Submission to the Redress Hearing

The Royal Commission of Inquiry into Abuse in Care

Contents

INTRODUCTION

1.1 I am Dr Fiona Anne Inkpen. I live on the Kapiti Coast and work in Wellington.

1.2 I am currently the Pou Matariki / Chief Executive of Stand Children's Services Tū Māia Whānau (Stand Tū Māia). Prior to that, I was the manager of the Central Region served by the Otaki Children's Health Camp between July 1999 and December 2000. I became Pou Matariki / Chief Executive of Stand Tū Māia in January 2001 soon after that organisation was established to take over the services of Children's Health Camps in April 2000.

1.3 In my role as Pou Matariki / Chief Executive, I have been responsible for responding to historic inquiries (many of which do not result in claims) and actual claims of historic harm and abuse at Children's Health Camps, on behalf of Stand Tū Māia and the various organisations that previously ran the camps.

1.4 In section 2 of this brief, I briefly outline the history of health camps, the role of Stand Tū Māia today, and the health camp historic records that we hold. In section 3, I summarise the inquiries and claims that we have received and how they have been responded to. Section 4 then describes in more detail the approach we have developed for responding to and providing redress for historic inquiries and claims of harm, and the principles and practices that underpin our approach. I then provide concluding comments (section 5) and recommendations (section 6), based on our experiences and our search for ways to provide meaningful redress, about how redress for these types of claims could or should be approached in the future.

1.5 We believe that despite our limited resources, we have been able to effectively address harms suffered in a way that allows a claimant to take steps towards recovery. We have responded to inquiries as they have arisen, and this is the first time we have attempted to set out the process we have developed for responding to these claims. Our hope is that by articulating and sharing our approach to redress, we will contribute to an increased understanding of the importance of adopting a more trauma informed and culturally safe way of working to resolve issues for survivors of institutional harm and abuse.

1.6 Going forward, we hope that we collectively design a redress system that avoids further harm being caused to survivors seeking redress and changes the ways survivors are responded to, so that meaningful redress promoting lasting recovery is facilitated consistently and with deep respect and compassion.

BACKGROUND

A Brief History of the Legal Status and Purpose of Health Camps and Stand Tū Māia[1]

2.1 Children's Health Camp began as a movement in 1919, initially aiming to give tamariki the benefits of plenty of sunshine, rest, fresh air and regular healthy meals. A number of camps were run around the country by voluntary committees, with some general oversight provided by the Ministry of Health.

2.2 From the 1950s, a Statutory Board, including government and non-government appointees, was set up and tasked with overseeing a national permanent network of camps.[2] Operating funds for the house or residential establishments were provided by the Government. Schools were built on site at the camps, which were staffed by the Department of Education. Referrals to the camp were channeled through the Public Health Nurses system.

2.3 Under the **Children's Health Camps Board Dissolution Act 1999** (the Act), on 1 April 2000, the statutory Children's Health Camps Board was dissolved, and its assets and liabilities were transferred to a newly created charitable trust.[3] The trust later changed its name to Stand Children's Service Tū Māia Whānau. For ease of reference we refer to it as Stand Tū Māia throughout this brief.

2.4 Stand Tū Māia was contracted and funded by the Ministry of Health to continue to run a redesigned Health Camps service, which shifted from a universal health service focused on treating health needs of children in isolation from their whānau, to a specialist social service providing a family-based intervention for 5 – 12 year old children seriously at risk of poor life outcomes and their whānau. In 2008, the programme was moved from Ministry of Health to Ministry of Social Development to better reflect the range of needs being met by the service. The schools hosted by Health Camps were still provided as state schools under the responsibility of the Ministry of Education until they were closed in 2011.[4] At the time of transfer to Stand Tū Māia, there were 7 Children's Health Camps facilities. There are now 5 sites, known as 'Children's Villages'.

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1 A more detailed outline of the development of Children's Health Camps in New Zealand, their legal structure and the evolution of the services provided, is contained in **Appendix One.**

2 Initially this was under the King George the Fifth Memorial Children's Health Camps Act 1953, and subsequently the Children's Health Camp Act 1972. Under the 1972 Act, the national board included the Director General of Health and the Director General of Education, as well as representatives of various Camp Committee.

3 At that time called the New Zealand Foundation for Child and Family Health and Development and trading as Children's Health Camps Te Puna Whaiora,

4 Except in Rotorua, where from 2001 the school was managed by Stand Tū Māia under contract with the Ministry of Education.

2.5 Through the assignment of liabilities, Stand Tū Māia inherited the liability for historical claims arising from the previous state agency operations of the old Children's Health Camps Board, although this was not specified in the Act and was not considered or understood by Stand Tū Māia at the time of transfer. The Ministry of Education retained responsibility for any historical claims arising from the state schools hosted by the old Children's Health Camps Board.

2.6 The funding Stand Tū Māia received from the Government did not include funding for the investigation or resolution of these historical claims, but it did enable the new organisation to begin a journey of addressing many of the previous service design faults and related institutional practices that had led to children's rights not being upheld and historic harm.

Stand Tū Māia Today

2.7 As a charitable trust Stand Tū Māia is governed by a Board of Trustees referred to as the Kahui Poutuarongo. The Kahui Poutuarongo work in partnership with a group of kaumatua, known as the Kahui Poutokomanawa, and the Chief Executive to set our strategic direction including our vision, mission, values, and governing policies. The Kahui Poutuarongo are elected according to the requirements of the Trust Deed. The Kahui Poutokomanawa are gifted by their Iwi. Stand Tū Māia employ approximately 320 staff nationally. Attached as **Appendix Two** is Stand Tū Māia Annual Report Results and Statistics for 2018-19.

2.8 Our services are aimed at achieving both safety and wellbeing of tamariki and whānau, offering solutions for the prevention of child abuse and maltreatment and a focus on treating its impact.

2.9 Importantly, we have developed a trauma informed approach to service delivery, which has also informed our approach to redress. Working within a trauma-informed model means designing services to accommodate the unique vulnerabilities of people who have experienced trauma (Butler, Critelli, & Rinfrette, 2011).[5]

2.10 Our trauma informed care and practice (TICP) includes providing safe therapeutic spaces for tamariki and whānau, programmes that address the fundamental damage and hurt done through abuse and violence, and working with children, families and schools to prevent this. We deliver services through a combination of intensive in-home intervention working with whānau coupled with our five Children's Village spaces, where we provide support, carry out observations and assessment, and do therapeutic work with tamariki and their parents.

2.11 Our therapeutic approach has been developed specifically in relation to treating childhood trauma in the context of Aotearoa and it is an integrated model that incorporates psychodynamics, developmental and trauma theory, neuro linguistics, and the latest research

[5] More detail about the trauma-informed model and the development of our current services is contained in **Appendix 1.**

in neuroscience, particularly the neurobiology of attachment. We also engage with the impacts of colonisation and historical trauma, and apply Te Ao Māori concepts in our understanding of wellbeing, including whānau, whānaungatanga, tamatatia, tiakanga, and discussion of whakapapa.

