Care. DSW official statistics (e.g., annual reports, statistical reports) published during the research period (1950-1999) did not contain ethnicity data for children who were placed in the custody of the Director-General of Social Welfare. Therefore, the extent to which tamariki Māori were affected by welfare services was kept away from public eye and potential scrutiny.

Research reports and official inquiries (e.g., ACORD, 1976, 1979, 1981; Human Rights Commission, 1982) relating to the time period give a clear indication of DSW officials and field workers being aware that the majority of the clients of their services were from the Māori community. These reports also highlighted the racism inherent in the justice and welfare systems that led to over-representation (Sutherland, 2020; Human Rights Commission, 1982, 1992).

Poor recording of official statistics on tamariki Māori in State Care has been critiqued by researchers and professionals (e.g., Cook, 2021; Love, 2002). The report by the Women Against Racism Action Group (WARAG) asserted, ‘the dearth of statistical information on ethnicity is further evidence of institutional racism’ (Department of Social Welfare, 1985, p. 17) recommending identifying and recording the ethnicity of all DSW staff and consumers – a recommendation that took approximately 25-years to implement.[[15]](#footnote-16)

Following the 1985 report by WARAG, further recommendations about improving data collection for all institutions providing out-of-family care were made by the Māori research team in the Human Rights Commission’s (1992) report. Likewise, the data reliability and sourcing problems in the study of care and protection notifications were highlighted by other researchers:

There is a real need for quality information to guide policy and practice…. It is essential that New Zealand is in a position to scrutinise the actions of the State that have such a far-reaching effect on people’s lives (Robertson & Maxwell, 1996, p. 17).

Love (2002) argues that the lack of statistical overview about the extent and nature of interactions between Māori families and state welfare authorities has prevented a meaningful academic analysis and denied inclusion of lived realities of Māori in the official (statistical) picture.

Due to the lack of data, Cook (2020) highlights weak formal processes for whānau to hold the statutory childcare and protection services accountable, which is created by and contributes to cultural bias against Māori. He discusses wider implications of losing whānau trust and confidence in the State Care system due to lack of public legitimacy in removal processes, and proposes that:

Strong and trustworthy vindication of the State’s childcare and protection system is needed because of the damaging and perverse effects on the welfare of mothers and their children (including the unborn) when they withdraw their trust in institutions that exist primarily for their care, by avoiding the help they exist to give (p. 367).

"It didn't need to be as difficult as what they made it really. Trying to support people, support vulnerable families, isn't always that difficult. Just get people around them, get them involved and- help them, practically, instead of investigating them all the time.”

– Don Sorrenson, Māori social worker

## Part Two: Pathway to State Care through justice

The youth justice system was a significant pathway by which children came into care. According to Sutherland (2019), ‘by the mid-1970s the police, rather than social workers, were the major source of admissions’ (p. 9). Dalley (1998) discussed the impact of the Police Youth Aid (initially Juvenile Crime Prevention Branch/Section) on the growing number of children having contact with the youth justice system. She argued, that ‘in the name of prevention, police patrolled the streets and found children in need of care’ (p. 203). However, according to Dalley, Police and Child Welfare Division intentions to divert children from court may have had the opposite effect as ‘the Division noted an ‘almost staggering’ increase in the number of Youth Aid cases from the late 1960s’ (1998, p. 204).

Prior to 1975, most children and young people (aged sixteen or younger) came to the juvenile justice system’s notice for offending in one of three ways (Lovell & Norris, 1990, p. 6):

1. By appearing in a Children’s Court charged with an offence.
2. By appearing in a Children’s Court as the subject of a complaint addressed to a parent or guardian under section 13 of the Child Welfare Act 1925. These complaints could arise either in relation to a parent’s treatment of a child (e.g. because of neglect or other ill-treatment) or in relation to the child’s offending or misbehaviour.
3. As the subject of a Police Youth Aid referral for offending or misbehaviour.

The only exceptions were those who were charged with murder or manslaughter, or with a minor traffic offence: such persons appeared in the Magistrates’ Courts.

Much larger data sources and reports are available for Māori in the youth justice system. However, as was noted in the Youth Offending Strategy 2002, this data has limitations: ‘There is a lack of robust information about the true extent of offending by children and young people in New Zealand’ (Ministry of Justice & Ministry of Social Development, 2002, p. 11).

### Official offending statistics

#### The 1950s

Statistics about youth offending in the 1950s were published in the Hunn report (1961). Commenting on offending rates (Table 2.20), Hunn drew attention to Māori juvenile offending:

The most disturbing cause of public concern today is juvenile delinquency, or adolescent offending … and the most serious aspect of it is the inordinately high incidence of law breaking by Maoris. Not only is it almost three and a half times as high as the European rate, but also it has risen 50 per cent in four years, whereas the European rate is nearly static. (Hunn, 1961, p. 32)

The causation and criminalisation of Māori is described in chapter three. For many years following the Hunn report this data fed stereotypes and deficit perceptions of Māori leading to ‘moral panic’ and significant increases in the incarceration and institutionalisation of Māori (Stanley, 2016). Table 2.19 presents statistics from Hunn’s report (1961).

Table 2.19. Percentage of Māori and non-Māori offenders in each age group of respective male populations, 1954 and 1958

* Children’s court cases for ages 10-14 in 1954 were 2.1% Māori and rose in 1958 to 4.1%. Over the same time frame, non-Māori children’s appearances went from 1.2% to 1.3%.
* Children’s court cases for ages 15-19 in 1954 were 4.6% Māori and rose in 1958 to 9.8%. Over the same time frame, non-Māori children’s appearances went from 2.2% to 4.0%.

Source: Hunn (1961). Statistics are based on Children’s Court cases and Magistrate’s Court arrest cases based on the estimated population groups.

#### The 1960s-1970s

In 1973, the Department of Social Welfare (DSW) examined juvenile crime including court appearances based on legal complaints of children being ‘delinquent or not under proper control by police or a social worker from the DSW’. The report stated: ‘While a delinquent child will usually have committed an offence, a child who is not under proper control may be offending, running away, sexually promiscuous, truanting, or generally uncontrollable’ (Department of Social Welfare, 1973, p. 10).

The analysis of individual children[[16]](#footnote-17) appearing in Court in 1971 showed a clear ethnic imbalance among boys:

• 24% of all 16-year-old Māori boys appeared in court, while

• 6% of all 16-year-old non-Māori boys appeared in court.

The overall rate of Children’s Court appearance for Māori boys (10-16 years) was 5.1 times the rate for non-Māori boys. These results show an increasing gap in the rates of offending by Māori in comparison to 1965, when the ratio for Māori to non-Māori boys offending rates was 4.2.

The differences were even greater for girls:

• 7% of all 16-year-old Māori girls appeared in Court in 1971, while

• 1% of 16-year-old non-Māori girls appeared in Court in 1971.

Māori girls’ (10-16) overall court appearance rate in 1971 was 7.4 times the rate for non-Māori girls, which also increased from 1965, when the ratio was 5.7. Individual children court appearance rates increased from 1965 to 1971 for both groups; however, there was 104% increase for Māori boys compared to 67% for non-Māori boys, and 128% increase for Māori girls compared to 74% for non-Māori girls. The differential treatment of Māori youth in the justice system is discussed at length in chapter three.

Fifield and Donnell (1980) published offending statistics by Māori and non-Māori from 1964 to 1978, illustrating the extent of the racial disparity from 1964 onwards. An examination of trends in offending revealed a substantial yearly increase of rates, coming to official notice for juvenile offending[[17]](#footnote-18), for both Māori and non-Māori, males and females. However, for both sexes the increase in juvenile offending from 1964 to 1974 nearly doubled among Māori (176% increase among boys and 235% among girls) than non-Māori youth (80% increase among boys and 120% among girls).

The authors emphasised that the increasing rate of Māori offending widened the disparity between Māori and non-Māori offending from 1964 to 1974 (Table 2.20). This significant rise in offending and over-representation of Māori in justice statistics is discussed further in chapter three.

Table 2.20. Rates of coming to official notice (Children’s Court appearances and Youth Aid section referrals) for juvenile offending aged 10 to 16 years, per 1000 of corresponding population: Māori and non-Māori females and males

* Rates of coming to official notice (Children’s Court appearances and Youth Aid section referrals) for juvenile offending aged 10 to 16 years, per 1000 of corresponding population: Māori and non-Māori females and males.
* The same trend was observed with Children’s Court appearances. From 1964 to 1974, the total increase in rates of appearance by Māori (150% increase among boys and 143% among girls) was twice that by non-Māori (65% increase among boys and 62% among girls).
* Fifield and Donnell (1980) stressed that by 1974 ‘there was a wide disparity between Māori and non-Māori youngsters in the extent to which they were at risk of appearing in Court. For boys, this disparity was six to one, for girls eight to one’ (p. 14). The offending rate[[18]](#footnote-19) remained almost static for non-Māori from 1975 to 1978 (an average of 0.4% for both boys and girls a year), whilst Māori offending rate for boys increased by 4.5% on average per year, and the rate for girls increased 6.8% each year.

Source. Fiﬁeld and Donnell (1980). Total Increase in rates: 1964 to 1974

In summary, Fifield and Donnell (1980) emphasised that the level of offending from 1964 to 1976 was notably higher in the Māori population than in the non-Māori population. Māori offending rates grew more rapidly than non-Māori rates, resulting in a widening gap between offending rates and an increase of the Māori/non-Māori offending ratio. Coming into contact with the police, and being charged with offending, became the most common pathway into State Care institutions during this period (Sutherland, 2019, 2020) (see chapter three for causation discussion).

#### The 1980s

Between 1983 and 1993, the DSW published six volumes of statistical reports on juvenile offending occurring between 1978 and 1989, in the series, the Patterns of Juvenile Offending in New Zealand. Data on the offending rates of children and young people over the 12-year period, obtained from these reports, are illustrated in Figure 2.3 All offending figures in the reports were derived from the Social Welfare operational statistics. The reports included offending rates (per 10,000) calculated by using mean annual estimates of population for the respective age group (ethnicity, age 10-16) provided by the Department of Statistics.

It is important to note that from 1978 to 1989 court appearances made up majority of the instances of coming to official notice (67% in 1978, 74% in 1981, 76% in 1985, 71% in 1989). The ethnic disparity in court appearances is evident in Figure 2.3. Court appearance rates were relatively stable among non- Māori children until 1985, fluctuating between 140 and 170 per 10,000 respective juvenile population. The same population adjusted rates were much higher for Māori children ranging from 1040 to 1200.[[19]](#footnote-20)

While court appearance rates dropped from 1985 to 1989 for both ethnic groups, Lovell (1993) emphasised that the fall was greater for Māori, especially among the younger age group (10-13). From 1985 to 1989 the court appearance rate fell for Māori 10-16 years old by 58% compared with a 48% fall for non-Māori[[20]](#footnote-21) (Lovell, 1993).

Despite the decline in rates, disparity between Māori and non-Māori juveniles in court appearances in 1989 remained substantial – 439 Māori versus 73 non-Māori per 10,000 respective juvenile population.[[21]](#footnote-22)

Figure 2.3. Rates (per 10,000) for instances of Children and Young Person’s Court appearances and overall rates for coming to official notice (10–16-year-olds)[[22]](#footnote-23).

Similar disparities are notable for the overall official notice figures, which comprised of three agencies responsible for dealing with juvenile offending at the time (i.e., Children’s Board, Police Youth Aid, and Children’s and Young Persons Court).[[23]](#footnote-24)

In 1978, the rate for coming to official notice was:

* 1580 for Māori and 250 for non-Māori (age 10-16) per 10,000 respective juvenile population.

In 1989, rates for coming to official notice showed a considerable fall, being:

* 587 for Māori and 107 for non-Māori (age 10-16) per 10,000 respective juvenile population.[[24]](#footnote-25)

One side of the graph presents Children’s and Young Persons’ Court appearances. The other side of the graph presents all official notice.
Vertical axis with maximum of 1800 indicates the number of juveniles who appeared before court/received official notice per 10,000 respective juvenile population.
Data are presented for each year from 1978 to 1989. 

A full description of the data for the graph in figure 2.3 is on page 124, under the heading The 1980s.
Figure 2.3. Rates (per 10,000) for instances of Children and Young Person’s Court appearances and overall rates for coming to official notice (10 to 16 year-olds)

Data sources: 1978-79 (Lovell & Stewart, 1984); 1980 (Norris, Devoy & Lovell, 1986); 1981-84 (Norris & Lovell, 1988); 1985-89 (Lovell, 1993). Data for 1986 was not available, and thus not published.

Whilst the overall official notice rates dropped noticeably by 1989, the gap between Māori and non-Māori rates only slightly reduced. Lovell (1993) highlighted that although more boys than girls came to official notice, the rate for Māori girls was consistently higher than the rate for non-Māori boys. This is apparent when we look closer at the ratio of Māori to non-Māori court appearances and ‘all official notice’ rates for girls and boys.

The presentation of this data needs to be read in conjunction with the differential treatment of Māori youth in the justice system. For example, Sutherland (2020) recounts how his analysis of the ‘Department of Justice Statistics’ for 1968 and 1969 revealed that ‘twice as many non-Māori offenders had lawyers (86.7%) as did Māori (44.3%)’ (p. 19). The ‘great majority’ of Māori children appearing in the children’s court, did so ‘without legal advice or representation’, additionally, there was a significant ‘discrepancy in sentencing’ (p. 19). Indeed, Māori children were arrested and prosecuted in disproportionality high numbers throughout the 70s and 80s (Sutherland, 2020). A detailed discussion of the racism within the judicial system during this period can be found in chapter three.

#### Disparity ratios

Fifield and Donnell (1980) noted that due to substantial changes in the procedures for dealing with young offenders after the implementation of the Children and Young Persons Act in 1975, rates of Children’s Court appearances before 1974 and rates of Children’s Boards and Children and Young Persons Court appearances after 1975, are not directly comparable. However, they also argued that the ratio of Māori to non-Māori appearance rates would be expected to be largely unaffected by the procedural changes and could therefore be used for comparisons before and after the 1975 Act (pp. 11, 14).

The disparity ratio explains how many times Māori girls/boys were more likely than non-Māori girls/boys to appear before Court or come to official notice in each year. This was from 1964 to 1989.
The trends indicate that 
1) Māori girls and boys court appearance rates were many times greater than non-Māori girls and boys court appearance rates (minimum of 4 times). 
2) Māori girls’ and boys’ rates of coming to official notice were many times greater than non-Māori girls’ and boys’ rates (minimum of 3 times). 
A full description of the data in the graphs in figure 2.4 is on pages 128 to 129.
Figure 2.4. Ratios of Māori to non-Māori rates (aged 10-16) for Court Appearances and All Official Notice[[25]](#footnote-26)

Figure 2.4 presents ratios of Māori to non-Māori offending rates for girls and boys from 1964 to 1978. If there was no ethnic disparity, the ratio would be 1:1 – with Māori and non-Māori coming to notice in jurisdictions at the same rate. However, the Figure reveals that from 1964 to 1989 Māori boys and girls were brought before the official bodies at much greater rates than non-Māori boys and girls.

Fifield and Donnell (1980) observed that since the introduction of new procedures for dealing with young offenders in 1975, there was little change in the ratios between Māori and non-Māori juvenile offending[[26]](#footnote-27) for the first few years. However, the ratios continued to rise from 1977 and approached 7:1 for boys and 9:1 for girls by 1978.

Overall, between 1964 and 1989 Māori boys were brought before the court at a greater rate (3.6 to 7.1) than non-Māori boys. The gap appears even more marked for girls. For the same time period the rates for Māori girls court appearances were 4.8 to 9.4 times greater than for non-Māori girls court appearances. The Māori to non-Māori ratio was higher for girls than for boys for all years except 1988. The ratio in court appearance rates were highest for girls (9:1) in late 1970s and in 1984-85. The highest ratio for boys (7:1) in court appearance rates occurred in 1985.