2.12 Dr William Bell, CEO of the Casey Family Programs in the USA shared this analogy in a keynote speech at a youth criminal justice forum:[6]

> *"You are driving down a road where there is a stream running alongside it. As you glance out the window, you see a baby floating down the stream. So you immediately pull over, run down the bank, wade in, pick the baby up, and place it on the bank. But then another baby comes floating past so you wade in and pick that one up too, but then another one comes past. At which point do you go upstream and find out why they keep coming?"*

2.13 Stand Tū Māia is committed to changing the billion dollar plus cost of abuse and violence in Aotearoa New Zealand by getting upstream and attending to the impacts of those who have been hurt and to make sure this doesn't happen again. This is what we do and this is what we stand for. We therefore embrace the on-going opportunity to really make a difference to the safety and wellbeing for tamariki and whānau, and therefore, the future of Aotearoa New Zealand and this includes welcoming the opportunity to address historic harm and injustice and prevent the transfer of the trauma impact into future generations.

Health Camp Records held by Stand Tū Māia

2.14 It is estimated that well over 200,000 tamariki would have attended Health Camps in the time between their beginnings in 1919 and when Stand Tū Māia took over the service in 2000. In general, the record keeping regarding those attendees was very limited in design as children were not state wards and information gathering was not necessary to deliver the service on offer, and staff records were not by law required to be kept beyond the 7 year period.

2.15 Up until the 1990's very limited information on each child was kept, mainly in big leather-bound registers. Tamariki had a line in a register covering their name, address, parent contact details, reason for referral, any relevant health condition/diagnosis, age, height, weight, and at the end of their stay, their new height and weight records were added, and a final comment made. Each Health Camp kept their own register. Some of these registers still exist, some do not. For example, some but not all of Otaki Children's Health Camp Registers were destroyed in a fire. All Christchurch pre 2000 records were destroyed in the 2011 earthquakes. Rotorua and Auckland registers were disposed of in line with policy (discussed below) and Roxburgh, Maunu, and East Coast registers remain. Both Auckland and Rotorua were rebuilt/refurbished in 2001 and 2007. Both villages had to be emptied for this and everything put in secure

[6] National Council on Crime and Delinquency (NCCD) Conference on Children Youth and Families – CREATING SOLUTIONS October 4-6, 2016

storage which was costly so we disposed of everything we could, including records outside of the 10 year requirement in our policy.

2.16 In at least some pre 1990 cases, children also went home with a small written report – I have seen examples of these when people have still had them in their possession. I do not know if the Health Camps kept their own copies. Again, these reports were generic and not very informative, but at least did say if a child had been sick or had an accident and received treatment, height and weight, and an overall comment on improvements seen or health issues needed to be followed up on.

2.17 During the 1990's more statistical information began to be gathered in all regions and small paper files of information were created, including daily observations and a final report on progress against goals. These records have largely been destroyed in accordance with Stand Tū Māia's Child and Family Information policy discussed below.

2.18 During the 2000's the service started to gather significant tamariki and whānau information in order to assess need, plan services and measure progress. Electronic storage of some but not all information/records began in the early 2000's and today almost all records are able to be accessed electronically. Records previous to 2001 have not been digitised.

2.19 From 2000 Stand Tū Māia was included in the Health (Retention of Health Information) Regulations 1996 and was therefore only required to keep records for at least 10 years. This resulted in Stand Tū Māia establishing a clear Child and Family Information Policy outlined in the 'Working with Children and Families" On Job Learning Manual. This includes a statement that:

> *"Records shall be stored in a safe and secure facility (with the same security procedures as for current information) for a minimum of 10 years as required by the Health Regulations 1996..... Health information past the mandatory archiving date and which is no longer required by Stand Children's Services Tū Māia Whānau or by the claimant may be disposed of but in such a way as to ensure confidentiality."*

2.20 Since 2001, all electronic records have been held indefinitely in an archived status once a case is closed, and can be accessed by tamariki and whānau on request. However, due to the cost of storage being prohibitive, hard copy paper records more than 10 years old were destroyed as per the policy and information in the hard files may not have been transferred to the electronic records. This included some registers and all pre-2000 individual children's files. This practice continued until the Government Chief Archivist placed a moratorium on the destruction of records in order to support the work of this Royal Commission of Inquiry.

HISTORIC INQUIRIES AND CLAIMS OF HARM MANAGED BY STAND TŪ MĀIA TO DATE

Number and type of inquiries received

3.1 Stand Tū Māia first began receiving historic inquiries and claims of harm or injury related to abuse while in state agency care (health camp) pre 2000, in 2003.[7]. Since 2003, we have processed over 130 historical inquiries some of which have resulted in historic claims of harm while in the care of Health Camps. An increase in inquiries and claims from 2008 resulted from the establishment of the Confidential Listening and Assistance Service and the powerful advocacy work of lawyer, Sonja Cooper from Cooper Legal.

3.2 Stand Tū Māia has developed a good working relationship with Cooper Legal over time and we understand that they will now in some cases advise people to engage with Stand Tū Māia directly, advising clients that the organisation can be trusted to listen and respond with care and compassion.

3.3 The Confidential Listening and Assistance Service made 18 requests for files relating to Health Camps and directly referred 20 participants to myself as Chief Executive of Stand Tū Māia. I managed the referrals from first contact to resolution. This process of respectful individual attention to each claimant by the Chief Executive continues today.

3.4 The final report of the Confidential Listening and Assistance Service, issued in 2015, summarised the substance of most complaints it heard about Health Camps:

> *"Many people were sent to Health Camps as children for six weeks or longer. Five-year-olds were put on trains and sent off without escort. Often when they arrived there was no one to meet them. The children often did not know why they were there or when they might get to go home. It was a frightening experience for many. There seemed to be no regard for children's emotional health. There was some violence reported at Health Camps but not the same levels of abuse that were reported to us at other Institutions. The most common complaint from people who attended Health Camps as children was that there were no records kept and they had no way of finding out any information about their time there."*

3.5 Most of the inquiries and claims Stand Tū Māia has since worked with have reflected these comments, relating to the lack of records or lack of detail if records do exist, experiences of emotional distress because of the practices of the day. There was a small percentage relating to experiences of significant harm caused by physical, sexual or emotional abuse involving individuals employed by the Children's Health Camp Board or Department of Education where both failed to protect tamariki from harm. It is this latter group who suffered significant harm,

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7 We are unaware of any claims received by the Ministry of Health, Ministry of Education or the Ministry of Social Development Historic Claims Unit against the Children's Health Camps Board or Health Camp Schools before Stand Tū Māia took over responsibility for Health Camps in 2000.

that in the process of responding to inquiries Stand Tū Māia recognise immediately as needing a full redress process, although less significant harm / distress is not excluded from this possibility. This is why all historic inquiries and claims get directed through the agreed process outlined below (The Stand Tū Māia Approach to Providing Redress, discussed in Section 4 below), whether or not they contain experiences of significant physical, sexual or emotional abuse, recognising that different people and their experiences require different responses.

3.6 We set up a register on referrals received since 2008 and our records to date show a total of 130 referrals.[8] This includes 20 referrals from CLAS, 49 from Cooper Legal, 51 self-referrals and a small number from other services such as prisons and police. The register records name; who the person was referred by; the type of contact; what health camp was attended; year/dates of stay if known; the reason for referral (i.e. request for records, seeking information or wanting to talk to someone); if abuse is claimed, the type of abuse (emotional, physical, sexual, psychological); the year referred; and outcomes/comments. Due to not being properly resourced to do this work, this register is not as complete or detailed as it could be.

3.7 Of the historic inquiries received, relating to both concerns and claims, 6 related to the 1940's, 14 to the 1950's, 12 to the 1960's, 19 to the 1970's, 18 to the 1980's, 15 to the 1990's and one in the 2000's[9] – those not specified mainly come from Cooper Legal referrals not yet resolved, with an expectation they will mainly relate to the 1970's, 1980's and 1990's. Of the historic claims processed to date, about 20% relate to sexual or physical abuse or both.