Similar trends appear with ‘all official notices’ between 1964 and 1989, although the ratios are slightly smaller (3.2 to 6.6 for Māori boys and 3.9 to 8.1 for Māori girls). This indicates that the gap between Māori and non-Māori was more prominent in court appearances than for other less formal interventions for dealing with youth offending (i.e., Police Youth Aid).

Norris and Lovell (1988) noted that the Māori to non-Māori ratio for coming to notice had increased in 1985. They suggested this was due to a greater decrease in rates for non-Māori compared with the decrease in rates for Māori (Norris & Lovell, 1988). The authors acknowledged limitations of comparing post-1978 figures with the earlier years (presented by Fifield and Donnell in 1980) due to procedural changes since 1974. However, they emphasised, ‘nonetheless, it is apparent that the disparity between Māori and non-Māori rates increased from the early nineteen-sixties’ (1988, p. 9).

By the end of 1989, Māori girls were brought before court at a 6.6 times greater rate than non-Māori girls; for Māori boys, the rate was 5.9 times greater.

The ratio for Māori to non-Māori rates for instances of coming to official notice for girls was 5.9 and for boys 5.4. These ratios confirm just how high the disparity and gap between Māori and non-Māori representation in the youth justice system.

Concerns have been raised about the ethnic disparities and over-representation of Māori children and young persons in youth justice statistics since the 1980s. At the Child Care and Rights of Children Conference in Wellington in 1983, the Assistant Director-General of Social Work in DSW, Mr Manchester addressed over-representation in this speech:

We have been concerned for some years at the disproportionately large number of Maori children and young persons coming before the Courts and being admitted to our remand and longer term training institutions. This proportion has risen as high as 80% in some of our institutions on occasions (Department of Social Welfare, 1983, p. 18).

The Women Against Racism Action Group (WARAG) highlighted in their report (Department of Social Welfare, 1985) the disproportionality of Māori (45%) and Pacific (16%) children and young persons in court appearances in the Auckland region in 1982. Furthermore, the group stressed that while those in contact with the justice system and DSW services were predominantly Māori and Pacific people, they were served overwhelmingly by Pākehā staff, who dominated decision-making positions. WARAG emphasised the imbalance:

‘In total, 60% of all court reports in 1982 concerned Māori and Pacific children and young persons. Only 15% of the Field Social Workers responsible for writing these reports are Māori and Pacific people’ (p. 14).

The group was concerned about the DSW’s racist environment which alienated and discriminated against Māori in contact with the justice system and recommended changing the existing imbalance in the ethnic composition of staff, so children and young people would be served by staff from the same ethnic background.

### Longitudinal cohort study reports relating to youth justice

Official statistics record the number of all official contacts with the justice system (e.g., court appearances), which usually contain repeated contacts by the same individual in one year. Cohort studies enable studying individual offending histories over time. By following these individuals at different points of their lives it allows researchers to calculate the proportion of how many per cohort offend. According to Cook (2020, p. 11), ‘cohort analyses are especially important in Aotearoa New Zealand, where there are vast differences in the population structures between different ethnic communities and in their experiences of the justice system’.

The next section includes the following cohort studies which have examined youth justice outcomes for children and young persons born between 1950 to 1999:

* Children born in 1954-55 (Department of Social Welfare, 1973)
* Boys born in 1957 (Fergusson et al., 1975a, 1975b, 1976a; Donell & Lovell, 1982; Lovell & Norris, 1990)
* Children born in 1977 in the Christchurch urban areas as part of the Longitudinal Christchurch Health and Development Study (Fergusson, Horwood & Lynskey, 1993a; Jones, 2016)
* Children born in 1989 (Ministry of Social Development, 2010, cited in Stanley, 2017)
* Children born from 1995 to 1999 (Spier, 2016).

The Department of Social Welfare (1973) studied patterns of offending for a cohort of children born in 1954-55. Their analysis cumulated first offender rates from 1965 to 1971 (i.e., first offender rates of 10-year-olds in 1965 were added to first offender rates of 11-years olds in 1966, and so on until first offender rates of 16 years olds in 1971).

Table 2.21. Percentage of Māori and non-Māori in the 1954 to 55 cohort who appeared in the Children’s Court before age 17

* Māori boys, 40%
* non-Māori boys, 10%
* Māori girls, 17%
* non-Māori girls 3%

These results clearly show a disproportional number of Māori boys and girls in the cohort who were brought to court on a legal complaint or police charge. Whilst the authors acknowledge high offending rates, they maintained:

[the figures] almost certainly represent an understatement of actual patterns of offending, as they take no account of the thousands of young offenders each year who do not appear in Court but who instead are dealt with by the Youth Aid Section of the Police’ (Department of Social Welfare, 1973, p. 16).

Following the Department of Social Welfare research, the Joint Committee on Young Offenders instigated a large-scale offending prediction study.[[27]](#footnote-28) The core sample of this longitudinal cohort study involved all boys born in 1957 and who were attending a NZ state school in April 1967 (a total of over 25,000 boys). Demographic (including ethnicity assessment), school performance and social adjustment information was collected from returns provided by the boys’ teachers. A complete record for these boys’ appearances in the juvenile justice system for offending up to 17 years and later 24 years was subsequently compiled through searches of official records (Lovell & Norris, 1990).

This longitudinal research followed the cohort of boys to detect the onset and proportion of the juvenile offending, establishing repeat offending and examining other patterns associated with offending, including an investigation of ethnic differences. Several reports on juvenile offending have been published using data from this study (Fergusson et al., 1975a, 1975b, 1976a; Donell & Lovell, 1982; Lovell & Norris, 1990).

Fergusson, Donnell, and Slater (1975a) reported that in a randomly selected sample of 5472 from the population of all boys born in 1957, 22.8% of Māori boys had at least one Children’s Court appearance by the age of 16. At the same time only 7.4% of European boys had appeared before the Children’s Court, suggesting that Māori boys were three times more likely to be at ‘risk’ of offending.[[28]](#footnote-29)

While offending rates and average number of appearances increased with decreasing socioeconomic status (defined as boy’s parent occupation) for both groups, for most socioeconomic status categories, the risk of a child offending (i.e., Children’s Court appearance) was higher for Māori than for European children.

From the same longitudinal study, Donnell and Lovell (1982) randomly selected a sample of 8,801 boys to examine the pattern of juvenile offending (below 17-years of age) as measured by official contacts with either the Youth Aid Section of the Police or with the Children’s Court.

Table 2.22. Offending rates of the boys’ cohort born in 1957 before age 17

* The incidence of offending, that resulted in Children’s Court appearances, was three times higher for Māori than non-Māori boys (35% versus 11%).
* When Youth Aid Section referrals were also considered, 42% of Māori boys versus 17% of non-Māori boys had come to official notice at least once. Māori were two and a half times more likely than non-Māori to come to official notice. These results highlighted that almost one in every two Māori males and one in every six non-Māori males came to official notice for juvenile offending before age 17 during this period.

Source: Donnell & Lovell (1982)

While the previous research was based on quasi-random subsamples of the study population (all NZ boys born in 1957 and attending New Zealand state schools in April 1967), Lovell and Norris (1990) conducted their analysis with all 25,497 individuals. These authors regarded the sample as representative of an entire age cohort as it represented 86% of all Aotearoa New Zealand boys who had their tenth birthday in 1967.

Their analysis found that by the end of the follow up period in 1981 (when the boys were 24 years old), about a quarter (25%) of all cohort members had appeared in court. Ethnic comparisons, however, showed profound differences – Māori boys were twice as likely (48%) to have appeared in court as non-Māori (22%). Among those who appeared in court, about half (52%) of the non-Māori boys and about one third (34%) of the Māori boys made a single appearance. The most significant discrepancy between the two groups was approximately half (48%) of the non-Māori boys appeared in court before they turned 17 compared with almost three quarters (73%) of Māori boys. This confirmed that young Māori boys (under 17) were brought to court at a much higher rate than the same age non-Māori boys.

Mentioned previously, the Christchurch Health and Development Study (CHDS), that followed 1265 children born in 1977 in Christchurch, also examined offending rates by Māori and non-Māori. Fergusson et al. (1993a) studied a sample of 739 children from the cohort (of which 11.2% were Māori/Pacific Island children). The sample showed a notable discrepancy between self/parental reported offending at age 15-years and officially recorded offending by the Police Youth Aid Section in Christchurch. Māori/ Pacific Island children were found to offend at about 1.6 to 1.7 times the rate of Pākehā children based on the self-reported or parental reported offending. Data derived from official police contacts showed a 2.9 times higher offending rate for Māori/Pacific Island children. Even with identical history of self/ parentally reported offending, Māori/Pacific Island children were 2.4 times more likely to come to police attention than Pākehā children. The authors concluded that the findings support the hypothesis that ‘police contact statistics contain a bias which leads to an over-representation of Māori/Pacific Island children’ (1993a, p. 201).

A further study by Jones (2016) examined offending and conviction rates from the same longitudinal cohort extending the analysis from adolescence to the age of 35 years. The results with 872 cohort members (of which about 10% were Māori[[29]](#footnote-30)), whose official offending records were available, showed that the probability for Māori to receive one or more official charges over the life course up to 35-years was 34.9% in comparison to 24.0% for non-Māori. Overall, the analysis indicated that Māori were 6.6 and 6.5 times more likely than non-Māori to be officially charged or convicted with an offence.

This research demonstrated, as the participants matured from adolescence into adulthood up to 35-years of age, the disparity in rates of official contacts between Māori and non-Māori became notably higher (incidence rate ratio of 2.9 in the earlier study versus 6.5 in the later study). The analysis by Jones (2016) showed a considerable discrepancy between self-reported and officially recorded contacts and offending. Based on self- reports, Māori rates of being charged and convicted were 3.0 and 2.9 times higher than for non- Māori, while official rates of contacts (charges and convictions) were 6.5 to 6.6 times higher for Māori.

The study identified nine social, family and individual risk factors, which substantially reduced the differential in rates of official contacts. The Māori rate of official charges and convictions decreased to 1.8, and self-reported arrests and convictions to 1.8 and 1.7, respectively. However, after taking into account social, family and individual risk factors of offending, as well as self-reported rates of offending, Māori still had rates of official charges and conviction that were 1.5 higher than non-Māori (i.e., Māori had rates of official charges and convictions that were 50% higher than for non-Māori). Jones (2016) emphasised that because the residual incident rate ratio was still over 1.0, it suggested a small ethnic bias against Māori in the criminal justice system, which was over and above the estimated effects of social, family and individual disadvantage.

The Ministry of Social Development (2010, as cited in Stanley, 2017, p. 58) examined retrospectively a cohort of 58,091 people born in 1989. The analysis showed that by the age of 20-years, 1.2% (672) had been imprisoned. A high proportion of those imprisoned had a previous Child, Youth and Family (CYF) record (83%, 558) – either related to care and protection (13%, 84), youth justice (21%, 141) or both (50%, 333). These results support the link between a history of State Care intervention and subsequent imprisonment.

In a more recent cohort study, Spier (2016) examined the offending trajectories of the 1995 to 1999 birth cohorts 10 to 13-years later (data from 2009 to 2013). Based on police offender apprehension data, the findings estimated 2.8% to 3.8% of all non-Māori children from the 1995 to 1999 birth cohort had offended at least once before reaching 14-years. The estimated proportion of Māori who were known to police ranged from 10.6% to 11.7%. The author noted ‘Māori children were approximately three times more likely than non-Māori children to become known to Police as an offender by age 14. The difference was larger for girls than boys when comparing Māori versus non-Māori rates’ (p. 7). A more detailed discussion of the state surveillance of Māori children can be found in chapter three.

The data also showed that after being apprehended by the police for the first time, Māori children were more likely to reoffend than all other ethnic groups within all re-offending follow-up periods (from 1 year to 4 years). Spier (2016) noted the over-representation of Māori children in offender statistics: ‘This over-representation at the front- end of the youth justice system flows through to other parts of the system (i.e., Child, Youth and Family and the Youth Court)’ and concluded with recommendations:

Spier (92016) noted it is important to understand and address the complex interplay of risk factors that lead to Māori children, both boys and girls, being apprehended at a greater rate than children from other ethnic groups. They advised attention needs to focus on two areas, the rate of Māori children offending and entering the youth justice system and, for those children who do come in contact with the system, there needs to be effective interventions to prevent reoffending (Spier, 2016, p. 23).

### Convictions and custodial outcomes for Māori

Following the Court appearances, Māori conviction rates and custodial sentences have been noted as being disproportionately high, resulting in Māori being placed either in the care of Department of Social Welfare or in penal institutions.

McCreary (1955) highlighted major discrepancies in Māori conviction rates against general population expectations. In 1952, Māori represented about 4.8% of the population over 15-years-of age, and the conviction rate expectation, based on age structure, was calculated at 6.1%. However, the actual conviction rate of Māori offenders in the Supreme Court was 19.8%, more than three times higher than would have been expected from their proportion of the total population. For the 20-24 age group, the discrepancies were four times higher (31.8%) than would be expected (7.8%).

Other research based on data collected from the Magistrates’ Courts for 1964 to 1967/68 also showed higher rates of convictions for Māori compared to Pākehā (Duncan, 1972; O’Malley, 1973).

Donnell and Lovell (1982) reported that in a sample of 8,801 randomly selected boys from the population of all boys born in 1957, ethnic differences occurred not only in the offending rates, but also in the sentencing of boys who appeared before the Court. Table 2.23 shows that just 5% of non-Māori but 23% of Māori boys, from the sample, received a supervisory outcome by the court before turning 17. Likewise, 1% of non-Māori and 7.5% of Māori boys were placed in official custody, showing a difference between the groups in court outcomes. Furthermore, the proportion of Māori offenders (21%) receiving a custodial disposition as the result of Court appearance was double the proportion of non-Māori offenders (10%).

Donnell and Lovell discuss several suggested factors as contributing to these differences:

Māoris might have lengthier previous offending records, their offences might be more serious, or their home environments might be more likely to have features which predispose the Court to custodial decisions. On the other hand, it has been suggested that Māoris are less sophisticated than non-Māoris in dealing with the legal system and that they may make a less favourable impression in Court (Donnell & Lovell, 1982, p. 34).

Table 2.23. Outcomes of Court Appearances in 1974 of boys born 1957

Lovell and Norris (1990) examined offending outcomes with the same cohort of boys born in 1957, including 25,497 boys (86% of the entire cohort). In 1981, when the boys were 24 years old, a greater proportion of Māori cohort members had experienced each type of court outcome. When only those who had appeared in court were considered, a significantly greater proportion of Māori had experienced outcomes involving custody (28% of Māori versus 14.5% non-Māori) or supervision (53% of Māori versus 28% non-Māori), a slightly greater proportion of non-Māori had experienced court outcomes restricting driving or involving a financial penalty (p. 178). Even when prior appearances, age and offence type were accounted for, young Māori still were more likely to be placed in custody rather than placed under supervision or being admonished.

Source: Donnell & Lovell (1982).

Because Māori boys were brought before court for offending or misbehaviour complaints at younger ages than non-Māori (73% of Māori versus 48% of Pākehā made their first court appearance before age 17), they were more likely to receive custodial placements as a juvenile, and thus more likely to receive custodial outcomes as adults (12% with no juvenile custodial outcome, 39% with one juvenile custodial outcome, 69% with two or more custodial outcomes as a juvenile, received a custodial outcome in adult life). Furthermore, the proportion of cohort members receiving adult custodial outcomes was higher for those who had juvenile placements involving borstal, detention centre, or prison (46%), than those who were subject only to placement under the guardianship of the Director-General of Social Welfare (34%).