Stand Tū Māia has received two historic complaints about Health Camp Schools, both received in 2013. One was an ex-health camp school employee and related to incidents in 2000 at the Rotorua Health Camp School, which was under the control of the Ministry of Education at the time. We recommended the complainant approach the Ministry of Education directly and we advised the Ministry of our referral. We also received a request from Cooper Legal relating to alleged abuse by a teacher/principal at the Roxburgh Health Camp School in the late 1970's – the request involved two complainants. We were able to provide information that the teacher would have been employed by the Ministry of Education and suggested they direct their enquiries to the Ministry of Social Development Historic Claims Unit[10].

Redress provided

3.8 As historical claims relating to the previous Children's Health Camps Board are not government funded the Stand Tū Māia Board established that the Chief Executive could respond to set right, remedy or provide reparation for instances of historic harm or injury through the provision of support and/or compensation as required **up to** the CE delegated finance level of $10,000 per claimant. The funds made available by the Board are funds

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8 We have not provided a copy of this register in order to protect the privacy of the individuals named, and because in meeting with the claimants I made it clear that I would not share details of the abuse they discussed with me.

9 This was actually a complaint by a teacher about what they witnessed in the health camp school and how he was treated when he tried to address it - not a complaint from a child or family.

10 Referring to the MSD Historic Claims Unit was advice provided by a Barrister I consulted at the time.

relating to the Board's long term investments created by rationalisation of assets. These investments are needed to ensure the sustainability of the Children's Village facilities as the government contract does not contribute to the facilities cost that the service needs to operate. To date approx. $180,000 from these funds has been invested in responding / settling claims. This figure does not include staff time, and costs incurred such travel and accommodation costs for people and their whānau to come to meetings or for me to go to them. In addition, we are sometimes able to provide claimants with some additional services funded through our normal operating expenses, particularly when the services include assisting the claimant's children.

3.9 With the unique position that Stand Tū Māia finds itself in, having inherited the liability to respond to and address historic inquiries and claims alongside patchy records, there comes opportunity and challenge. Not having access to government resources for redress where financial or material needs are part of the recovery process is a challenge and yet this very constraint has enabled us focus on what we do know, i.e. apply what we know supports trauma recovery. We understand that for some people, the redress process requires access to greater financial redress than we have been able to provide, we simply want to make the point that redress that is meaningful to people must be both financial and non-financial.

3.10 It is the relational aspect of our work that often seems to be most valued and remembered by people who seek information, understanding or redress. In my experience many claimants wish to be heard, felt for and understood first and foremost. They want to understand what happened to them and why, and that the organisation believes their accounts of what happened, is prepared to express sorrow that such hurts were inflicted on them and is prepared to give an unequivocal apology for their inability to provide the protection promised or for the shortcomings of the policies and practices of the time.

3.11 I always begin discussions about redress with claimants by saying that the organisation does not believe that giving money puts a wrong right, or heals significant hurt, it can even do more harm than good in certain circumstances. I explain that what we offer is to collaboratively work together to look at ways that might heal their pain, give a sense of justice done, restore health and wellbeing and create trust in services that might be needed by themselves - and their whānau - now and into the future.

3.12 Examples of support offered to claimants by Stand Tū Māia since 2003 that have involved financial or material resources are:[11]

- Provision of psychotherapy to claimant
- Provision of psychotherapy to claimant's children
- Access to Kaumatua – Help with whakapapa research /Carried out requested blessings at sites
- Support with referrals to ACC for sexual abuse cases
- Support to speak to the police

[11] Some people might have multiple supports in their overall agreement with Stand Tū Māia.

- Support with WINZ, Housing New Zealand
- Fees in support of qualifications/professional courses
- Kohanga Reo for children – costs of attending and/or transport to attend
- Paid off student loan
- Payment of travel and accommodation costs for family reconnection
- Payment of travel and accommodation costs relating to job opportunities
- Small payments regularly put into prison bank account for clothes/books/personal items for claimant in prison
- Provision of a clinical psychologist – CBT trained
- Provision of Family Therapy
- Purchase of vehicle to enable work, to enable whānau contact/holidays, or to enable a whānau to get tamariki to school
- Payment of gym membership for self / for their tamariki
- Payment for Personal Fitness Coach
- Payment of Swimming Pool membership for claimant's and / or for their tamariki
- Payment of insurance for vehicles
- Purchase of Car seats for tamariki
- Purchase of resources for new baby
- Purchase of a guitar and provision of music lessons
- Payment of outstanding fines
- Payment of reparation fines
- Payment of outstanding bills
- Furniture and other resources to set up new home
- Doctor's fees (GP and specialist)
- Payment of money owed to whānau (parents)
- Provision of Petrol vouchers
- Provision of Grocery vouchers
- Payment of House rental bond/first payment
- Provision of Mobile phone
- Provision of children's clothes
- Payment for Tattoo removal - face and body
- One off cash payment to support an agreed reintegration and rehabilitation plan
- One off cash payment to be shared between claimant's estranged tamariki
- Supports for attendance at Family Court
- Referrals to Variety to access ongoing child sponsorship for education or sporting needs
- Where people have been referred from Cooper Legal, when settlements are finalised, documented and signed Stand Tū Māia contribute 50% of agreed legal fees.

3.13 In some cases, survivors have maintained contact with Stand Tū Māia, and accessed a range of different supports over a period of time. We are comfortable in having an ongoing relationship with survivors and keeping the door open. This is especially so where a person needs more time before committing to an agreement, or perhaps most importantly, where in

our estimation, a person is unable to fully understand and consent to a final redress agreement.

3.14 Claimants state that they find the Stand Tū Māia focus on restoration and resolution works well, they describe it as helpful because the process does not drag on, is respectful and accepting of what happened to them and its impact on their lives, is empowering, and they have a voice in the solution. A recent claimant stated at the conclusion of the process:

> *"You made a big difference…seeing how real you are…I've never had an apology from anyone…I did get closure…I appreciated your touch, your acceptance of me as I am…it has helped immensely, changed my life."*

3.15 On one occasion I had an approach in 2005 from a claimant who then decided to withdraw. In 2018 they remade contact and we made a plan for them to attend a CBT trained psychologist who they had met and who they felt able to entrust with their story. I was so pleased that our offer of help which I gave them in writing many years before had not been forgotten, and when they were ready to do the healing work they let us know and we were able to respond. This claimant sent an email saying:

> *"Thank you for your kind words….I am now on the road to feeling better since having seen my Psychologist. I will forever be grateful for your offer to cover [the psychologist] fees. Thank you again for providing me the opportunity to re-gain my sense of worth and to find some positives in the future. Your having taken the time to listen meant a lot to me and I know your care was sincere."*

STAND TŪ MĀIA APPROACH TO PROVIDING REDRESS

A Trauma Capable Approach to Redress, with Redress as a Therapeutic Recovery Journey

4.1 In listening to survivor stories I have learnt that many of them in asking for redress from state agencies have experienced not being believed, having to prove what happened, being suspected of lying, not knowing or understanding the process, feeling powerless, not having voice or choice, and unresponsiveness and delays that can go on for years.

4.2 We have approached the task of responding to historic inquiries and requests for redress relating to claims of harm caused by health camps with the same trauma competent approach we have to all our services and with the intention being that the experience will not be what is described in 6.1. I have outlined the basis for our approach in detail, as I believe that this has potential to contribute to the purpose of the Royal Commission of Inquiry into Abuse in Care and to inform best practice going forward.