The investigation by Chief Ombudsman Sir Guy Powles (1977) presented data from the Department of Social Welfare on young persons who were remanded into the custody of the Director-General of Social Welfare. From a total of 878 young people held in Social Welfare custody in 1975, twice as many were Māori (13.2%) than European 6.7%). The same pattern appeared with borstal sentencing (5.4% for Māori versus 2.5% for non-Māori), while non-Māori tended to receive non-custodial sentences such as DSW supervision, fines, probation more frequently (80.7%) than Māori (72.1%).

Referring to the Justice statistics, Powles noted:

The proportion of Māori children and young persons who are the subject of court decisions requiring removal from their social environment, either into the care of the Department of Social Welfare, or into institutions administered by the Department of Justice, is greater than the proportion of Māori children and young persons who appear before Children’s Courts (Powles, 1977, p. 5).

Table 2.24 illustrates the Ombudsman’s findings based on statistics of Justice for 1973 and 1974. The proportion receiving sentences involving removal from their social environment increased in 1974 for both boys and girls and the proportion of Māori girls sent to borstal for both years was even higher than Māori boys. While the proportion of Māori among young people receiving outcomes involving removal was over 50% in each category, less than half of the young people whose cases were ‘dismissed, withdrawn or struck out’ were Māori.

Table 2.24. Proportion of Māori in each category of court outcomes, in 1973 and 1974

The proportion of Māori in:

* Appearances before the children’s court: Boys, 41% in 1973 and 45% in 1974; Girls, 51% in 1973 and 51% in 1974
* Guardianship orders: Boys, 56% in 1973 and 61% in 1974; Girls, 55% in 1973 and 56% in 1974
* Borstal straining sentences: Boys, 61% in 1973 and 66% in 1974; Girls, 65% in 1973 and 75% in 1974
* Receiving sentences or imprisonment: Boys, 4 out of 6 in 1973 and 4 out of 5 in 1974; Girls, 2 out of 3 in 1973
* Dismissed, withdrawn, struck out: Boys, 38% in 1973 and 44% in 1974; Girls, 46% in 1973 and 44% in 1974

Source: Powles, 1977; Statistics of Justice published by the Department of Statistics

The Children in the State Custody report in 1981 compiled data on the proportion of children processed through the Courts over a 10-year period (1967-1976) who were Māori (ACORD, 1981). Of all 116,595 juveniles processed between 1967 and 1976, 41% were Māori. In the 10-years to 1976, 1,363 Māori boys and girls were sent to borstal and another 690 Māori boys to detention centres.

Moreover, an additional 500 children were received into Social Welfare custody each year on Court warrants relating to complaints that the children were in need of ‘care, protection, or control (ACORD, 1981). These children may not have committed an offence, but nonetheless they received the same punitive treatment as those held on remand pending trial, and those sentenced by the Courts to DSW care (ACORD, 1981).

Sutherland (2019) argued that Māori females experienced even higher disparities than males. The proportion of Māori girls out of all girls sentenced to borstal from Children’s Court ranged from 47% to 67% between 1967-1971. The compelling evidence that Māori children were being disadvantaged in justice system outcomes through the 1960s-70s led Sutherland and colleagues to conclude:

It is very clear that Māori children receive heavier sentences than non-Māori children. Any Māori child before the court was more than twice as likely to be sent to a penal institution … as a non- Māori child, while the latter was more likely to be fined or simply admonished and discharged (Sutherland, 2019, p. 6).

Data for later periods relating to custodial outcomes of Māori and non-Māori young persons (ages 14- 16), who appeared in court due to offending, were obtained from the statistical report series the Patterns of Juvenile Offending in New Zealand, published by the Department of Social Welfare between 1983 and 1993. The court outcomes covered the years 1978 to 1989; a period when children were dealt with in accordance with the provisions of the 1974 Children and Young Persons Act. Figure 2.5 shows the results from our analysis of this data.

Table 2.25. The proportion of Māori in each category of a Court sentence imposed on children during the 10 years from 1967 – 1976

* Fines, 9.1%
* Periodic detention, 35.9%
* Detention care, 48.7%
* Social welfare care, 53.5%
* Borstal, 59%

Source: ACORD, 1981, as cited in Sutherland, 2019, p. 6.

The top graph is titled Custodial sentence, Total Numbers. It shows the total number of juveniles who’ve received a custodial sentence from 1978 until 1989 and whether they were Māori or non-Māori. The highest number of juveniles to receive a custodial sentence in one year was in 537 individuals 1983. There is a steady increase of juveniles receiving custodial sentences from 366 in 1978 to 537 in 1983. After that there was a steady decline to a low of 127 in 1989. 
The bottom graph is titled custodial sentence, percentage. It shows the percentage of court appearances that resulted in custodial sentences for Māori and non-Māori juveniles from 1978 to 1989.
The full description of the data for these graphs in figure 2.5 is on page 143 to 144.
Figure 2.5. Outcomes of Children and Young Person’s Court appearances

Data sources: 1978-79 (Lovell & Stewart, 1984); 1980 (Norris, Devoy & Lovell, 1986); 1981-84 (Norris & Lovell, 1988); 1985-89 (Lovell, 1993). Data for 1986 was not available, and thus not published.

Figure 2.5 illustrates the ethnic differences in absolute numbers and percentages of court appearances leading to custodial outcomes. Custodial outcomes for 14–16-year-olds included sentences to a term of corrective training, detention centre, youth prison, and imprisonment. While the proportion of Māori children, who received custodial sentences, dropped from 67% (33% non- Māori) in 1978 to 52% (48% non-Māori) in 1989, Māori remained over-represented throughout the investigated period. It is clear from the data that court appearances by Māori were more likely to result in custodial sentences, with the gap closing towards the late 1980s. Furthermore, during the years: 1978, 1980, 1983 and 1987, Māori court appearances were approximately twice as likely to result in custodial sentences.

Based on 1990 youth justice statistics, Fulcher and Ainsworth (1994), noted that approximately one in 10 (11%) young people aged 14-16 were found guilty and sentenced by the Courts to imprisonment or corrective training. An additional 4% were supervised by the Department of Justice through its Probation or Periodic Detention services. Thus, these young people, of which the majority were Māori and Pacifica youth, ended up in the adult system. This finding was emphasised by the authors:

Based on 1990 statistics, there is a strong case for arguing that the country now abandons roughly 1 in 7 [15%] of its young people referred to the courts to an adult system that neither takes account of their personal and social development as adolescents nor provides managed care towards rehabilitation. Well over half of these young people abandoned to the adult system are of Maori and Pacific Island descent (Fulcher & Ainsworth, 1994, p.10).

Figure 2.6 displays the number and percentage of Māori and non-Māori children, who were placed in the custody and guardianship of the Director-General of Social Welfare as a result of a court appearance for offending for the years 1978 to 1989. As above, the data was compiled from the Patterns of Juvenile Offending in New Zealand reports.

While the overall number of guardianship orders as a result of offending reduced from 1978 to 1989 for both Māori and non-Māori (aged 10-16), Māori children remained over-represented in guardianship orders (42%-52%) based on population statistics. Until 1984, a greater percentage of Māori children were placed under the guardianship of the Director- General of Social Welfare, with the biggest gap between Māori and non-Māori occurring between 1978 and 1981. Based on this data, the disparity between Māori and non-Māori receiving guardianship orders substantially reduced from 1985 to 1989. However, Māori were more likely to receive ‘periodic detention and community work’ as a court outcome, and less likely to receive admonitions than were non-Māori of the same age (Lovell, 1993, p. 22).

Data indicates that Māori youth (15-years-old), who were referred to Youth Justice Family Group Conferences during 1988 were found to receive more severe outcomes (e.g., orders for supervision either in the community or in a residence) by the Youth Court (Maxwell, Robertson, Kingi, Morris, & Cunningham, 2004).

Overall, our analysis demonstrates that tamariki and rangatahi Māori were disproportionately affected by court outcomes resulting in their placement in penal institutions or under the care of the settler state system. Chapter 3 highlights how processes and systems influenced adverse outcomes for Māori children.

The top graph is titled Social Welfare Guardianship, Total Numbers. It shows the numbers of juveniles who received social welfare guardianship due to offending for Māori and non-Māori juveniles from 1978 to 1989.
The bottom graph is titled Social Welfare Guardianship, percentage. It shows the percentage of offending-related court appearances that resulted in Social Welfare Guardianship among Māori and non-Māori from 1978 to 1989.
The total numbers of juveniles, who received Social Welfare Guardianship due to offending have trended down from 1978 to 1989 among both Māori and non-Māori.
The percentage of Social Welfare Guardianship of all offending-related court outcomes has also trended down from 1978 to 1989 among both Māori and non-Māori.
Figure 2.6. Outcomes of Children and Young Person’s Court appearances

Data sources: 1978-79 (Lovell & Stewart, 1984); 1980 (Norris, Devoy & Lovell, 1986); 1981-84 (Norris & Lovell, 1988); 1985-89 (Lovell, 1993). Data for 1986 was not available, and thus not published.

### Over-representation of Māori youth in penal institutions

Māori youth experience with a penal institution could occur through sentencing to prisons and borstals or being remanded in custody to a penal institution. As evidenced in the previous section, Māori were starkly over-represented in receiving custodial sentences which lead to their over- representation in penal institutions.

Table 2.26. Prison population – male prisoners by ethnic group, 1952

Early data from the 1950s indicates that Māori youth were over-represented in penal institutions. McCreary (1955) contrasted prison population statistics with the general population statistics taking into account a different age structure of Māori and Pākehā populations. The following table indicates that Māori boys aged 15 to 19 years represented 9.8% of the total male population in this age group in 1952. However, Māori boys represented about 25% of the inmates in the prison population of this age group. Thus, Māori representation in prisons was 2.5 times higher in the 15-19 years age group than in the general population, rising to four times higher for the 20-24 years age group.

Source: Data obtained from McCreary (1955).

The Prevention of Crime (Borstal Institutions Establishment) Act 1924 enabled young persons (15-20) to be sentenced to borstal for a maximum of five years, which was reduced to three years in 1954 (Criminal Justice Act 1954) and reduced again to two years in 1962 (Criminal Justice Amendment Act 1962) (Schumacher, 1971).

The primary intention of borstal sentences was to reform young offenders; however, the high rates of reconviction of borstal trainees after their release, signalled the failure in achieving this purpose, and in April 1981, borstal training was eventually abolished (Williams, 1984). Despite the lack of ‘success’, borstal training ‘remained one of the most significant forms of custodial sentence available to the Courts’ (Williams, 1984, p. 78).

According to Williams (1984), the prerequisite of borstal sentences included detention to appear expedient for and conducive to reformation and the prevention of crime. However, the courts sentenced youth offenders to borstals in obvious disregard of that principle. His critical appraisal emphasised that,

‘borstals had long since come to be treated as the dumping place for all young offenders who, in the sentencers' opinion, had to be incarcerated for a number of months because they did not deserve any leniency or because they were not eligible for other sentences’ (p. 81).

Māori were more likely to be sentenced to borstal as evidenced in the composition of borstal population and court outcomes as discussed previously.

Schumacher (1971) analysed the factors related to reconviction amongst a sample of Waipiata Borstal trainees. Waipiata Borstal was established in August 1961 in Central Otago as an open borstal recruiting trainees from other borstal institutions, ‘who were regarded as having a better than average potential for good citizenship’ (p. 6). The study included 251 trainees received at Waipiata between January 1962 and August 1965 and released from borstal after at least one year by mid-1966 (the study cohort was born between 1942-49).

The author noted the disproportionately high ratio of Māori to New Zealand Europeans[[30]](#footnote-31) among the borstal trainees: ‘Māori males in the age group 15- 20 years made up less than 10% of the total NZ male population aged 15 to 20 in the years during which the youths in this study were sentenced to borstal. Yet they constituted nearly 36% of the trainees in the study’ (p. 21).

Pre-release prognosis reports by the borstal superintendent also indicated ethnic disparities, with favourable prognosis being much less common among Māori trainees. Only 28% of Māori youths were considered to have favourable prospects in comparison to 51% of Aotearoa New Zealand European youth. Negative stereotyping and racism contributed to the further higher reconviction rates by Māori youth. While the overall reconviction rate was 70% (175/251) within a one year follow up period since their release from borstal, Māori youth were more frequently reconvicted (79%) than New Zealand Europeans (63%).

However, there were no significant differences in the seriousness of their reoffence or the total number of reconvictions between Māori and NZ European youth.

The study also showed that 23% of the borstal trainees had been in children’s homes or child welfare institutions. Youth, who had been in child welfare institutions or committed to the care of Child Welfare Superintendent as their most serious previous penalty, had a greater total number of reconvictions (61%) and were more frequently reconvicted for a major offence (82%) than youth without such previous experience/penalty (33%, and 53%, respectively).

While the Waipiata borstal was designed for trainees regarded as having more positive prospects for their future, the author concluded that Waipiata trainees’ criminal offending and post-release adjustment was as unsatisfactory as for youths detained in other borstal institutions. The study indicated that for youths, who were reconvicted (n=175), less than a half (45.7%) of them remained in the community (i.e., received fines, probation), while 45.6% received imprisonment and 8.6% were sentenced to borstal again. These results support William’s (1984) appraisal that ‘for many years now it has been accepted that borstals were very 'successful' in producing ex-inmates with a veritable string of further convictions rather than in contributing to the prevention of crime’ (p. 79).

The pipeline from borstal to prison is well established in the data. Research demonstrates that Māori youth were more likely to be charged with offending, more likely to receive a custodial/residential sentence, more likely to be held on remand, and less likely to be represented by a lawyer (Sutherland, 2020). The evidence clearly indicates that Māori were criminalised through the structural racism within the justice system (for more discussion refer to chapter three).

### Remanded in custody to a penal institution

Children and young persons could be held on remand in adult prisons in addition to social welfare homes, police custody (cells), psychiatric wards, or psychiatric hospitals before or after their hearing in the Children’s Court (Sutherland, 2019). In 1976, the Auckland Committee on Racism and Discrimination (ACORD) published a report ‘Children in Prison: Where is the Justice? Who is the Criminal?’. This report expressed concern that Māori and Polynesian children were impacted by remands into the adult prison system.

The report instigated Chief Ombudsman Sir Guy Powles to undertake an investigation into children and young persons on remand in penal institutions. The findings of the investigation were compiled in a draft report in 1977; while Powles retired and left the publication of the final report with his successor, it did not get officially issued. Subsequently, ACORD released the information from the draft report to the public (Sutherland, 2019).

Powles’ report contained figures provided by the Secretary for Justice, which included details of young persons aged between 14 and 16 years held on remand in Aotearoa New Zealand prisons for the years 1974 and 1975. Based on the calculations from the absolute numbers, it is evident Māori made up about half of the young people who were remanded to prisons throughout Aotearoa New Zealand.

Powles’ report indicated that of all young persons remanded to adult prisons in 1974, 52% were Māori or other Polynesian; this increased to 57% in 1975 (see also Sutherland, 2019).

The Department of Social Welfare provided further data to Powles on young persons who were remanded into the custody of the Director- General of Social Welfare. Between 1 April and 31 December 1975, a total of 878 young persons were held in Social Welfare custody, of which half were Māori (51%) and about one third (32.5%) were of European descent.