4.3 Stand Tū Māia has always sought to provide healing and/or restoration/closure for claimants as a primary outcome of the redress process. A vital task when first engaging with people is the restoration of human connection and developing a trusting relationship.

4.4 Our approach has its foundation in evidence based psychotherapy and neurobiology, Trauma-Informed Care and Practice (TICP) and a view that legal processes can impact negatively on psychological wellbeing, even when focused on addressing a violation of human rights.

4.5 This means the starting point for Stand Tū Māia is the question "what has happened to you?" with no expectation on the claimant of proving what happened. This is followed by the question "how has this impacted on your life?" i.e. it is the impact of what happened to the person we seek to understand first.

4.6 A trauma capable approach must be consistent and provide equal access and equal provision of support if people are to have their needs for fairness and justice met and should include:

- A direct response to the individual including an expression of sorrow for what happened, a genuine and heartfelt apology, representation and support if wanted, and information on what is now in place to prevent the same thing happing to tamariki today.
- Psychological and emotional supports – including support to access, choice, no fixed limits, provision to extend to family if needed
- Access to other supports that will help (those which require funds/monetary provision in order to be supplied)

4.7 Any "trauma capable" approach includes a focus on connection, supporting emotional regulation and offering an approach using Trauma Informed Principles
A trauma capable approach to redress should therefore include:

- Psycho education about the impact of trauma
- Helping people establish or re-establish a sense of safety and security
- Providing support for dealing with overwhelming emotional reactions in the process and teaching practical skills to people to manage overwhelming emotional reactions in the future.
- An opportunity to talk about the traumatic experience in a safe, kind, accepting, empathic environment
- Involvement, where possible, of significant others in the healing process

4.8 Claimants are people who have experienced, learned of, or witnessed traumatic events. They often have long term complex trauma histories resulting in character and personality changes that helped them "survive" or "adapt" in the short term. Such adaptations have often become maladaptive longer term and resulted in significant negative impact on their physical, psychological, academic and social outcomes.

4.9 Traumatic events can include:

- experiencing, witnessing or hearing about sexual or physical assault, being taken somewhere against your will without foreknowledge, prolonged, repeated experience

of interpersonal trauma in a context in which the individual has little or no chance of control or escape, being diagnosed with a life threatening illness, violent assault of a loved one, serious accidents or injury, disasters.

- Child neglect - Neglect is sometimes considered less severe than other forms of maltreatment but we now know that neglected children suffer the worst consequences as it effects both brain development and attachment (Gaudin, 1993).
- Child maltreatment including physical, sexual and psychological abuse and family, school and community violence (US Dept. of Human Services 2009).

4.10 Neuroscience has taught us that traumatic early life experiences, traumatic stress, impacts bio-psycho-socially and can be all pervasive. The biological impact is on our Central Nervous System (CNS), Peripheral Nervous System (PNS), and our immune, endocrine, digestive, vascular, musculoskeletal, urological, reproduction systems. The psychological impact is on our thoughts, emotions, empathy, motivations, behaviour and ability to feel. The social impact is on our perceptions, responses to others/events, ability to assess/interpret risk, communicate, and enjoy reward or offers of help.

4.11 Understanding the context of the traumatic event a claimant wishes to bring to our attention is as important as the event, as it helps inform the understanding of the impact of the event – the intensity and complexity of the impact. If we had sufficient resources, we could refer to specialist services and purchase assessments on the psychological and/or neurobiological impact of what happened to a claimant in developmental years. On occasions if a claimant is finding it hard to explain the impact of what happened to them as a child I have utilised readily available assessment tools e.g. a PTSD checklist (PCL) – not for the purposes of diagnosing but to inform suggestions to the claimant about what supports they might find useful.

4.12 The impact of early life trauma also means that some people are ill-equipped to prepare themselves or represent themselves in a redress process without support. Involving partners, whānau, and friends is very helpful as is being prepared and supported by an advocate service. We have found Cooper Legal/Sonja Cooper's support of our process and compassionate advocacy for those who struggle to voice their experience and resultant pain and needs of great help in the redress process.

4.13 Done well, a redress process must attend to giving full voice to a person's pain and needs, provide safety, address the possibility of brain damage and the need for repair, and the impact of living with grief and loss. It must support the reestablishment of positive connection and relationships. It should facilitate a collaborative approach including opportunity for choice and positive self-management. And very importantly a redress process should provide psychoeducation and support emotional coping all within a focus on developing a sense of future possibility. Redress holds the promise of being a transformational experience in a person's life if we get it right. It also holds the threat of re-traumatisation if we get it wrong.

4.14 The following tables outline how we can ensure that our processes contribute to healing and are not re-traumatising:

WHAT HURTS?

SYSTEMS POLICIES, PROCEDURE, THE "WAY WE DO THINGS HERE"	RELATIONSHIPS (POWER, CONTROL, SUBVERSIVENESS)
Having to continually retell their story	Not being seen or heard
Being treated as a number	Violating trust
Procedures that do not enable	Failure to ensure safety
Being seen as your label e.g. ADHD, bad, sad or mad child, bad, sad or mad parent, criminal, addict, perpetrator, mentally ill	Non collaborative / hierarchical
No choice in service or treatment	Does things for rather than with
No opportunity to give feedback about their experience with the redress process	Use of punitive/shaming processes, coercive practices and oppressive language

WHAT HEALS?

SAFETY	CHOICE	COLLABORATION	TRUSTWORTHINESS	EMPOWERMENT
Ensuring physical and emotional safety	People have choice and control	Making decisions with people and sharing power	Task clarity, consistency and interpersonal boundaries	Prioritising healing, empowerment and skill building
All aspects of the redress process are designed to be welcoming, respectful, kind and compassionate	People are provided with clear messages about rights and responsibilities in the process	People are provided a significant role in planning and evaluating the redress process	Respectful, non-coercive, non-judgemental professional boundaries are maintained	Providing an atmosphere that allows people to feel validated and affirmed with each and every contact

4.15 Trauma-informed care and practices in Aotearoa include the need to also fully engage with the impacts of colonisation on the wellbeing of people. Maringi Brown Sadlier is Pou Korero for Stand Tū Māia and gives articulation to our trauma informed practices through a Te Ao Māori lens. I asked her to describe for this submission her view of the critical actions in redress from her perspective. She provided the following Six Pillars of Te Ao Māori Cultural Sovereignty for Victims of Abuse and a statement that said:

"Abuse in care will impact on a person's life forever. In proposing a Te Ao Māori cultural approach to this pain you will need to enact a deliberate intervention of person sovereignty.

The politics of suffering unjust laws, forces and actions akin to warfare are unimaginably extreme and brutal. To adopt anything less than cultural intervention for victims of abuse in care, is unacceptable and instils the abuse for perpetuity…it will never right the wrong. "

The Six Pillars of Te Ao Māori Cultural Sovereignty for Victims of Abuse are:
1. Centre on the person. Tēnā koe? That is you, I see you… The traditional greeting for Māori is a phrase that translates to mean I see you, that is you. To begin a cultural journey of support to recover you must begin on assuring the person you see them, you see all of them, you see and accept what is them and you begin to understand how they became them, and you greet them.
2. Value the person. Nō ngā Atua koe In Te Ao Māori, you are descended from the Atua. For a person to experience cultural support in this phase it is to appreciate that they are descendants of Atua, that they are a daughter, son, mokopuna, woman, man, friend, neighbour and someone exquisitely valuable. Their potential, significance and contribution they make is respected and appreciated. Actions, deeds, behaviours, policies, and procedures that undervalue and erode this must be rejected. This ensures the person no longer feels under siege, and that they are valuable.
3. Bring close to home. Nō hea koe? Where are you from? This is a strong and resolute question for Māori. To understand where you are from and to be able to answer that question, is to know the tangible important aspects of who you are. You will be able to say what is close to you and therefore ensure its importance and power. You draw near to you what is your sustenance, life force and strength.
4. This is where my strength comes from. Nō hea tōku mana? Knowing you have control over who you are and you can say where this strength comes from. You are able to take positive action because you know who you are and who you are in relation to other people. You know who you are descended from and what you can and cannot control because of that. With this knowledge you become clear, where conflict, pain and chaos once existed. You have your sense of self to use the voice given to you and know your rights.
5. My responsibilities are to those who came before me. He taonga tuku iho… With the knowledge and personal sovereignty experienced now there is a responsibility to give back. There is the act to preserve, restore, develop and manage the new knowledge. Systems and supports to ensure this happens are sought and developed by the person. The notion of passing on understanding and wisdom is an ancient inherent cultural belief…
6. This is me. Ko au tēnei Your potential to contribute to the world is at its maximum. You are able to fulfil the dreams the ancestors had for you. You reject harm and you seek to act in healing ways. You seek to live in an ecosystems of balance and regeneration being who you are, by being yourself.

Our Redress Process

4.16 When people are either referred directly or self-refer to Stand Tū Māia, we use the process described below. All referrals are directed to myself as the Chief Executive. I manage the process from referral to closure. The significance of meeting the Chief Executive is the message to the claimant that "you matter, you are deserving to speak to a person who leads the organisation today, what you have to tell us is important for us to hear and learn, and I do have the authority to make decisions and apologise so you will not have to talk to multiple people or repeat your story."

- Referral received / request for information received.

- We look to see if any records exist – if they do we provide whatever information we have to the person or their representative following proof of identity and any redaction needed to ensure privacy of others.

- Whether or not records exist, the Chief Executive always offers to meet with the person face to face – the claimant is encouraged to have a support person or representative present if they wish.

- Enough time is set aside to connect, hear their story and understand the context of their experience. Sometimes a person likes to use email initially, sometimes this can be followed by a phone call or multiple phone calls. Meetings can take half a day, have on many occasions taken a whole day – or days. Sometimes it only takes one meeting, sometimes a few meetings, but rarely have I experienced someone who wants to have it drag on, and never have I experienced unreasonable demands on my time. It is important to note that this process can be done carefully, safely but promptly; not incurring unreasonable delays and people express frequently that they respect this about the Stand Tū Māia redress process[12].

- We always meet where the claimant wants to meet and always we encourage the claimant to bring a support person or representative.

- If it is possible to investigate further we will, but that is not usually possible as not all historic registers survived and records up until the late 1990's were only kept for 10 years and there was never a great deal of information kept. As previously mentioned in Section 2, for some regions a register exists that gives some small amount of detail.

- When the person agrees to meet with the Chief Executive a safe venue is agreed. This has sometimes been in prison, their home, a neutral safe community environment, our national office in Wellington, or one of our Children's Villages.

- At the first meeting or phone call, the Chief Executive always tell the person she believes them and always apologises on behalf of the organisation that they have had to

[12] Arranging to visit claimants in a Prison can create delays.

experience such pain and hurt and also expresses sorrow that the organisation failed to protect them. This is the case even if the hurt was not directly attributable to an individual at the health camp – e.g. even if the trauma was caused by limitations of the service design which resulted in a tamariki being sent back to an abusive home because no-one knew what was happening in the whānau.

- At face to face meetings the Chief executive always provides the opportunity to begin with karakia and if that is requested it is agreed who will say it and the meeting will be closed in the same way.

- At the meeting we talk about what happened to them while in the care of health camps, the impact of the experience on their lives, many people also want to tell you what else has happened in their lives, and we assess together what is needed to help the person help to recover. Their view on this is crucial. Often at this point in the process, a claimant will explain that the harm done in early life has become an intergenerational issue with their tamariki now estranged or having experienced abuse, neglect and violence – people will often talk about their absolute sorrow and shame to have passed the hurt on. This becomes a real opportunity to talk about "even though we can't change what happened in the past what if we could help you do something that would make a positive difference in the lives of your tamariki in the present?".

- Only occasionally, does it becomes clear that a claimant did not go to a health camp, but did experience hurt and harm in another service or agency setting. In these situations, we have also supported the person getting help and expressed our sorrow and grief that such things have happened to them.

- Only twice have I clearly known the person is knowingly making a false claim. I have on these occasions taken into consideration two things:

    - Does the person have young tamariki?
    - Does the person have a complex trauma history?

  The answer has been yes to each question for both claims – I choose in these instances to not raise knowing it was a false claim - the objective of the process remains the same – restoration and wellness for their sake of the person and their whānau. Only one of the claims involved an agreement involving costs and these costs related to equipping a parent with items needed for the safety and wellbeing of their tamariki so within the parameters of our contracted services.

4.17 My background includes training in psychotherapy and working in mental health and prison settings, so I am equipped with skills and experiences that help in this role. Providing training to people from various professional backgrounds in a person centred, culturally responsive trauma capable approach would not be an unsurmountable task if government were to try and replicate the Stand Tū Māia approach within an overall redress scheme.

4.18 The script for meetings with a claimant covers four key steps as outlined below:

STEP ONE: CREATING SAFETY AND SECURITY THROUGH CONNECTION, ACCEPTANCE, AND EMPATHY:

1. The organisation today - including talking about our understanding of our historic practices that had the potential to cause harm or did not offer the protection tamariki deserved.
2. Who the person hearing their claim is, creating safety and connection, establishing rapport, offering trust and acceptance, reassuring, taking time, observing and supporting the person to be able to tell their story fully if they wish to.
3. That we take our responsibility for the historic liabilities of the Children's Health Camps seriously and we welcome the opportunity to work together to put right a wrong, this is a gift to us, to do what we can to heal the resultant harm in the present even though we cannot do anything to change the past.
4. Sharing stories of restoration that have happened as a result of the redress process.
5. What the process will look like, the steps, leaving it open to further meetings or not, everyone is unique and different in what they need. Explaining we do not take notes or keep records other than to record our agreements at the end of the redress process – their story belongs to them.
6. Beginning with what we do know if records exist, assuring people they are believed if records do not exist. Explaining if records do not exist, what would have been on record, what might have happened to the records e.g. Otaki had a fire that destroyed some records.

STEP TWO: SUPPORTING "PROCESSING" THE TRAUMA USING CURIOSITY, UNCONDITIONAL ACCEPTANCE OF THOUGHTS AND FEELINGS, REFLECTION ON THE CLAIMANT'S EXPERIENCE AS A CHILD, SUPPORTING THE NARRATIVE AND REASSURING THE CLAIMANT ON HOW WHAT HAS HAPPENED SINCE MAKES SENSE AND IS UNDERSTANDABLE:

7. Inviting the person to tell their early life story IF THEY WISH TO, explaining that if we know what happened prior to a stay in a health camp we can often understand the experience and its impact more deeply.... "Tell me what happened in your early life..." It is important to provide sensitivity and flexibility, with the person having control over how, when, in what form and to whom any disclosure of abuse is made.
8. Our experience is that most people welcome the opportunity to provide a narrative of their early life and where the health camp experience sits in that. E.g. one person spoke of feeling like health camp had destroyed their life – nothing bad happened there but they didn't want to go as their parents were struggling and the child wanted to be at home to make sure everyone was ok.