Table 2.27. Young persons (aged 14-16) remanded in prisons, 1974, 1975

The ethnicities of young males remanded in 1974 were comprised of:

* 48% European
* 47% Māori
* 5% other and Polynesian

In 1975 there were:

* 43% European
* 53% Māori
* 4% other and Polynesian

The ethnicities of young females remanded in 1974 were comprised of;

* 40% European
* 51% Māori
* 9% other and Polynesian

In 1975 there were:

* 41% European
* 45% Māori
* 14% other and Polynesian

Data source. Powles (1977)

A study published by the Department of Justice (1979) followed-up Powles’ investigation and examined young persons remanded in custody to a penal institution (11 prisons in total) at any time during 1977 and up to 31 March 1978.[[31]](#footnote-32)

In the final sample of 282 young males in the custody of Justice Department (and excluding those with race unknown), the proportion of Māori prevailed over any other ethnic group:

* 57% of those remanded in custody before conviction,
* 68% of those remanded after conviction,
* 63% of those remanded in custody at any stage of the proceedings.

The 1979 report analysed the ethnic composition of those remanded in penal institutions which showed that among 14-16 years old males in 1976, Māori represented:

* 36.5% of the total persons appearing in the Children and Young Persons Court;
* 41% of the distinct cases appearing in the Magistrate’s Courts.

The report (Department of Justice, 1979) emphasised that ‘although this is only a raw analysis it does suggest an imbalance with, all things being equal, more Māori being remanded in custody than would be expected’ (p. 7). The report recommended:

A deeper study needs to be undertaken to assess the interacting circumstances that result in a decision for custody. We must say however that we cannot envisage a situation where the Court could properly consider race, per se as the discriminating factor that influences the remand decision (Department of Justice, 1979, p. 17).

The research also showed, that out of all young persons who were remanded in a penal institution for the research period (1977 to early 1978), in 36% of the cases the information on the remanded individual could not be located or linked with the Justice Department records (as per information provided by the institution to the research group).

This study was just a snapshot in time. However, research highlights that for approximately a third of all the young people remanded in penal institutions, their alleged offences could not be linked or found in Justice Department records. It is not clear whether this is a failure in record keeping or if young people were remanded in penal institutions for no legal reason.

The ‘Children in the State Custody’ report in 1981 released by the Auckland Committee on Racism and Discrimination (ACORD) found that children were more likely to be placed in custody than adults:

In 1975, only 6.9% of adults were sentenced to terms in custody, compared with over 10% of children (3.6% sentenced to terms in penal institutions and 6.8% to the care of DSW, of all 14–16-year-olds charged with offences before the Children and Young Persons Courts). Of all 14–16-year-olds charged with offences before the Children and Young Persons Courts, 2.9% were remanded in prisons, and about 10.5% more were remanded in Social Welfare Custody. While only 6.4% of adults facing charges in the Magistrate’s Courts (renamed District Courts) were remanded in custody (ACORD, 1981, p. 6).

Māori children were being remanded into adult prisons at a higher rate than European children, which placed them at a higher risk of being physically and sexually assaulted, as there was ‘no policy to separate young people from adults in New Zealand prisons’ (ACORD, 1981, p. 5). ACORD (1981) highlighted the case of a 12-year-old boy who was kept in an adult prison, with no separate facilities for children:

During his detention he was visited by the more influential of the older boys and men and fed chocolates and given comics as an inducement for sexual favours. This is the reality of a situation to which the Department of Justice is a party (ACORD, 1981, p. 5).

With the passage of the CYPF Act 1989 the detention of under 17-year-olds on remand in adult prisons was statutorily ended. This was 17 years after the Nelson Māori Committee had first launched a campaign against the practice (Sutherland, 2019). However, problems related to the practice of remanding young persons in police cells for prolonged periods continued into the 1990s and beyond. A report by the Commissioner of Children ‘Young people in Police cells’ (Office of the Commissioner for Children, 1997) reiterated concerns of remanding young people in prison-like conditions in police cells for, which the Commissioner described as ‘unacceptable in a civilised society’ (p. 2).

The concerns included young persons freely associating with adult detainees; a heightened risk of suicide and self-harm; and solitary confinement in a small space for a prolonged period (up to 21 days). The Commissioner for Children highlighted:

If a family or community member was placing young people in conditions such as those experienced in Police cells the Department [of Social Welfare] would be quick to intervene. Yet where young offenders are being held in appalling conditions in Police cells because of the Department’s failure to ensure suitable residential accommodation, its reaction has been to blame others rather than review its own policies and practices (p. 16).

Overall, research data indicates disproportional treatment at all levels of justice system. Māori children and young persons were brought before the Children’s Court at higher rates than non- Māori. Of those who were charged, Māori were disproportionally represented in the sentence categories that would most likely result in removal from their whānau.

### Youth Justice outcomes after the 1989 Act

Māori remained over-represented in Youth Justice statistics after the passing of the Children, Young Persons and Their Families Act 1989. Maxwell and Poppelwell (2003) published statistics relating to young persons’ (aged 14 to 16 years) court appearances for the time period just before the introduction of the Children, Young Persons and Their Families Act 1989 and continuing up to 2001. The authors presented population-adjusted rates of distinct young persons who appeared in Youth Court on at least one occasion in the course of a year.[[32]](#footnote-33) The rates at which young people appeared in Youth Court were calculated for each ethnic group (per 10,000 respective population).

Figure 2.7 indicates a substantial decrease in the rate in appearances from 1988 until 1991 for all ethnic groups, which according to the authors may be due to the initial impact of the 1989 Act. After 1992, the rates started to rise again but during the next 10-years, only reached to about half of the rates prior to the introduction of the 1989 Act.

As seen in the Figure 2.7, the rates of Māori appearances were much higher from 1989 – 2001. The rate for Māori young people was about four times that for European[[33]](#footnote-34) young people and twice that for Pacific Island young people.

This graph shows the number of juvenile offenders per 10,000 juvenile people in the population. This is shown from 1988 to 2001 and Māori, Pacific, and European ethnicity is given. 
A full description of the data in figure 2.7 is on page 155 under the heading of Youth Justice outcomes after the 1989 Act.
Figure 2.7. Rates of distinct offenders per 10,000 European, Māori and Pacific youth aged 14-16 years for 1988-2001 in all Youth Court areas

Source. Maxwell and Poppelwell (2003, p. 12).

The authors surmised that:

these data support the conclusion that the present youth justice system continues to be more effective than methods of the past in diverting young people from criminal proceedings. However, the amount of diversion from the Youth Court by the use of other strategies, such as direct referrals for a family group conference, appears to have declined since 1991. (Maxwell and Poppelwell, 2003, p. 15)

However, ethnic disparity remained high in a disproportionately large share of Māori young persons appearing on charges. Fulcher and Ainsworth (1994) highlight, ‘in 1990, Maori adolescents made up 51 percent of cases brought before the courts, yet they made up only 12 percent of the total population aged 14-16 years’ (p. 5).

Further, the ‘Youth Offending Strategy’ by the Ministerial Taskforce on Youth Offending (Ministry of Justice & Ministry of Social Development, 2002) included concerns about the high rates of offending by young Māori. Based on the data for under 17-year- olds from 1991 to 2000, the document highlighted that Māori youth comprised about half of youth in the youth justice system, including Police apprehensions, youth justice Family Group Conferences and court prosecutions. The Ministerial Taskforce emphasised the Māori over-representation in the youth justice statistics in relation to the population: ‘In 1996, the proportion of under 17-year-olds who were Māori was only 24%. Māori children and young people are therefore significantly over-represented in youth offending statistics’ (p. 12). They also identified ‘gaps in effective programmes delivered by and for Māori, and insufficient information for Māori youth and whānau about what programmes are available’ (2002, p.14).

Maxwell and Morris (1991) noted that in 1988, Pākehā accounted for 51% of known juvenile offenders, Māori for 43% and Pacific Island Polynesian for 5%. They acknowledged the disproportionally high number of young Māori in the offending statistics but suggested that police statistics may have overestimated the number of Māori due to a different ethnicity categorisation than used in census data (attributing ethnicity based on the appearance and name as compared to person with half or more

Māori descent[[34]](#footnote-35)). The authors further provided an early analysis of police statistics, before and after the 1989 Act and emphasised no significant changes in offending patterns were found, including the proportions of Pākehā and Māori juvenile offenders.

Maxwell and Morris (1993) provided an updated analysis of the previous comparisons which resulted in the similar conclusion that ‘very little change has occurred’ (p. 214).

This disproportionality is the result of a combination of both long-term social and economic disadvantage related to enduring colonisation and ongoing systemic discrimination (Becroft, 2015; Cleland & Quince, 2014; Henwood, George, Cram, & Waititi, 2018).

Certain groups were over criminalised, not just because they committed more crimes, but because they were subject to over-surveillance. In addition, they did not have influence in the framing or enforcing of laws, with the result that the legal system did not take account of their norms or values, and instead promoted and protected the interests of those in the dominant power structures. (Quince, 2007, p. 344)

Presenting police data on detected juvenile offenders from 1978 to 1990, Maxwell and Morris (1993, p. 211) concluded that proportions of juvenile offending attributed to Pākehā, Māori and Pacific Island offenders have fluctuated relatively little over the twelve-year period; with Pākehā making up just below 50% of all juvenile offenders, whilst the majority of the remaining half are Māori, and Pacific Islander represent about 5%.

Referring to crime statistics,[[35]](#footnote-36) Social Environment Scan (Department of Social Welfare, 1999, p. 56) emphasised that ‘Māori youth are far more likely to be apprehended by the police than other youth: in 1995, the rate per 1,000 population aged 0-16 was 107 for Māori, 52 for Pacific youth, and 28 for other youth’. Further, Māori accounted for 55% and Pacific young people for 10% of prosecutions/court cases involving young people (14-19) that were finalised in 1997 (Spier, 1998, as cited in Department of Social Welfare, 1999).

### Youth Justice – discussion of data

While the extent of tamariki Māori in care and protection was less documented, there were numerous statistical reports published on tamariki and rangatahi, who were affected by the Youth Justice system with statistics mainly provided about youth coming to official notices and appearing in court.

Official statistics and cohort studies showed a high ethnic disparity in offending statistics throughout the research period. Between 1964 and 1989 Māori boys were brought before the court at 3.6 to 7.1 greater rates than non-Māori boys. The rates for Māori girls court appearances were 4.8 to 9.4 times greater than for non-Māori girls court appearances, showing an even larger gap for girls. The ratios of Māori to non-Māori court appearance rates were highest around 9:1 for girls in late 1970s and in 1984-85, and 7:1 for boys in 1985.

Whilst similar trends appeared with all official notices between 1964 and 1989, the ratios were slightly smaller, which indicates that the gap between Māori and non-Māori was more prominent in court appearances than in other less formal bodies dealing with youth offending (i.e., Police Youth Aid).

The publication of ethnicity data in justice statistics during the period, indicates the state did have the mechanisms to collect ethnicity data. However, it only collected this data in justice and not welfare settings. The collection and publication of the over- representation data without causal explanations such as the impact of colonisation, land alienation urbanisation, structural racism, and increased surveillance of the state, created the impression that Māori were predisposed to criminality. This deficit narrative located the problem within the individual and not the state and fed the racial criminal stereotype of Māori men. Webb (2009) notes that too often analysis ignores the wider social context in which offending figures are generated. ‘The failure to situate offending statistics with the broader cultural and historical context, can lead to a limited understanding that ignores how crime figures are socially constructed’ (Webb, 2009, p. 3).

Sensational media coverage and reporting offending statistics that omitted contextual (historical and socio-political) influences created and reinforced negative stereotypes of Māori, which in turn influenced public fear, police apprehensions, court outcomes and policy changes (Cook, 2021; Jackson, 1988). This is further elaborated in chapter three which examines the differential treatment of Māori as part of the enduring colonising environment within the settler state system.

### Limitations and implications

As noted earlier, disproportionality and disparity ratios between Māori and non-Māori were calculated based on the general population statistics at the time to take into account different sub-population structure and size. However, the collection and classification of ethnicity has changed over time and different ethnicity categorisations were potentially used in research and official statistics which may have affected findings and temporal comparisons.

Bull (2009) notes that caution should be taken when comparing the differences between ethnic groups and the recorded rates of interaction with the justice system, solely on the basis of population size alone (Bull, 2009). In Aotearoa, the ethnic groups have distinct demographic features. The Māori population, for example, are younger than other groups, which is pertinent to analyses of crime as most crime in Aotearoa New Zealand is committed by young people between the ages of 14 years to 30 years (Chong, 2007). Ideally, imprisonment rates need to be age standardised by population to allow accurate comparison (Webb, 2009).

In addition, researchers (Cook, 2021; Cormack, 2010; Jackson, 1988; Love, 2002) have discussed problems with statistics relating to variations in definitions of ethnicity in the censuses (biological definitions based on ‘degrees of blood’ versus cultural affiliation and self-identification) and between state agencies (judgement by physical appearance and name versus self-identification). Earlier biological approaches (‘full-blood’, ‘half-caste’) were based on assimilationist policies (Cormack, 2010) and the expectation of ‘extinction’ of Māori people as a statistical category in the long-term (Colgan, 1972; Love, 2002).

In settler societies, the official definitions and approaches to classifying indigenous peoples have often served the interests of settler governments and institutions, rather than meeting indigenous rights to self-determination and free expression of indigenous identity. These categorisations have been used in varying ways at different times to contain, marginalise, exclude, assimilate, and make invisible, indigenous peoples (Cormack, 2010, p. 6).

Since the 1986 Census, official statistics have moved away from the biological basis of ethnic categorisation to an approach based on self- identified cultural affiliation with more than one group if applicable (Cook, 2021; Cormack, 2010).

Ethnicity determined on a biological basis was culturally inappropriate, ethnic identity assigned by perception and judgment contained inaccuracy (Jackson, 1988). Historically, police practice included recording ethnicity based on offenders’ self-identification or assigning ethnicity of offenders from their appearances and name. Jackson (1988) argues that ‘observer estimation to classify Māori offenders in fact produces not a ‘Māori crime rate’, but a ‘Māori as perceived by the police’ crime rate’ (p. 18).

The findings in this chapter need to be situated within these limitations as different ethnicity classification approaches may have contributed to under-counting (e.g., biological criteria) or over- counting (visual assessment by officials) of Māori population in research and statistics.

It is acknowledged by the researchers examining offending that statistics do not represent true offending in the population as some offenders may remain undetected. Police apprehensions may be influenced by police profiling of offenders, public attitudes and involvement (e.g., reporting to police). There is evidence that racial bias and prejudice within the settler state system and public discourse has resulted in inflated Māori apprehensions in comparison to non-Māori, as well as over-reporting of Māori whānau to welfare agencies (Sutherland, 2020).

The focus of this section was to examine the extent of Māori over-representation in the welfare system. We compared Māori and Pākehā offending rates to demonstrate how the justice pipeline fed the welfare state Māori tamariki. The focus of the next chapter is to explain how these statistics were socially constructed and reinforced through the differential treatment of Māori in the settler state system. It emphasises how understanding the over- representation of indigenous people in criminal justice system requires a comprehensive analysis, including addressing a multitude of interrelated socio-cultural factors (Cunneen, 2006; Jackson, 1988; Webb, 2009).

An adequate explanation involves analysing interconnecting issues which include historical and structural conditions of colonisation, of social and economic marginalisation, and institutional racism, while at the same time considering the impact of specific (and sometimes quite localised) practices of criminal justice and related agencies. (Cunneen, 2001, as cited in Cunneen, 2006, p. 7)

While the full extent of Māori tamariki over- representation in State Care is unknown, the existing evidence provides enough confidence to assert that tamariki Māori were over-represented in care and protection and youth justice settings. In addition, the two most significant pathways into State Care, justice and notification to welfare, also demonstrate over-representation. Māori were more likely to be brought to the attention of the state, more likely to be criminalised, more likely to be taken into State Care for less apparent risk, more likely to be placed in a harsher environment, and less likely to receive intensive support while in care than Pākehā children.

“The children's courts statistics going right back to the 50s are very good, while Family Court statistics are awful and the ethnicity in them is very poor.”

- Len Cook, public servant researcher

## Part Three: Over-representation in psychiatric settings

The following section examines evidence of over- representation of tamariki Māori and vulnerable adults in psychiatric settings.

### Context and background to Māori psychiatric rates

A short analysis of trends in psychiatric care for Māori prefaces this section to provide context. The concept of ‘mental illness’ used in Western medicine did not exist in traditional Maori society; it was imported as part of the colonial infrastructure (Cram, Te Huia, Te Huia, Williams, & Williams, 2019). Early studies into Māori mental health conducted in the early 1940s, appeared to be largely concerned with understanding the apparent lack of mental ill- ness within Māori communities. In short, attempting to understand why Māori were less susceptible to mental illness. Te Kani Kingi writes about this time period,

‘Putting aside the obvious difficulties of assigning diagnosis, and the ability of non-Māori researchers to interpret cultural norms, the results of this study reveal a number of interesting findings. The first is based on observations of Māori communities and an analysis of admissions data. In this regard the study showed that the overall incidence of mental disorder, amongst Māori, was about a third that of Pākehā. In terms of major functional psychotic disorders, the study also showed that the Māori incidence was about half that of Pākehā. Problems connected to war neurosis showed similar patterns’. (Kingi, 2005, p. 4)

The issue of Māori mental illness is described in the research as a ‘contemporary phenomenon’. Durie wrote in 1994.

‘During the nineteen fifties, non-Māori admission rates to psychiatric hospitals were relatively high, mental hospitals were comparatively large and general hospital psychiatric units were few and small. It was the era of institutional care; interestingly, Māori did not feature as significant consumers’ (p. 243).

The data in this section indicates a stark and significant rise in Māori admissions reported from the 1960s (and before) to the 1980s. Researchers have previously identified the dramatic change in Māori psychiatric admission patterns and have suggested possible explanations (Durie,1994; Dyall,1997; Kingi, 2005; Baxter, 2007; Lawson-Te Aho, & Liu, 2010). However, a lack of evidence hinders an exacting explanation. Kingi (2005) presents five themes across the data that are abridged and discussed here:

* 1. The issue of cultural decay or alienation. The impact of the urban shift and social integration, led to cultural isolation and alienation from many of the traditional structures that in the past had protected Māori. For many, cultural decay was inevitable as was an increased susceptibility to mental health problems (p. 7). In 1991 Dr Erihana Ryan described the disproportionate rate of distress amongst Māori as ‘fundamentally an expression of colonisation’ (Dow cited in Cram et al., 2019, p. 112).
  2. The impact of unemployment. In times of economic growth and prosperity jobs were relatively easy to come by, reasonably well- paying, and fairly secure. However, during the 1970s, New Zealand experienced a significant economic decline. Rising rates of unemployment had a detrimental effect on society as a whole, it was particularly devastating for the Māori community. Māori tended to be employed in primary industries – freezing workers, production hands, and associated sectors. This led some to describe Māori as the ‘shock-absorbers for the rest of the economy’. While viruses and pathogens require ‘certain conditions to flourish, the consequences of high unemployment (and all that is associated with it) created a perfect environment for mental health problems to develop (p. 7).
  3. The misdiagnosis of Māori. There is anecdotal evidence that Māori were misdiagnosed with mental health problems. In speaking with those who worked in the sector during the 1970s, certain themes emerge and in particular how cultural norms were sometimes interpreted as clinical abnormalities…it is important to consider that many behaviours are culturally specific and that what may seem strange or bizarre in one culture may in fact be normal or accepted within another (p. 8).
  4. A historical preference by Māori to care for their own within the whānau. Up until very recently most mental health facilities were located in remote or isolated settings, the buildings were large and often unwelcoming. Many were self-contained communities (complete with farms and shops) which meant that contact with the outside world was infrequent; a strategy also designed to placate public fears of the mentally ill and to reduce the apparent risk of contamination. If low admissions were a partial consequence of Māori not seeking care, then it appeared that by the mid-1970s Māori whānau were more willing to relinquish this responsibility, further contributing to increasing admissions (p. 9).
  5. The impact of alcohol and drug related disorders. These disorders disproportionately affect Māori and reflect an overall pattern of unsafe and unhealthy consumption. Alcohol has almost become a cultural norm for Māori and appears to be entrenched within many whānau. Although this can be said for many families, both Māori and non-Māori, it is the pattern of consumption and the manner in which this is done that causes concern. In this regard, the culture of binge drinking, the associated link to other types of substance abuse, and the elevated risk of related social problems, has also done much to create a fertile environment for Māori mental illness (p. 10) (Abridged from Kingi, 2005).

More recently research has indicated that childhood emotional loss and trauma, provide both the experiential, psycho-emotional and physiological template for addiction. ‘Rather than choice, chance or genetic predetermination, it is childhood adversity that creates the susceptibility for addiction’ (Mat, 2012, p. 56). See chapter 4 for further discussion regarding the impacts of Māori involvement in State Care.

Kingi (2005) surmises it is impossible to say with any certainty what caused the transformation from the historical patterns of Māori mental health to the contemporary issue of Māori mental illness. The change, however, was ‘dramatic, though not entirely unexpected given the immense social, cultural, and demographic changes that took place. The one thing that is certain however, is that a combination of factors that are responsible’ (p. 19).

Time and resource constraints mean that the following analysis presents only a snapshot of data. However, the analysis did identify trends in the psychiatric inpatient populations covering the time period 1960 to 1994. First admission age-specific rates per 100,000 of the mean population for Māori and non-Māori are examined. Analysis also includes the proportion of Māori in all first admissions and readmissions (1971-1994), as well as some referral sources (e.g., law enforcement agency) and an analysis of gender distribution.

### Mental health care settings – tamariki Māori and vulnerable adults in psychiatric institutions

Patient admissions to psychiatric and psychopaedic institutions were examined. Psychiatric institutions provided care for people assessed to have a mental illness and/or intellectual disability. Psychopaedic institutions were responsible for caring for people with intellectual disabilities.

Additionally, general hospital psychiatric units provided acute psychiatric care and Salvation Army institutions had specialised alcohol addiction treatment programmes (Craig & Mills, 1987).

Craig and Mills (1987) defined an institution as ‘a place where residents choose or are compelled to reside for purposes of receiving care and/or control outside of a family setting’ (p. 2). This definition includes hospitals and other care settings such as health camps, residential special schools, children’s homes, penal institutions, etc. (Craig & Mills, 1987).

In 1979, there were:

* 14 psychiatric institutions (e.g., Lake Alice, Cherry Farm),
* four psychopaedic institutions (Braemar, Mangere, Templeton, Kimberly),
* 13 psychiatric units in public hospitals, and
* Four Salvation Army institutions (e.g., The Bridge) (Department of Health, 1981).

The following section provides an overview of available mental health statistics that were compiled annually (1971-1994) by the National Health Statistics Centre of the Department of Health.[[36]](#footnote-37)

The data is presented for Māori in relation to non- Māori patients, including:

1. First admissions are persons who have been admitted as an inpatient to a psychiatric hospital, a public hospital psychiatric unit or a Salvation Army institution for the first time.
2. Readmissions, include persons who have been previously admitted to psychiatric institutions.

### Proportion of Māori in the first admissions and readmissions

Analysis focused on the numbers and proportion of Māori in all first admissions and readmissions in psychiatric institutions from 1971 to 1993.[[37]](#footnote-38) The proportion of Māori admissions in psychiatric care was compared with the percentage of Māori across quinquennial population censuses (1971-1991).[[38]](#footnote-39) Analysis revealed that the number of Māori first admissions increased from 1971 to 1993 by 96% (from 358 in 1971 to 701 in 1993).

The total number of readmissions increased by 238% (from 669 in 1971 to 2262 in 1993). Readmissions made up a larger share of all admissions among Māori inpatients, with the proportion of readmissions increasing over the years (from 63% to 76%).

The balance between first admission and readmission was similar among non-Māori inpatients (62%- 71%). The data suggests that across 1991-1993, approximately 3 out of every 4 Māori admissions were readmissions of Māori inpatients.

The percentages and total numbers of Māori and non-Māori psychiatric care first-time admissions and readmissions from 1971 to 1993.
Full descriptions of the data in figure 2.8 is on page 168 under the heading proportion of Māori in the first admissions and readmissions.
Figure 2.8. Māori percentage of all first admissions and readmissions

Data sources: Department of Health (1973-1989)

Overall, Māori admissions appeared to increase along with Māori population increases until the mid- 1980’s.

In 1971, Māori made up about 8% of all first admissions and 9% of all readmissions in psychiatric institutions (compared with about 10% Māori in the 1971 population Census).

In 1981, Māori contributed 10% to all first admissions and 11% to all readmissions (compared with about 12% Māori in the 1981 population Census).

Overall, Māori admissions appeared to increase in line with the Māori population increases until the mid-1980s. However, from 1983 onwards, analysis indicates Māori are over-represented in psychiatric care based on population percentages. For example, in 1991, Māori made up 15% of all first admissions and 19% of all readmissions (compared to about 13% Māori in the 1991 population Census). The proportion of Māori readmissions reached almost 20% of all readmissions in 1993.[[39]](#footnote-40)

The increase in the proportion of Māori admissions to psychiatric care may be explained by small changes in non-Māori admission numbers (there was a 15% decrease in first admissions and 28% increase in readmissions between 1971 and 1993). Craig and Mills (1987) observed that for the years 1977-1984, the number and rate of total Māori admissions had increased considerably, however non-Māori admission rates showed a stable slightly decreasing trend over the same time period. Similar trends have been observed in other research (Mills, Wallace, & Reedy, 1989).

### First admission rates

Figure 2.8 demonstrates the extent to which Māori of all age groups combined were represented in admissions to psychiatric care. Rates of mental health have been found to vary between age groups. Younger people are more likely to experience mental distress. Higher fertility rates and decreasing infant mortality led to rapid changes in the age structure of the Māori population during this time (Cook, 2020). Therefore, a greater proportion of the Māori population is younger than other groups.

In 1979, 54.2% of the Māori population in contrast to 36.2% of the non-Māori population were aged under 20 years (Department of Health, 1981). Therefore, valid comparisons between Māori and non-Māori require adjustment for the differing age structure of Māori and non-Māori population. These were made in the standardised rates of first admissions.

Figure 2.9 demonstrates that the standardised rate at which Māori have been admitted as psychiatric inpatients for the first time has increased considerably from 1960 to 1979. In 1960, the standardised rate for Māori first admissions was 88.5 per 100,000 population, which increased to 156.6 by 1979 (77% increase). The non-Māori first admissions standardised rate has also increased over the same 20 years, but at lower proportions – from 119.4 to 141.6 per 100,000 population (16% increase).[[40]](#footnote-41)

While the non-Māori standardised rate was substantially higher than the Māori standardised rate in 1960, the difference between the two gradually decreased in subsequent years. The Māori rate for all age groups was below the non-Māori rate until 1968, but in the following 11 years it was the higher of the two (Department of Health, 1981). As explained in the previous chapter the 1960s was a time of turbulent change for Māori. The challenges of urbanisation, assimilationist policies, systemic racism, increasing socioeconomic disadvantage and greater attention by law enforcement all contributed to the disproportional increase in admission rates.

The number of Māori and non-Māori first admissions to psychiatric care per 100,000 population from 1960 to 1978. 
Full descriptions of the data in figure 2.9 is on page 171.
Figure 2.9. First admissions standardised rates age-adjusted to the 1959 mean non-Māori population

Comparative total rates for Māori and non-Māori were not provided from 1980 onwards. However, the rates for specific age groups are available until 1987. Age-specific rates reveal that the most vulnerable populations were young Māori adults aged 20 to 29 (Figure 2.10).

The 20-29 age group demonstrates the highest first admission rates in comparison to other age groups in the Māori population, and the largest discrepancy with non-Māori rates in the same age group. The 1987 Mental Health Data report (Department of Health, 1989) points out that in a 13-year period (1975-1987) the average yearly first admission rate for Māori was 385 per 100,000 population in the 20–29-year age group, in contrast to 220 per 100,000 population for non-Māori in the same age group.

Notable disparities between Māori and non-Māori first admission rates also appeared amongst children aged between 10-19 years. From 1970 to 1987, Māori children (10-19) and young adults (20-29) were admitted to psychiatric care at about 1.5 times higher rate than non-Māori. The difference between Māori and non-Māori increased to about 2 times the rate for the 20 to 29 age group, in the mid-1980s.

Craig and Mills (1987) calculated gender-specific admission rates by combining Mental Health Data 1977-84 and population statistics. They were concerned with the increasing Māori admission rates and ethnic and gender disparities. The authors emphasised, ‘the admission rate of Maori women is, for instance, far greater than either the non- Maori male or the non-Maori female rate and is still increasing. The Maori male rate is even greater’ (p. 26). Based on their findings, Craig and Mills (1987) suggested racial stereotyping and cultural insensitivity as contributing factors for ethnic disparity in psychiatric admission rates:

‘Maori people are admitted for much the same types of conditions in similar proportions to non-Maori people, but they are admitted at a far greater rate. Racial stereotyping and cultural insensitivity may be a factor in explaining this difference as may the relatively deprived economic and social conditions in which many Maori people live.’ (p. 23)

This graph reveals age-specific rates of first admissions for Māori and non-Māori with the ages grouped into 10-19 years old and 20-19 years old. The data is presented from 1960 to 1987.
Full descriptions of the data in figure 2.10 is on page 172-173.
Figure 2.10. Age-specific rates per 100,000 mean population for Māori and non-Māori first admissions, by 10-19 and 20-29 age groups

Data sources: Department of Health (1973-1989)

Table 2.28. Admission rate by ethnicity

* First admissions of Māori males 227 and females 184 versus non-Māori males 133 and females 120.
* Readmissions of Māori males 586 and females 516 versus non-Māori males 235 and females 215.

Source: Department of Health (1992, p. xx); Rates per 100,000 Segi’s world population

The 1990 Mental Health Data report (Department of Health, 1992) introduced comparative admission rates between Māori and non-Māori females and males (all ages combined). In addition, comparative rates for readmissions were provided for the first time.

Both first admission and readmission rates indicate that female and male rates were considerably higher for Māori than non-Māori, particularly readmission rates. Māori females experienced readmission rates which were 2.4 times (140%) higher than non-Māori females. Māori males had readmission rates 2.5 times (149%) higher than non-Māori males. Analysis of the 1990 data also demonstrated that Māori women were at greater risk and had a higher chance of psychiatric admissions than both non-Māori women and men. This data supports the findings of Craig and Mills (1987) research which was based on the 1977-84 data analysis.

Examining admission rates across different age groups, the 1991 Mental Health Data report (Department of Health, 1993) revealed higher first admission rates for Māori in all age groups for both genders. While those aged 20-24 years showed the highest age-specific rates for Māori first admissions, the disparity with non-Māori rates was greatest amongst younger patients, particularly those aged between 15-19 and 20-24 years. This data demonstrates that Māori children and young persons (15-24) were about twice as likely to be hospitalised for psychiatric care in 1991, when compared with their non-Māori peers.

The 1994 Mental Health Data report (Department of Health, 1998) provided age-standardised rates for the total population and separately for the Māori population, indicating that Māori experienced higher first admissions and readmission rates than the total population.

### Referrals by law enforcement to psychiatric care for Māori

Analysis of 1971 to 1992 data, indicates that for Māori (all age groups) the first referral source to psychiatric institution was ‘other medical practitioner’, including general practitioners. The second largest referral source for Māori for first admissions to psychiatric institutions were Law Enforcement agencies (e.g., Department of Justice, Police). [[41]](#footnote-42)

Analysis of this data revealed a large ethnic disparity in referrals from law enforcement agencies. For Māori, the share of first admission referrals from law enforcement agency ranged from 17% to 24% in contrast to 7%-9% for non-Māori.