Part of the child's trauma impact was caused by no-one telling them they were going to a health camp, just being taken to a bus on the day, told they were going to health camp with no idea where they were going or why. While they were at health camp one of the parents died unexpectedly and the child believed that if they had been at home, not taken against their will, the parent would have lived – these beliefs became a crippling anxiety when they had a family of their own resulting in a complete inability to go away from their home and family without experiencing crippling anxiety attacks fearing somebody would die, maybe even them.

9. For the facilitator of the redress process, knowing how to be curious, accepting and expressing empathy are hugely important as the trauma experience is retold - unconditional acceptance of the claimant's inner world, avoiding eliciting shame and a defensive withdrawal, is key. Not unconditional acceptance of any resulting criminal or anti-social behaviour resulting in later life, but unconditional acceptance of the thoughts and feelings that have driven those behaviours are key to restoration.
10. Unconditional acceptance of the claimant's thoughts and feelings is often counterintuitive requiring considerable restraint to avoid a corrective stance such as "of course it wasn't your fault" – only full expression of the claimant's inner world as they clarify and experiment with the memory of the thoughts and feelings associated with the traumatic experience without shame provides the full picture of the impact of the abuse or hurt.
11. Being curious is an expression of deep interest in the claimant's inner and outer life. It has the power to promote a deep connection only if used in tandem with acceptance. Together they can promote a safe and deep sense of connection – it tells a claimant they matter and that you believe what they think, feel, and do makes sense and is understandable - It is also important to honour a claimant's inability to share thoughts and feelings and that this too is understandable.
12. Empathy must be present in all that we do when dealing with historic hurts particularly in our nonverbal, language and actions. I tis important to remember we are speaking right brain to right brain - this involves a deep emotionally connected sense that we understand and accept the thoughts and feelings of the claimant – it doesn't mean endorsing abusive or violent behavior – it means being fully "present" to the person and being capable of making the claimant "feel felt" - allowing expression of painful thoughts and feelings usually makes the need to re-enact or act on them go away.

STEP THREE: EVALUATING IMPACT, EXPRESSING SORROW AND APOLOGISING UNRESERVEDLY:

13. Inviting the claimant to describe as an adult their view of the impact of the health camp experience on them as a child helps them begin to name their need for healing and puts the adult back in charge - using simple clarifying questions and expressing curiosity with the claimant lets them know you want to ensure the full impact of what happened is understood – this in turn helps them feel more deeply acknowledged and respected..
14. A heartfelt and genuine expression of sorrow for the hurt endured and its lasting impact must be clearly stated. Communication needs to focus on right brain to right brain – i.e. non-verbal congruence in the person offering the apology is key to the apology being able to be received by the claimant, and so key to healing and resolution.
15. An unreserved apology outlines: a clear understanding of what happened, its impact and the view that it should never have happened; that the innocent child they were was not to blame, that they did not invite or deserve the harm, they were just a child who deserved and should have been protected, should have been able to trust in the promise of the service to keep them safe and cared for at all times.

STEP FOUR: SEEKING INTEGRATION OF EXPERIENCE AND SOLUTION FOCUSED DISCUSSION ON CLAIM RESOLUTION:

16. Once a claimant feels heard, felt for and understood it is possible to support people to understand the context of the practices of the time, including explaining the reasons why tamariki were sent to health camps in that particular time of their attendance and that although we now understand previous practices to be neglectful, emotionally painful and harmful to tamariki this was not understood at the time.
17. Many people have told me of their immense relief to discover that they "were not the problem" and that was "why they were sent away". Even if you cannot provide records, taking the time to explain the various reasons tamariki attended can be very helpful for changing unhelpful beliefs about themselves or their whānau. One claimant who had attended with siblings told us that as a sibling group they had talked over a 50 year period of "why were we sent?", "what had we done wrong to deserve it?" and "How could our parents do that to us?". There was a lot of pain and anguish every time they revisited/relived the experience. In the redress process, when the claimant described what was happening for the whānau at the time and by us supplying new information about the practise at the time, and with minimal guidance and support, they were able to construct a coherent narrative, that provided the explanation they had been seeking all that time. This helped restore whānau trust in the parental love and intentions in sending them to a health camp. The healing tears that followed and the relief expressed by this claimant was immense.

18. If possible it is helpful to introduce some "psychoeducation" at this time with a goal of normalising the reactions the claimant might have described to their childhood trauma, explaining the physiological and psychological reactions to traumatic events and instilling hope for recovery.
19. It is at this point in the redress process that claimants are invited into a collaborative conversation on what solutions they have thought about that could be helpful for healing and restoration. **The following question is a critical one in the redress process: *"Is there something(s) we could do or address in the present for you, your tamariki or your whānau which, while not being able to change or take away the impact of the past, might help change things for the better in the present or the future,?"***
    I will also often say the phrase "We strongly believe that money does not heal, but we do recognise that sometimes money is helpful for creating the conditions for people to let go of the past, experience a sense of acknowledgement for their hurt and to provide a sense of hope and justice".
20. Many people are clear they just want "…someone to answer my questions", "…to be listened to", "someone to understood how I felt, how awful it was, how frightened I was", "…an apology that it was wrong and I did not deserve it", someone to acknowledge that those practices were wrong", "…someone to tell me it wasn't my fault", "…to make sure it isn't still happening and it doesn't happen to other tamariki", "..to know why I was there", "…someone to understand how it changed my life, my relationships", " to leave it behind and stop it from destroying me and my life", "…to feel ok when I think about it" and most importantly in relation to health camps "…I trusted you…why did you do nothing to support my family to change?" and "I felt safe [at health camp] and you let me go to that terrible place[CYF group]".
21. Many people say they have tried counselling and it didn't help. It is important to explain that it is only recently that with the knowledge now coming from neuroscience we have gained a better understanding of the impact of trauma on the development of children, how it continues to impact throughout life, and how important it is to recognise those impacts which can be treated. For this reason it is important to choose a trauma informed practitioner. It is important to note that professionals trained to be trauma capable are a limited resource and hard to come by in Aotearoa. Most people are persuaded to give psychotherapy a go. Explaining the difference counselling and psychotherapy is important - counselling is recommended for specific issues and situations, such as addiction or grief, centres on changing behaviour patterns and takes place over weeks to several months. Psychotherapy, in contrast, tends to explore past issues that may be contributing to present day problems, draws from insights into emotional problems and difficulties, and focuses on working longer term with clients.