The following figure presents trends in law enforcement referrals for Māori and non-Māori from 1971 to 1992. Findings demonstrate that Māori were about 2 to 3 times more likely to receive referrals from law enforcement agencies than non- Māori.

Whilst the results clearly indicate that Māori were more likely to be referred to psychiatric care by law enforcement agencies, no detail is provided about the content of these referrals or mentions of specific agencies (e.g., Department of Justice, Police). It is noted that psychiatric inpatients included remand patients, who were admitted to a psychiatric hospital from the Courts for psychiatric assessment. A further analysis of police bias and institutional racism is discussed in Chapter 3.

It appears this trend in justice entry into psychiatric services has been persistent. Baxter (2007) found ‘Māori over-representation in forensic psychiatric services with justice entry points to mental health service being more likely for Māori than via primary care’ (p. 136). She identified that this is an issue where significant inequities in service provision are occurring with little research available with which to understand inequities and to address them (Baxter, 2007).

Mental health statistical reports also mention referrals from Child Welfare in first admissions. However, these referrals are collated under ‘non- medical agency’ along with churches and Alcoholics Anonymous (AA). These results demonstrate variability across the decades rather than a consistent trend.

For example, in the early 1970s, 1980s and 1990s Māori appeared more likely to be referred by non-medical agencies (including Child Welfare, churches and AA). However, this pattern was reversed in late-1970s and late-1980s. The proportion of referrals from these ‘non-medical agencies’ started to increase from 1990. It is not possible to establish from the collated data whether variations and increase were due to Child Welfare referrals or to other agencies collated within this category (Figure 12.1.).

This graph is about Law Enforcement Agency as a source of referral for first admissions in psychiatric care. It shows the percentage of referrals coming from a law enforcement agency for Māori and non-Māori from 1971 to 1992.
Full descriptions of the data in figure 2.11 is on pages 175 to 176 under the heading referrals by law enforcement to psychiatric care for Māori.
Figure 2.11. Source of referral for the first admission

Data sources: Department of Health (1972-1993)

This graph is about non-medical agency as a source of referral for first admissions in psychiatric care. Examples of non-medical agencies are child welfare, churches, and A.A. It shows the percentage of the total referrals of Māori and non-Māori made by non-medical agencies from 1971 to 1992.
Full descriptions of the data in figure 2.12 is on page 176 to 177.
Figure 2.12. Source of referral for the first admission

Data sources: Department of Health (1972-1993)

### Gender trends in data

Results support previous findings (Craig & Mills, 1987) that Māori men were more likely to be admitted to psychiatric care than Māori women, especially with regard to first admissions. On average, of all Māori first admissions, the proportion of Māori men was 57% (ranging from 47% to 62%), and 54% out of all Māori readmissions (ranging from 49% to 58%) from 1971 to 1994.

Later data also confirms that Māori men had higher rates of psychiatric care admission than Māori women. In 1994, age-standardised rates for admissions revealed that admissions for Māori men were 24% higher than Māori women (308.3 and 247.4 per 100,000 population). For readmissions this was 28% (779.8 for men and 607.4 for women per 100,000 population) (Department of Health, 1998). While non-Māori men experienced higher admission rates than non-Māori women, the difference was not as profound as for Māori men (11% for admissions, 9% for readmissions).

Table 2.29. Gender differences in admission rates

Male admission rates were higher than female by:

* Māori admission rate in 1990, 23% and in 1994, 24% versus non-Māori in 1990 11% in 1990 and 23% in 1994.
* Māori readmission rates in 1990, 14% and in 1994, 28% versus non-Māori 9% in 1990 and 13% in 1994.

Source: Department of Health (1992, 1998)

Evidence presented in the previous section indicates that Māori men were more likely to be impacted by the justice system. Data highlights that referrals from the Justice system made up a considerable share of first admissions. This may explain why there was a higher share of Māori men amongst first admissions during this time period. The connection between over-representation in mental health and the justice system, and the confluence of the two systems, has been established previously. Craig and Mills (1987) argued that ‘the high rate of apprehension for criminal offending amongst Maori people could, to some extent, be associated with their over- representation in psychiatric institutions’ (p. 23).

In summary, analysis of available mental health data provides a broad picture of the extent of Māori admissions into psychiatric institutions from the 1960s to the 1980s. In particular the steep rise in admission and readmission and the persistent referral by justice into the psychiatric system. Unfortunately, the way in which the data has been collected and presented does not allow the identification of further trends in the admission and readmission data. More recent qualitative evidence suggests that there were definite populations among Māori that were discriminated against and persecuted through psychiatric institutionalisation. Recently the Confidential Forum and the Confidential Listening and Assistance Service indicated that:

* Women and girls’ admissions appear to have reflected prevailing norms about women’s gender roles, mothering, pregnancy, miscarriage, childbirth, and marital difficulties. Some were sent following experience inside the social welfare system. Young women admitted to psychiatric hospitals for post-partum depression often stayed for many years.
* Infants and young children were sent to psychiatric hospitals, sometimes in response to abuse within the family.
* Men and boys often experienced involuntary treatment following a trajectory of traumatic experiences through the social welfare system and/or getting into trouble at school or with the law.
* Disabled people and people with physical health conditions were also subject to forced treatment. Gender identity and sexual orientation that did not meet the norm also led to forced treatment. (Henwood, 2015; Mahony, Dowland, Helm, & Greig, 2007).

Psychiatric institutional procedures have been noted as being particularly harmful and abusive. Sir Rodney Gallen’s Report on Lake Alice psychiatric hospital provides clear evidence of the use of unmodified ECT through the 1970s. He documents the use of ECT as punishment, administered on children and young people’s body parts. He described these ECT practices as ‘a regime of terror’ and reported them to the United Nations Committee on the Convention Against Torture (Gallen, 2001).

Mary O’Hagan (2019) in her Statement to the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions at the Contextual Public Hearing stated that:

‘Much of the abuse (in psychiatric institutions) was not due to the ethical lapses or incompetence of a few but to the routine practices of many. It’s important to remember that not everyone experienced abuse within mental health services and some benefited from these services. But it is equally true that abuse has been widespread, especially in institutionalised and coercive services and for Māori, and marginalised populations such as Pacific people, Rainbow people and women’ (p. 5).

The data demonstrates a sharp increase in admissions to psychiatric institutions from 1960 for Māori. This increase mirrors patterns in data in the previous two sections demonstrating sharp increases in justice and out-of-home care placements for tamariki Māori during this period. What is unclear is whether State Care has contributed to the sharp increase in Māori psychiatric admissions. There are clear causal links between childhood trauma, addiction and alcohol abuse, and poor mental health (Mock & Arai, 2011; Maté, 2012; Larsen et al., 2017). The extent to which State Care is actually responsible for increased admission for Māori into psychiatric care cannot be determined through the available data but must be considered.

“From the 1960s through to the 1970s there was a huge shift in the psychiatric hospitals. They were almost overflowing with Māori people coming in, which was quite a change from before, and at that time I was working with Māori nurses – and was realising that these people were largely depressed, and they were talking to their ancestors, and the doctors would look at them and say, ‘Hallucinations,’ and fill them with all these psychotropic drugs, and then they would be zombies and be diagnosed with a mental illness … but it was really grief … grief they carried from colonisation.”

- Dame Margaret Bazley, non-Māori senior public servant

## Part Four: Over-representation in health camps

The first health camp was set up in 1919 by Dr Elizabeth Gunn to address the high incidence of malnutrition in school children (Hancock, 1984). According to Hancock (1984), from the early-1920s temporary health camps started to operate around the country. The first permanent camp was opened at Otaki in 1932 which was administered by the Wellington Children’s Health Camp Association. By 1942 health camps were operating or in development in nine locations: Auckland, Port Waikato, Wanganui, Gisborne, Otaki, Nelson, Christchurch Roxburgh, Invercargill. In 1946 an additional permanent camp at Maunu, Whangarei opened. In 1983, the Rotorua camp was opened. Health camps were under the general oversight of the Department of Health.

Whilst the initial purpose was to address the children’s physical needs (malnutrition, health issues), the focus was extended to include children with social and emotional needs (Craig & Mills, 1997; Hancock, 1994). Programme activities were intended to increase children’s self-confidence and alter negative behavioural patterns (Human Rights Commission, 1992).

Tennant (1994) notes prior to 1950 there were few Māori children in health camps. ‘Maori children were not particularly visible in the first camps’ as earlier concerns were more focused on ‘the Anglo-Saxon race’ and ‘Maori children were the last to benefit from school medical inspection and from school dentistry’ (Tennant, 1994, p.129). According to Tennant (1994), developments in the children’s health camp movement changed from the 1950s, when visibility of Māori by the health authorities increased due to urbanisation (described also in Chapter 1). Tennant highlights the lack of ethnicity data as well as the presence of negative stereotypes of Māori.

Photographs suggest that Maori children were entering the North Island health camps in increasing numbers, though annual reports did not give racial breakdown or even acknowledge the trend. There was probably concern that mention of Maori children would detract from the camp’s public image. (Tennant, 1994, p. 243)

The social environment of the health camps reflected socio-political attitudes of the time. Mono- cultural, assimilationist practices were present in health camps as they were in a larger society. Māori children were sent far from their homes and placed in environments where tikanga Māori was disparaged and viewed as inferior to Pākehā values and beliefs related to healthy living. Separate camps for Māori children that were closer to their homes were urged by some medical professionals and parents at the time, however these were not established (Tennant, 1994).

The Gisborne Children’s Health Camp appeared to be an exception in terms of its cultural responsiveness. According to Tennant ‘Gisborne appears to have been one of the more relaxed of the health camps, its staff making a genuine attempt to create an atmosphere which was, by their rights, comfortable for Maori children’ (p.132). The Gisborne Health Camp opened in 1941 and from 1947 transited from a temporary to a permanent camp being open all year round. ‘Right from the start, the Gisborne camp took in a relatively high percentage of Maori children, at least 50 percent in most years, usually more’ (Tennant, 1994, p. 131).

### Available data for tamariki Māori

There is a substantial gap regarding the ethnicity of children, who attended health camps from establishment until the 1980s. Three sources were located that provided statistical information on the ethnicity of children and adults who attended Health Camps since the 1980s (Hancock, 1984; Human Rights Commission, 1992; Tennant, 1994).

The Report of the Committee to Review the Children's Health Camp Movement (Hancock, 1984) noted that in 1983, 2,624 children attended health camps, with an average stay of six weeks. The Review Committee conducted a study including children from all six health camps operating at the beginning of 1983 with total of 294 children aged 5 to 12. While the average age of children was seven, Māori and Pacific Island children tended to be younger than European children. Health Camps consisted of more boys (56%) than girls (44%). The data indicated the over-representation of Māori and Pacific Island children in health camps compared to their proportion in the general population (Hancock, 1984). The report highlighted, ‘in the 1981 census around 12.5% of the age group 5 to 12 years was Māori, whereas in this sample 33% were Māori, 44% were European, 6% Pacific Islander, 17% not known’ (p. 22). The proportion of Māori children ranged from 9% in Glenelg (Christchurch) to 73% in Maunu (Whangarei).

Based on the estimated numbers of health camp catchment populations, the report emphasised ‘The Review Committee is aware of the heavy over-representation of Māori and Pacific Island children (p.52) and provided five recommendations addressing specifically ‘cultural issues’ (e.g., increasing Māori staff, Māori involvement in leadership, Māori community engagement).

Table 2.30 demonstrates that tamariki Māori were over-represented in all Health Camps in mid-1980's.

Table 2.30. Estimated health camp catchment populations aged 5-12 year, by ethnicity

* Maunu children were 73% Māori while only 27% of the children in the catchment area were Māori
* Pakuranga children were 44% Māori while only 12.5% of the children in the catchment area were Māori
* Rotorua 27% of the children in the catchment area were Māori, no information about the percentage of Māori children in the health camp were reported.
* Gisborne children were 28% Māori while only 26.5% of the children in the catchment area were Māori
* Otaki children were 25% Māori while only 10% of the children in the catchment area were Māori
* Roxburgh children were 17% Māori while only 3.4% of the children in the catchment area were Māori

Source (Hancock, 1984, p. 22, p. 52)

The 1992 Human Rights Commission (HRC) report noted that there were seven health camps throughout the country in 1992: Maunu (Whangarei), Pakuranga (Auckland), Princess of Wales (Rotorua), Te Kainga Whaiora o Te Tairawhiti (Gisborne), Otaki, Glenelg (Christchurch), and Roxburgh. According to the 1992 HRC report, during the year 1990/91, 4322 children attended health camps. Of the children who attended, 25% were Māori, 61% were Pākehā, and 11% were ‘other/not specified. Of the 350 adults who attended camps with their children, 20% were Māori, 48% were Pākehā and 32% were “other/not specified.”

Data indicates that the proportion of tamariki Māori in the Health Camps dropped from the mid-1980s to the early 1990s. The Pakuranga Health Camp serving children from the greater Auckland area, had a high proportion of Māori children:

* In 1990, 42%
* In 1991, 36% (HRC, 1992)

However, the proportion of Māori children in Pakuranga has decreased over the years. The HRC report (1992) refers to the Pakuranga Camp Manager’s comments:

‘The Camp Manager said that there had been an overall drop in the numbers of Maori attending Camp from 60% some years ago to an average of about 33% in recent years. He thought this drop in attendance may have been caused by more Maori children being placed with their extended families rather than at Camp.’ (p. 142)

In 1992-93, 4307 children were admitted to Health Camps, of which 60% were identified as Europeans, 31% Māori and 8% as from Pacific Island backgrounds (Tennant, 1994, p. 253).

While the health camps served a large number of children annually, their effects were questionable, especially in terms of long-term benefits (Craig & Mills, 1987). The Committee to Review the Children's Health Camp Movement (Hancock, 1984) identified that the cultural needs of Māori children were not met in the largely monocultural environment of the health camps.

‘It was urged upon us that modern New Zealand culture had fragmented the whanau. This fragmentation was the result of government economic policies which isolated the whanau from resources which would allow the whanau to work well and smoothly. The Maori speakers believed that the Children’s Health Camp Movement had inadvertently contributed to such fragmentation. The fact that large numbers of Maori children were in the camps but that proportionately few Maori staff were involved in running the camps was highly significant. The point was also made that no Maori person shared in the decision-making of the New Zealand Board.’ (Hancock, 1984, p. 51)

Unlike many psychiatric institutions and residential schools in New Zealand, not all health camps have been closed but rather repurposed in response to financial viability and public acceptability (Kearns & Collins, 2000). They remain as `curious hybrids' neither state agencies nor private charities (Woods, 1996) which operate despite the fact that institutional environments are increasingly cast as non-therapeutic.

“[Statistical disparities were] always happening more to Māori girls and they tend to get forgotten because the numbers were not as great, but they were treated every step along the way, worse than the Māori boys…. [Between 1974-6 of the girls sentenced to prison, borstal or detention centre] 100% of the 15-year-olds were Māori.”

– Don Sorrenson, Māori social worker

## Part Five: Over-representation in educational settings

Residential special schools were administered either by the Department (Ministry) of Education or by voluntary agencies who received most of their operational funding from the government (Craig and Mills, 1987). The schools were established for ‘children, whose needs (educational, physical or social) were beyond the resource of a regular school, were placed in residential special schools’ (Craig & Mills, 1987; Human Rights Commission, 1992).

The following table includes the list of all special residential schools operating in 1984-85.

Table 2.31. Special residential schools in Aotearoa New Zealand (1984/85)

* State schools for hearing impairment – Kelston School in Auckland and Van Asch College in Christchurch.
* State schools for learning difficulties – Hogben School Christchurch, Salisbury Girls School Nelson, and Campbell Park School Oamaru.
* There are two state schools for maladjustment, Waimokoia School Auckland and McKenzie Residential School Christchurch. There is one voluntary agency school for maladjustment, Glenburn School Auckland.
* The one school for visual impairment is the voluntary agency school, Homai College in Auckland.
* The two voluntary agency schools for intellectual disability are Hohepa School in Clive and Birchfield Home School in Christchurch.
* Wilson Home in Auckland is a state school for physical disabilities.
* The voluntary agency school St Dympna’s Special School in Carterton if for both physical and intellectual disability.
* The total roll for special schools is 867.

Source. Craig and Mills (1987, p. 44). Some descriptions adjusted to contemporary terms.

Placements in residential schools for children with physical disabilities (e.g., Kelston School for the Deaf, Van Asch College for the Deaf, Homai College for the Blind and low vision) were generally based on parental choice and were not considered a state decision (Human Rights Commission, 1992).

Craig and Mills (1987) found there were the limited descriptive statistics regarding children who attended special residential schools. From the available data, the authors surmised that Māori were more likely to attend schools for children with learning and behavioural difficulties, than schools for children with sensory/physical disabilities.

‘A count of pupils at Homai College, a special residential school for children with visual impairment, showed that the majority of pupils were European with some representation of other ethnic groups including Maori, Asians and Pacific Islanders’ (Royal NZ Foundation for the Blind, personal communication, 1985; as cited in Craig and Mills, 1987, p. 45).

‘The proportion of Maori and Pacific Island children in residential special schools for children with learning difficulties is, however, alarmingly high and has risen in recent years. (p. 45)

The Phase One Special Education Report revealed that Māori students were disproportionally over- referred to residential special schools and all Special Education 2000 initiatives (Massey University, 1999). The highest representation of Māori occurred in the Severe Behaviour Initiative. Tamariki Māori represented 37% of students receiving this service. Staff responding to the national evaluation survey were asked to rate the importance of seven specified issues concerning education support for students with severe behaviour difficulties, ‘providing culturally appropriate services to Māori children’ was considered the least important (Massey University, 1999, p. 118)

The 1987 Draft Review of Special Education stated that ‘culturally unfair’ tests were the reason why Māori children were over-represented in special classes, schools and services.

‘In the past assessment procedures have discriminated against students from cultures other traditional Europeans. To some extent, this can be seen in the disproportionate numbers of Māori children in residential special schools. It is necessary to ensure that all concerned in the assessment process are aware of the issue of unfair discrimination and of methods of assessment that may contribute to it. (Department of Education, 1987, p. 82).

Bevan-Brown (2002, p. 33) observed that it was surprising that the Draft Review did not specifically recommend ‘the development and use of culturally appropriate assessment instrument for assessment to be conducted by people from the learners own culture and for it to take Māori perspectives of special needs into account’.

### Residential learning and behaviour schools

There is very limited data on the numbers of students who were wards of the state who attended special schools. More often than not, this data was included with other groups which makes it difficult to discern exactly how many children who were wards of the state were placed in these institutions. However, the Ministerial review of the special residential schools noted that 30% of the children in special residential school in 1986, were either Wards of the State or under voluntary parent agreements with the Department of Social Welfare (Havill, 1986).

The following section explores the data that was available for residential schools. Most of this data indicates that Māori were over-represented in the most restrictive educational settings.[[42]](#footnote-43)

The data in the following figure was available from the ‘Ministerial review: Evaluation of Departmental residential special schools’ draft report (Havill, 1986). The data provides a snapshot of enrolments across residential placements in 1986.

Figure 2.13 clearly shows the over-representation of Māori and Pacific Island children in Campbell Park, Salisbury, Waimokoia, Van Asch and Kelston. The ethnic profile of Hogben appears vastly different from Campbell Park and Salisbury, with 13% of Māori children on the roll. This could be attributed to the regional placement of Hogben in Christchurch, however as discussed below this was not a feature of Campbell Park where regional placement should have resulted in very low numbers of Māori. Overall, the data indicates Māori were less represented in schools for children considered ‘maladjusted’ in 1986.

The percentage of Māori and Pacific Island students versus European students in residential special education schools in 1986. Schools were grouped for children with learning, behavioural, and hearing difficulties.
There were 396 students in total.
Schools for children with learning difficulties included:
Campbell Park (72 students, 54% Māori and Pacific students)
Hogben (98 students, 13% Māori and Pacifica students)
Salisbury (80 students, 40% Māori and Pacific students)
Schools for ‘maladjusted’ children included:
Waimokoia (31 students, 26% Māori and Pacific students)
McKenzie (23, 9% Māori and Pacific students)
Schools for children with hearing impairment included:
Van Asch College (49 students, 29% Māori and Pacific students)
Kelston (43 students, 49% Māori and Pacific students)
Further description of the data in figure 2.13 is on pages 190 to 191.
Figure 2.13. Enrolments by ethnicity across residential placements

Source: Data from Havill (1986). Note: Māori and Paciﬁc Island children’s data was combined in the original report (Appendix 1a).

Nearly half of the students at Kelston School for Deaf were Māori and Pacific Islanders (21/43; 49%). This is a staggeringly high over-representation of Māori and Pacific Islander students. In 1989, A Review Team established to investigate hearing impairment for Māori by the Ministry of Māori Affairs, found.

‘A strong link exists between social, economic and ethnic factors and the prevalence of hearing impairments … There is considerable evidence that inadequately treated ear conditions can lead not only to permanent and severe deafness but also to educational under achievement and marginal adaptation to society.’ (Ministry of Māori Affairs, 1989, p. 3)

The report identified significant information gaps that contributed to the full extent of the prevalence of Māori hearing impairment remaining uncertain. They identified four factors that contributed to the lack of comprehensive data.

* Ethnic statistics have not been kept by the national Audiology Centre or the Education Department Advisers on Deaf Children.
* Ethnic statistics themselves have been subject to varying interpretations with biological and self-identification method making Māori /non-Māori comparisons difficult.
* A national survey of hearing impairment has not yet been undertaken in New Zealand so the information which is available depends on studies of particular populations or inferences drawn from research.
* Mild hearing loss is often undetected and in any event is not a notifiable disease so that reporting procedures are not mandatory (Ministry of Māori Affairs, 1989, p. 23)

These challenges prevent a comparative study of rates of hearing impairment in the community with admission to residential schools. However, anecdotal data indicates that tamariki Māori were particularly impacted by hearing impairment and that this had an ongoing and profound impact on the lives of many Māori.

The 1992 Human Rights Report into residential schools, provides ethnicity statistics for four residential special schools for July 1991, including Waimokoia, Salisbury, Hogben, McKenzie. Out of 223 young people in the four residential schools 70% were Pakeha, 26% were Māori, and 4% were of Pacific Island descent. The proportion of Māori students ranged from 15% (in Waimokoia)[[43]](#footnote-44) to 32% (Salisbury). There were more boys (68%) than girls (32%) in all residential special schools combined.

Ethnicity statistics were made available by the Ministry of Education (May 28, 2021) from 1987 to 1999 roll returns data. The data is presented from 1990 onwards; earlier data included a number of discrepancies.

The next graph combines the data for seven residential special schools, including:

* Kelston Deaf Education Centre
* McKenzie Residential School
* Salisbury School (girls)
* Van Asch Deaf Education Centre
* Waimokoia Residential School
* Blind and Low Vision Education Network NZ (previously Homai)
* Halswell Residential College (boys; previously Hogben)

Percentage of Māori of total roll in seven residential special schools, 1990-1999. The schools are: Kelston Deaf Education Centre, McKenzie Residential School, Salisbury School (girls), Van Asch Deaf Education Centre, Waimokoia Residential School, Blind and Low Vision Education Network NZ (previously Homai), and Halswell Residential College (boys; previously Hogben).
Full descriptions of the data in figure 2.14 is on pages 192 to 194.
Figure 2.14. Data from seven residential special schools with percentages of Māori by gender

Data Source. 1 July Roll Returns, Ministry of Education (personal communication, May 27-28, 2021).

The total roll of the residential schools combined has increased from 390 in 1990 to 502 in 1999. The total proportion of Māori students ranged from 20% to 29% across the decade. There is a higher proportion of Māori boys than Māori girls in the residential special schools every year.

Figure 2.15 presents the proportion of Māori students for each individual residential special school from 1990 to 1999. Salisbury Girls School is presented with Campbell Park data in Figure 2.16.

The results indicate considerable variation in Māori representation across the individual schools. Van Asch rates indicate a comparatively smaller proportion of Māori students (6-20%), while in Waimokoia (for ‘maladjusted’ children) Māori representation reached nearly 40% for several years (15-43%).

The results reveal that for all years combined (1990- 1999) tamariki Māori were much more likely (29%) to be in the schools for children with learning and behavioural difficulties than in schools for children with physical disability (24%; significant difference with p < 0.5 on the Chi test).

However, this difference appears to be particularly significant for Māori boys. The percentage of Māori girls was similar in both types of schools (11%), however, Māori boys contributed 18% of the total roll in schools with learning and behavioural difficulties as compared to 13% in schools with vision/hearing impairment (Table 2.32).

These results suggest that the over-representation of Māori in schools for children with learning and behavioural difficulties (compared to schools for physical disabilities) may be due to Māori boys being more likely to be assessed as maladjusted or as experiencing learning difficulties.

There are six separate graphs, one for each of the following schools: Kelton Deaf Education Centre, McKenzie Residential School, Halswell Residential College, Waimokoa Residential School, Van Asch Education Centre, and Blind and Low Vision Education. Each graph shows the percentage of Māori students at each school from 1990 to 1999.
Full descriptions of the data in graphs in figure 2.15 are on pages 194 to 195.
Figure 2.15. Percentage of Māori of total roll in residential special schools, 1990-1999

Data Source. 1 July Roll Returns, Ministry of Education (personal communication, May 27-28, 2021).

Table 2.32. Māori students in residential special schools 1990-1999

* Vision/Hearing impairment: 13% boys and 11% girls
* Learning and behavioural difficulties: 18% boys and 11% girls.

### Campbell Park and Salisbury

In 1987 Craig and Mills examined the rolls of residential educational settings. The following table demonstrates the proportion of Māori/Pacific Island students who attended Campbell Park and Salisbury Girls School. Craig and Mills (1987) suggest that this discrepancy may reflect ‘selective definitions of educational attainment and ability based upon cultural misunderstanding and racial stereotyping’ (p. 45). Certainly, there significant evidence that deficit, negative views of tamariki Māori prevailed in schools and educational settings (Bishop & Glynn, 1999; McKinley & Hoskins, 2011; Shields, Bishop, & Mazawi 2005). The following table demonstrates enrolment distribution of two schools in particular, Campbell Park and Salisbury School.

Campbell Park was a national residential school for boys aged 9-17, who appeared to have difficulties with personal and social problems (Parker, 2006b). The purpose of the school appears to change over the years as children with a broad range of needs and backgrounds were admitted to the school:

‘In 1956 the aims of the school were primarily educational. By the 1950s when the psychological service began to examine all children recommended for admission to the schools, most of the children admitted were backward with a history of family inadequacy or neglect, and often also of petty delinquency. Children with special education needs were also admitted.’ (Parker, 2006b, p. 98).

Admissions based on the Social Welfare referrals reached 85% in 1974, then declined to about 50% in 1982 (Parker, 2006b). High numbers of children and young persons were admitted to Campbell Park despite its remote location in Otekaike (60 kilometres north-west of Oamaru and 16 kilometres from closest town of Kurow).

We analysed the available historical roll returns from Campbell Park, provided by the Ministry of Education. Māori representation in Campbell Park was compared with Salisbury school, which was a similar type of school for girls. These two schools admitted children who were considered to have behavioural and learning difficulties and who were often described at the time as ‘backward’. The results are presented in Figure 2.16. The data identifies the total roll for these residential institutions as well as the proportion of Māori children who attended Campbell Park and Salisbury.[[44]](#footnote-45)

Table 2.33. Ethnic composition of two Department of Education special schools for children with learning difficulties (1984).

* Campbell Park School: 57% Māori/Pacific and 43% other ethnic groups
* Salisbury Girls School: 51% Māori/Pacific and 49% other ethnic groups.

Source. Craig and Mills (1987)

This graph combines the percentages of Māori students in Campbell Park (on the left) and in Salisbury (on the right) so the data for each year from 1961 to 1999 can be compared.
Full descriptions for the data in these two graphs in figure 2.15 are on page 196 under the heading Campbell Park and Salisbury.
Figure 2.16. Percentage of Māori of total roll in Campbell Park and Salisbury

Data Source. 1 July Roll Returns, Ministry of Education (personal communication, May 27-28, 2021). Note: Campbell Park was closed by end of 1987. For some years Māori students were not identiﬁed, only a whole roll was provided.

The results demonstrate the inconsistent and patchy nature of the records. However, from the available data, it is evident that Māori children were over- represented in these two schools.

The proportion of Māori girls attending Salisbury was highest 51% (in 1983), and lowest 25% (in 1997).

The proportion of Māori boys in Campbell Park ranged from 30% (in 1963) to 57% (in 1976).

Campbell Park had the largest intake of Māori and Pacific Island children even though it was in a remote location in the South Island. A newspaper clipping within a Ministry of Education file (R7244291) on Campbell Park School noted that school’s ‘prospects were bleak’ (Thursday 17th July 1986). The article highlighted the high cost of travel for students noting that the ‘most damning factor was that almost all the pupils came from the Auckland area’.

Official correspondence found in file R7244291 (18th July 1986[[45]](#footnote-46)) indicates the concern over the treatment of young people at Campbell Park School, in particular the lack of care and support for Māori boys, racist staff attitudes, Victorian- style punitive discipline and the impact of being dislocated from whānau by distance. The response by the superintendent states there is difficulty in finding appropriate resource people to ‘provide Taha Maori’ and notes ‘it is agreed, is unsatisfactory in this respect’. It is unclear what specific actions were taken by the Superintendent to address the concerns.

A Ministerial review of Department of Education residential special schools in 1986 found a number of problems with Campbell Park and recommended to close the school (Havill, 1986). Campbell Park was closed at the end of 1987.

### Discussion

Parts three to five of this chapter examined available evidence regarding the over-representation of tamariki Māori and vulnerable adults in mental health settings (psychopaedic or psychiatric institutions), health care settings (health camps) and educational care settings (residential special schools).

The analysis of psychiatric care settings demonstrates that Māori were far more likely to be admitted to psychiatric care than non-Māori. Young Māori adults between 20 to 29 and children aged between 10- 19 years, were admitted to psychiatric care at 1.5-2 times higher rates than non-Māori between 1970- 1987. High admission rates of Māori children and young persons to psychiatric institutions coincided with the period when the Adolescent Unit of the Lake Alice Psychiatric Hospital (1972-1978) had administered electroconvulsive therapy to children and adolescents (Sutherland, 2020).

The available data on health camps demonstrates that in the 1980s Māori children were over- represented on a population basis. Māori tamariki enrolled in the health camps ranged from 25%-33% across all health camps and reached up to 73% in some locations (e.g., Maunu, Whangarei).

Other health settings such as hospital admissions related to physical health were excluded from this overview. However, Craig and Mills (1987) found that Māori were over-represented in public hospitals, whilst they were underrepresented in private hospitals. They emphasised ‘Institutional racism is evident in the under-referral of Māori accident victims to private hospital care. Unfortunately, the ACC does not record ethnicity, so biases within the system cannot at present be adequately examined’ (p. 84). Nevertheless, at the time of this report recent research indicated that ACC is biased against women, Māori and Pasifika (Bradley, 2021). The scheme's definition of ‘injury’ favoured the types of injuries suffered by men, and women and minorities were also more likely to face bias from health professionals who filed claims on their behalf (Bradley, 2021).