22. For a large number of people, the redress process and relationship is healing in and of itself so they are happy to leave things there and there is no documentation of anything and no cost other than time and related meeting costs.
23. For some an agreement to support psychotherapy is all they need following the redress conversation – We usually agree to pay for up to 10 to 12 sessions in the first instance, with proviso for the therapist to say if they believe more could be helpful. The therapist invoices us directly and asks for more sessions if needed. This system has worked well, is sometimes documented in a formal agreement or agreed to in a letter or email.
24. It is important to assess if a person can engage with psychotherapy, before suggesting it. People with learning disabilities or sensory processing difficulties may not be suited to this approach. In this context there are an emerging number of sensory therapies which can be useful in improving sensory processing, decreasing sensory symptoms, and as self-regulation improves, so does the ability to learn.
25. In instances of significant harm relating to intentional acts of emotional, physical or sexual abuse and a failure to keep them safe and protected, I often say I have a limit set by my Board of $10,000. I say that we can decide together what will help and I can use this money to take action quickly. If we can't agree I will need to go back to my Board. I have only had to go back to the Board once. In my experience people are not unrealistic vindictive or greedy.
26. Those agreements which involve multiple solutions/actions and related costs are documented. Attached as **Appendix Three** is a template agreement.
27. I explain that whatever we agree on what they believe will "help change things for the better" we will document. We will then both sign the agreement which will be confidential between the parties involved in the redress conversation, but they are free to talk about their health camp experiences to third parties in the future.
28. Every agreement is different, unique to the individual, their experience, their needs, and their context. The clues of what is likely to be included is usually in the preceding conversation – impacts on work, home, economic status; impacts on their own tamariki and relationships; fixing up debts making reparation, etc.
29. Once a draft agreement has been reached, people are offered time to go away and think about it if they need to before signing, consult with whānau, partner, a trusted friend, or legal representative, or if they are present time is offered alone for them to confer on the day.
30. Once the claimant is satisfied with the agreement both parties sign and receive a copy.
31. The Chief Executive then asks "How have you found this process? Has it been helpful? What has helped? Was there anything that hurt?

CONCLUDING COMMENTS

5.1 In learning about effective redress process, I have been privileged in my role to have as my teachers, courageous survivors who have been prepared to share their deeply moving stories and trust me to walk with them on the start of their journey of recovery. Many of these survivors are still trying to survive the intergenerational impacts of colonisation and oppression and complex histories of significant relational trauma that happened in their families, schools, and other institutions during their key developmental years.

5.2 The legal solution sought under the auspices of the Commission needs to take into account an understanding of the emotional, psychological and neurobiological consequences and relational dynamics that arise around 'complex trauma'. Most claimants have a deep mistrust of authority, are tired of not being believed and/or heard or being punished for standing up for themselves, being judged for being bad parents, socially useless, addicts, fragile or mentally unwell people: these are huge blocks to justice that must be attended to empathetically, flexibly, respectfully and sensitively.

5.3 The essential principles of attending to the particular experience of each person, listening fully and responding with acceptance, curiosity, warmth and empathy are critical to recovery. The quality of the relationship is a critical factor because it facilitates the development of feeling safe and secure and an ability to have hope and trust. We seek to incorporate these principles into our work of providing redress not because we are naïve or because as someone recently said to me, we "believe it's just about counselling". No we do not, but we do believe that it is this relational aspect of our work that often seems to be most valued and without it no other conversation is possible. This is a vital difference to an approach that is an administrative allocation of compensation, or counselling sessions to victims based on their type of abuse, nature of the abuse and duration or repetition of abuse[13].

5.4 Taking the time that it takes and answering all questions is very important to the process. The importance of transparency, of explaining who we are, what we will do together and what to expect, how justice is different for each person, that we will explore what redress for them would be meaningful, what they hope for in terms of outcome, what is important to them culturally, and that we will respect their particular needs and preferences cannot be overstated. This is how we manage expectations sensitively so that if the desired outcomes are far beyond our resources, we have taken the time to explain why this is so.

5.5 Our focus is on the needs of the person who was harmed that should not have been, who essentially is still a victim until they can recover what was taken from them. Those recovery needs might involve providing cultural and therapeutic supports (to be paid for by us) and

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13 We acknowledge that we have had smaller numbers of claims, and in general claims of less significant harm, than other agencies and institutions are needing to deal with, and that in general we have not been able to provide large amounts of financial compensation, which may be necessary to achieve justice in cases of serious abuse. However, we believe that our trauma informed approach has something significant to offer in terms of how all claims of abuse could and should be responded to.

practical supports such as assisting with accessing safe housing, meeting children's needs, support for family recovery, and managing fines/debts etc. However, the non-financial, non-material issues of the Stand Tū Māia approach are aspects that have important symbolic effect on most claimants. Even if we were better resourced to respond to the financial, and material needs of people this would still be offered within the boundaries of a respectful empathic process applied with integrity and consistency – i.e. to meet the person, to greet the person with "Tēnā Koe" "I see you" and assist in their lives rather than add to their burdens and create further harm.

5.6 What motivates Stand Tū Māia is seeing the transformation that people can achieve in their lives when we attend to "what heals". That transformation miraculously leads to survivors in recovery who represent "he taonga tuko iho…" and the trauma impact on the next generation can be halted.

5.7 One of the realities of the institutional system that has become apparent when listening to claimant's stories is how many of them moved from one institution to another when young, and who continue to need institutional care. Often both their historic and current institutional experience reflects a lack of ability in the institution to understand the impact and the needs of trauma survivors or they were/are insufficiently resourced to respond even if they did or do today.

5.8 If we ignore this lack in our institutions, we will perhaps inadvertently perpetuate a siloed view of Aotearoa institutional history. Without applying a trauma informed, culturally responsive approach and truly listening to survivors, the true impact, the complexity of their experience, and the real systemic nature of abuse, suffered, including abuse of our tamariki and whānau, will remain invisible.

RECOMMENDATIONS

"Our recommendations are aimed towards ensuring the rights of our children, young people and vulnerable adults are respected and upheld for future generations."

Judge Coral Shaw

6.1 We offer the following recommendations, based on our experience and expertise in trauma competent practice. They are not fully formed recommendations, but general directions that we think would provide a useful starting point for a developing new approaches.

1. Establish a national trauma capable approach to historic redress of abuse or neglect. This would include:
   - Those involved in providing redress have a real understanding of the impacts of childhood trauma, including intergenerational impacts on wider family members, and a willingness to provide assistance to impacted family members.
   - Using a trauma informed survivor centred approach to change the ways survivors are responded to, so that meaningful redress promoting lasting recovery is facilitated consistently and compassionately
   - Provide cultural intervention using the Six Pillars to restore person sovereignty.

2. Establish a two pronged approach to redress:
   - (1) Manage all claims using a trauma capable approach through a single unit rather than in each agency. Include responsibility for the previous Children's Health Camp Board. A non-siloed, Iwi approved, individual/ whānau approach where claimants can tell their whole story of multiple institutional experiences to one person as the basis for healing and constructing a coherent narrative that restores individual and whānau sovereignty.
     This could include assessing and allocating compensation for abuse suffered consistent with a rights-based approach, and include a focus on independently assessing the *impact* on the person, rather than exclusively focusing on proving every allegation.
   - (2) Establish an independent partner service to provide support to claimants through the process of making a claim and provide the therapeutic bio-psycho-social and practical supports needed for recovery. This would need to include the development and training of a specialised work force to work through the backlog of claims. This would provide a trained person to journey with a claimant as they navigate their healing journey and give access to a "Whānau Ora"-type fund for drawing on to meet ongoing needs, including help with rehabilitation and increased wellbeing for them and their children/whānau.

3. Express sorrow and regret as a nation and apologise unreservedly. Acknowledge the collective debt we owe these courageous survivors, and recommend that all survivors are truly listened to, felt for and the nature of their needs understood and met. This is

not just asking them to tell their stories but actually listening to what they and their families need: safe and secure living conditions, medical treatment; social and psychological supports, benefits; training and educational supports, healing options, opportunities to give and be valued, iwi, hapu, whānau and community connectedness.

4. Ensure the government commits to properly resource what people need to heal so they can take their rightful place in their whānau, community and civil society – do not put limitations on when people can choose to ask for redress and give the right to return to the relationship over time.

5. While the government builds the capability above, provide funding to trusted providers of trauma informed social services to continue, begin or widen their response to include redress work.