The results of the available data for residential special schools demonstrates that Māori children were over-represented in most special schools, particularly in Campbell Park and Salisbury (reaching to 40-50% of enrolments across several years). The most recent data (1990-1999) demonstrates that across the seven residential special schools, the total proportion of Māori students ranged from 20% to 29%. There were more Māori boys than Māori girls every year.

Analysis revealed (for all years combined 1990- 1999) that Māori boys were more likely to be placed in schools for children with learning and behavioural difficulties (18%) than in schools for children with physical disability (13%). Eleven percent of the roll in these schools were Māori girls. ‘In the past assessment procedures have discriminated against students from cultures other traditional Europeans. To some extent, this can be seen in the disproportionate numbers of Māori children in residential special schools. It is necessary to ensure that all concerned in the assessment process are aware of the issue of unfair discrimination and of methods of assessment that may contribute to it. (Department of Education, 1987, p. 82).

Craig and Mills (1987) concluded,

‘Though definite evidence is not available, it seems that Maori and Pacific Island children are over-represented in special schools catering for children with psychological, social and behavioural problems, but not over-represented in those catering for children with special physical needs. This could suggest that where the definition of special need is imprecise, as is the case with learning difficulties or maladjustment, there is a greater likelihood on the part of professionals to apply these classifications to Maori and Pacific Island children than to children of European origin. These difficulties may in fact be due to general social and economic disadvantage and to monocultural elements present in the education system.’ (p. 47)

In 1996 the Ministerial review of the residential special schools noted failures in cultural recognition of the students and questionable benefits for children with social and behavioural problems (Havill, 1986).

‘With the notable exception of Salisbury, the schools do insufficient to recognise the multi- cultural nature of their clientele and there are very few Maori staff’ (p. 12).

‘A follow-up of recent leavers from Waimokoia and McKenzie Schools for maladjusted children revealed a very mixed result. It suggested that there has been little if any perceived benefit from the residential school placement for a significant group of the ex-pupils’ (p. 12).

Across all care settings (psychiatric care, health camps, residential special education) there were more Māori boys/men than Māori girls/women. Previous analyses have found that boys are more likely to be in institutions than girls, which Craig and Mills (1987) credited to ‘delinquency attributions’; that is boys’ behaviour was more likely to be seen as ‘delinquent’.

Overall, our analysis supports findings by Craig and Mills (1987) that Māori were over-represented in almost every type of institutions, including public hospitals, psychiatric care, health camps, special residential schools, DSW institutions, detention and remand institutions. However, Māori were not over- represented in private schools and private hospitals, and institutions for elderly people. Craig and Mills (1987) found that the roots of the high admission into State institutions lay in social and economic disadvantage and institutional racism.

‘In long term, this situation can be improved by major changes in the distribution of social and economic resources…. In the short term, however, attention should be given to ensuring that Maori are given greater control over the resources directed to them as to develop their own programmes of treatment and prevention. It is also important to ensure that adequate consultation occurs with Maori people as users, when new services are developed.’ (p. 83)

‘Attention must be given to the way in which the systems’ own procedures encourage either the over-representation or the exclusion of Maori people. These institutional biases occur because the systems are designed within one cultural perspective and administrators undervalue, or simply will not recognise, the validity of other cultural viewpoints.’ (p. 84)

This review did not include ‘voluntary organisations residential care settings for children’ due to the limited data and time/resources constraints. It is particularly difficult to source data directly from non-state organisations. Overall, non-voluntary organisations (mainly faith-based institutions) cared predominantly for European children. However, publicly available data indicates that there were Māori children in these care settings.

* In 1975, McDonald (1976) surveyed 927 persons, 711 from state/DSW and 216 non-state, residential childcare institutions, including young persons (above 13 years) and staff. Findings demonstrated differences in the ethnic composition of the staff and children. Sixty-five percent of young people were ‘Māori and a mix of Pacific Island origin’ in the state group, compared to 40% in the non-state group. Approximately 10% of the staff in the state group identified as Māori or part-Māori, while 100% of the staff in the non-state group identified as Pākehā/European.
* In 1984-84, residents of children’s homes run by Salvation Army included 43% of Māori or Pacific Island origin children, 76% of the children were boys (Craig & Mills, 1987). Craig and Mills (1987) wrote that in March 1985, a total of 603 children (of whom 36% were state wards) were cared for by 36 voluntary agencies in a total of 62 residential institutions.

It is evident that non-voluntary agencies cared for a high number of children (state wards and voluntary admissions) between 1950-1999. Future research is needed to understand Māori experiences in the care settings run by non-state agencies as the impacts have endured over generations.

“Organisations were set up to look after youth justice teenagers who were usually Māori boys who were troublesome or troubled and difficult. There were a number of organisations that got set up in very isolated areas that a lot of those kids from all over the country went to because no one knew what to do with them … in lots of cases, those organisations got set up with the right intent, but they were never really funded or supported properly, and kids were sent there because there was nowhere else. And some of that stuff ended quite badly.”

– Don Sorrenson, Māori social worker

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1. Said by Ruhe, father of Maketū Wharetōtara, the first Māori judicial execution in 1842. Ruhe took his own life in 1865. Ministry for Culture and Heritage. (last updated 28 May, 2021) 'The first execution', URL: https://nzhistory.govt.nz/culture/the-death- penalty/the-first-execution. [↑](#footnote-ref-2)
2. Prior to establishment the Child Welfare Division in 1926, the general welfare of children was mainly attended to by the Special and Industrial School Branch of the Department of Education (DSW, 1980). [↑](#footnote-ref-3)
3. Social work before the 1974 Act (under the Child Welfare Division in the Department of Education) included similar functions; e.g. ‘the guardianship of children committed by the Courts to the care of the State, the supervision of delinquent children where this is ordered by the Courts, the investigation of all complaints laid with respect to the treatment of children, reporting on all applications for adoption, the provision of casework services for parents requesting such assistance, reporting on all cases of illegitimate births, and the inspection and licensing of all institutions, foster homes, and nurseries used for the care of young children. The Division is also able to supply financial assistance to needy families with young children who do not qualify for social security benefits’ (McLintock, 1966). [↑](#footnote-ref-4)
4. Introduced in 1975, Children's Boards are non-judicial bodies which provide an opportunity for a child and his family to freely discuss an alleged offence or any other aspect of family life in a confidential and supportive setting. Often cases can be resolved without needing to be referred to the Children and Young Persons Court. Each Board consists of a member of the Police, Department of Social Welfare, Department of Maori Affairs and a member of the community’ (Department of Social Welfare, 1980, p. 12). [↑](#footnote-ref-5)
5. The data was based on the research work undertaken by Mr R Prasad, Senior Lecturer in Social Work, Social Work Unit, Department of Sociology, Massey University. [↑](#footnote-ref-6)
6. The data was based on the research work undertaken by Mr R Prasad, Senior Lecturer in Social Work, Social Work Unit, Department of Sociology, Massey University. [↑](#footnote-ref-7)
7. The report was commissioned by the Historic Claims Unit of the Department of Child, Youth and Family Services to examine departmental and institutional practices in residences administered by the Social Welfare Department and Campbell Park run by the Department of Education. The selection of 15 residences were determined by the number of legal claims lodged against the department. [↑](#footnote-ref-8)
8. Ethnicity was assigned based on reported ethnic ancestry of the parents at the children’s birth. The classification used prioritised ethnicity with Māori taking precedence. [↑](#footnote-ref-9)
9. Measured as prevalence of contact with CYF [↑](#footnote-ref-10)
10. The information about abuse was not linked with time in care. [↑](#footnote-ref-11)
11. There was a significant difference in distributions of sexual and physical abuse experience between children ‘in care’ and ‘never in care’ for both Māori and European children (p < 0.5 on the Chi test). [↑](#footnote-ref-12)
12. <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/official-information-responses/responses-to-official-information-act-requests.html> ;

    [https://www.orangatamariki.govt.nz/about-us/reports-and-releases/official-information-act/official- information-act-responses/](https://www.orangatamariki.govt.nz/about-us/reports-and-releases/official-information-act/official-%20information-act-responses/) [↑](#footnote-ref-13)
13. <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Report-and-releases/OIA-responses/20181015-admissions-to-care-and-protection-residences-by-ethnicity.pdf> [↑](#footnote-ref-14)
14. Fareham House (100% Maori girls until 1961), Kohitere Boys’ (55% Maori in 1967), Hokio Boys’ (growing numbers of Maori in the 1960s) and Kingslea (high numbers of Maori girls in 1961). [↑](#footnote-ref-15)
15. Oranga Tamariki provides key statistics by ethnicity from FY2010-11. <https://www.orangatamariki.govt.nz/about-us/reports-and-releases/statistics-about-how-we-work-with-children/> [↑](#footnote-ref-16)
16. These statistics included the numbers of individual children appearing in court in a year and excluded second and subsequent appearances by a child in the same year (i.e. sum of all appearances). [↑](#footnote-ref-17)
17. including Children’s Court appearances and Youth Aid section referrals [↑](#footnote-ref-18)
18. Children’s Board and Children and Young Persons Court Appearances [↑](#footnote-ref-19)
19. The population adjusted rates were 1611-1810 for Māori boys, 434-566 for Māori girls, 228-282 for non-Māori boys, and 52- 62 for non-Māori girls. [↑](#footnote-ref-20)
20. Court appearance rates fell from 1985 to 1989 for Māori boys by 56%, for Māori girls by 64%, for non-Māori boys by 47%, for non-Māori girls by 54%. However, Norris & Lovell (1988) recommended caution in any comparisons of statistics before and after 1987 due to changes in calculation of the population estimates of age by ethnicity. [↑](#footnote-ref-21)
21. Court appearance rates in 1989 for girls and boys: 706 Māori versus 120 non-Maori boys per 10,000 respective boys’ population, and 160 Maori versus 24 non-Māori girls per 10,000 respective girls’ population. [↑](#footnote-ref-22)
22. These official statistics present the amount of offending by a population and do not provide the numbers of individuals involved (as one individual may be responsible for several appearances in a year. [↑](#footnote-ref-23)
23. Police Youth Aid and Children's Board statistics include only those cases which did not result in a subsequent prosecution in Children’s and Young Persons Court as these were counted in court appearances. [↑](#footnote-ref-24)
24. Specific rates for coming to official notice for boys and girls: In 1978, 2,281 for Māori and 382 for non-Māori boys; 849 for Māori and 111 for non-Māori girls. In 1989, 907 for Māori and 169 for non-Māori boys; 250 for Māori and 43 for non-Māori girls [↑](#footnote-ref-25)
25. Court Appearances: 1964-1974 Children’s Court appearances, 1975-1977 Children’s Board and Children and Young Persons Court appearances, 1978-1989 Children and Young Persons Court appearances. [↑](#footnote-ref-26)
26. including Children’s Board and Children and Young Person Court Appearances of 10–16-year-olds [↑](#footnote-ref-27)
27. The committee comprising of heads of the Departments of Education, Internal Affairs, Justice, Maori Affairs, Police and Social Welfare, included a small research unit conducting research on juvenile offending. In 1981, the research unit was absorbed into the Department of Social Welfare, which continued the previous research programme (Donnell & Lovell, 1982). [↑](#footnote-ref-28)
28. Note that Fergusson et al. (1975a) defined ‘race’ by European/non-European. However, the authors noted that ‘of the 17.6% [961] of boys who were classified as non-Europeans, 66% were Maori and a further 20% were part Maori. Thus, interpretation of the classification as being Maori/non-Maori would not do too much violence to the data’ (p. 6). Nevertheless, it needs to be borne in mind that ‘Māori’ category included about 2% of combination of Māori/Pacific Island and Māori/Asian ethnicity, and about 12% of other ethnicities (Pacific Islander, Asian and ethnicity not specified). [↑](#footnote-ref-29)
29. Individuals in this study were classified as Māori if the parent’s response indicated that their child’s ethnicity was Māori or part Māori. Participants were classified as non-Māori if the parent’s response indicated that their child’s ethnicity was European/Pākehā or any other ethnicity. [↑](#footnote-ref-30)
30. Terms used from original document ‘any trainee of half-Maori blood or more was classified as Maori’ (p.21). [↑](#footnote-ref-31)
31. This study did not examine the incidence of remands into the custody of the Director-General of Social Welfare. [↑](#footnote-ref-32)
32. Note, the previous DSW statistical reports included counts of all charges laid in Children and Young Persons Court, which did not reflect the actual number of persons appearing as one person may have been charged with several offences and appeared more than once per year. Also, DSW publications included age 10-16, while Youth Court appearances in the current publication only include age 14-16. [↑](#footnote-ref-33)
33. “European” also included all other who were not classified as “Maori” or “Pacific Island” on the Youth Court statistics. [↑](#footnote-ref-34)
34. Note that Māori Affairs Amendment Act 1974 introduced change in the definition of ethnicity based on self-identification ("a person of Māori ancestry may classify himself as 'Māori' if he so wishes"). This definition was used in 1976 Census but still required specification of the proportion of decent. Since the 1986 Census, official statistics used ethnic categorisation based on self- identified cultural affiliation (without references to degrees of decent/blood). [↑](#footnote-ref-35)
35. Statistics New Zealand (1996). New Zealand Now – Crime (p. 38) cited Department of Social Welfare, 1999, p. 56. [↑](#footnote-ref-36)
36. While some pre-1971 data was referenced in the reports we reviewed, we were not able to access the earlier publications. [↑](#footnote-ref-37)
37. While 1994 Mental Health Data was available, the statistics for 1994 were not directly comparable with earlier years because of the changes in the definition of “mental disorder” introduced in the Mental Health (Compulsory Assessment and Treatment) Act 1992 and subsequent alternations in the statistical outputs (Department of Health, 1998). [↑](#footnote-ref-38)
38. Māori was defined as a person of half Māori ancestry or more in Mental Health Data reports. [↑](#footnote-ref-39)
39. In 1994, the Māori proportion in first admissions and readmissions dropped to 14% and 18%, respectively. This was due to a sharp increase in total first admissions (4,372 in 1993; 7,045 in 1994) and readmissions (11,281 in 1993; 13,593 in 1994) due to changes in the definitions of “mental disorder” in the legislation. [↑](#footnote-ref-40)
40. A major increase occurred in 1967 for both ethnic groups (but more so for Māori), mainly due to the inclusion of patients admitted to public hospital psychiatric units for the first time. [↑](#footnote-ref-41)
41. With exception that ‘non-medical agency (Child Welfare, churches, A.A.) became the second largest referral source of first admissions in 1991, and in 1992 it was the first largest source for Māori first admissions. [↑](#footnote-ref-42)
42. Least restrictive environment is a foundation special education principle. It means students who have disabilities should have the opportunity to be educated with non-disabled peers to the greatest extent appropriate. More restrictive environments, such as a special schools or special classes, the less opportunity a student has to interact and learn with non-disabled peers, the more the placement is considered to be restrictive. [↑](#footnote-ref-43)
43. The further analysis of Ministry of the Education data between 1990-1999, shows that in 1991 Waimokoia had the lowest (15%) proportion of Māori students, while for other years it reached 43% (in 1994). [↑](#footnote-ref-44)
44. Some years had two values; therefore, they were excluded from the analysis as it was not possible to know which one was correct. [↑](#footnote-ref-45)
45. See Chapter 7 for further discussion regarding Campbell Park and conditions for students and staff. [↑](#footnote-ref-46)