APPENDIX ONE: HISTORY AND EVOLUTION OF HEALTH CAMPS AND STAND TŪ MĀIA

Legal Status History of Health Camps and Stand Tū Māia

The Children's Health Camp movement began in 1919, but arose from a need that had been recognised much earlier. The poor health standard of those recruited for the Boer War caused real concern for the government of the time. Tuberculosis and malnutrition were the major concerns. So the Sunshine Camps, as the first camps were called, aimed to give tamariki the benefits of plenty of sunshine, rest, fresh air and regular healthy meals. The success of those first camps sparked the public's imagination, and a number of voluntary committees were set up throughout the country to run camps along similar lines.

These various groups remained independent even after the Department of Health commenced general oversight of the camps in 1931. In 1936 the National Federation of Health Camps was formed to draw the organisations together and place the health camp scheme on a dominion basis.

When the government decided to make Health Camps the objective for the funds raised as a memorial to King George V in 1937, the goal was to establish a network of permanent Children's Health Camp facilities. The government also later provided an Act of Parliament enacted as the King George the Fifth Memorial Children's Health Camps Act 1953 to oversee the administration of the camps. This later became the Children's Health Camps Act 1972.

Government agreed to provide operating funds for the house or residential establishment. The Department of Education continued to maintain the schools on each property and supply teaching staff. At this point, the Department of Health provided a secretariat for the Federation, which under a revised Act had become a "quango" of the Department of Health with a duly appointed National Board.

In the 1972 Act, members of the Board were described as:

> *(a) A person appointed by each Camp Committee respectively to represent that Camp Committee (b) Two persons, each being a member of a Camp Committee, appointed by the Board: (c) One person appointed by the executive committee of the Municipal Association of New Zealand Incorporated: (d) One person appointed by the executive committee of the New Zealand Counties Association Incorporated: (e) One person appointed by the executive committee of the Hospital Boards Association of New Zealand Incorporated: (f) The Director-General of Health: (g) The Director-General of Education: (h) The Director-General of the Post Office.*

Prior to the Act, referrals came mainly via Public Health Nurses and the Medical Officer of Health. It was required that any referrals from teachers and members of the public be channeled through the Public Health Nurse system, with each school having its nurse contact.

The Children's Health Camps Board was a state agency service until the **Children's Health Camps Board Dissolution Act 1999**.

The purpose of the **Children's Health Camps Board Dissolution Act 1999 (the Act) which came into force on the 1 April 2000** was to:

(a) dissolve the Children's Health Camps Board; and
(b) transfer its assets* footnote at time of transfer there were 7 CHC facilities (since 2018 there have been 5) and liabilities to a foundation incorporated under Part 2 of the Charitable Trusts Act 1957; and
(c) provide for incidental matters.

The Act led to the creation of a new charitable entity called The NZ Foundation for Child and Family Health and Development, trading as Children's Health Camps Te Puna Whaiora which took responsibility for all assets and liabilities from, the Children's Health Camps Board. The trust later changed its name to Stand Children's Services Tū Māia Whānau. For the purposes of this brief we refer to it as Stand Tū Māia throughout.

The transfer of liabilities, although not specified in the Act and not considered or understood by the new charitable trust at the time of transfer, included historical claims. That is, since 1 April 2000 Stand Tū Māia has been responsible for resolving any historical claims arising from the previous state agency operations of the old Children's Health Camps Board. The Ministry of Education retained responsibility for any historical claims arising from the state schools hosted by the old Children's Health Camps Board.

In 2000/2001, an "Independent Stakeholder Evaluation" was commissioned by the Ministry of Health and carried out by Rimmer, Holland and Rivers which supported the development of a newly designed Health Camp Service. The Evaluation highlighted:

- That priorities and principles for child health services were being met
- That stakeholders advocated for continued residential service
- Suggestions as to how gains made at camp could be maintained
- Support for an inter-sectoral approach to Health Camp Services

The Ministers of Health, Education, Social Services and Employment agreed to a 2 year path. The purpose of the two year path was to:

- Enhance collaboration between the three Ministries
- Determine the future role of Children's Health Camps in meeting Health, Education and Social service needs
- Depending on the outcome of the above realign funding

A new Service Specification was developed by Stand Tū Māia which addressed the findings of the 2000/01 Evaluation. The Health Camp Service would now be required to provide individually tailored programmes for children and their families who had been referred with complex health, social and/or behavioral needs.

The new service would build upon the resilience of the child and their family through:

- Provision of pre intervention support/strategies necessary to achieve
- Readiness of the child and their family for programme participation
- Short-term intervention and support in the child's home and community
- Possible short-term residential placement in a Health Camp or another appropriate setting
- Follow-on outreach services to maintain the changes and/or provide longer term support as required.

The Stand Tū Māia development of a new service specification enabled funding continuation and the new service development began the move from a universal health service to a specialist social service taking a whole of child approach through a contract with the Ministry of Health. The service specification allowed funding for the provision of a holistic approach to meeting the needs of our most vulnerable tamariki and began our work focusing on not only tamariki safety and wellbeing but also parental and whānau safety and wellbeing.

The new service specification and its associated funding did not include any provision for investigation or resolution of potential historical claims, but it did enable the new organisation to begin a journey of addressing many of the previous service design faults and related institutional practices that had led to children's rights not being upheld and historic harm.

Different approaches have been used internationally by organisations and services to implement trauma informed care. These approaches cover four stages of complexity (Mieseler & Myers, 2013; Wall et al., 2016). Starting with being Trauma Aware, moving to being Trauma sensitive, then Trauma Responsive, and finally being Trauma-Informed or Trauma Capable where the culture of the whole system reflects a trauma-informed approach in all work practices and settings.

Importantly, the new service specification in 2002 began our journey to trauma informed which would in time inform our approach to redress. Working within a trauma-informed model means designing services to accommodate the unique vulnerabilities of people who have experienced trauma (Butler, Critelli, & Rinfrette, 2011)

Prior to the Act, Health Camp Schools were built alongside health camp buildings as they became a nationwide service and under Tomorrow's Schools Today, each had their own Board of Trustees. From April 2000 to December 2011 the schools were still provided as state schools under the Education Act (*Other than Rotorua which from 2001 was provided under a contract with the Ministry of Education by Stand Tū Māia*).

In 2011, the Minister of Education announced the decision to close the Health Camp Schools and Stand Tū Māia were asked to put a proposal to provide an education service to the Ministry of Education. Our proposal was accepted and Stand Tū Māia established an integrated therapeutic care and education service resulting eventually in a new integrated contract being established between Stand Tū Māia, Child, Youth and Family and the Ministry of Education. The new service contract with Ministry of Education was silent on the liability for historical claims and contained no funding provision or access to Ministry claims processes.

Stand Tū Māia has received two historic complaints about Health Camp Schools, both received in 2013. One was an ex-health camp school employee and related to incidents in 2000 at the Rotorua Health Camp School. We recommended the complainant approach the Ministry of Education directly and we advised the Ministry of our referral who later informed us they had received an OIA from the same person. We also received a request from Cooper Law relating to alleged abuse by a teacher/principal at the Roxburgh Health Camp School in the late 1970's – the request involved two complainants. We were able to provide information that the person would have been employed by the Ministry of Education and suggested they direct their enquiries to the Ministry of Social Development Historic Claims Unit. We are unaware of any claims received by the Ministry of Education, the Ministry of Health, or the Ministry of Social Development Historic Claims Unit against the Children's Health Camps Board before the Act, or Health Camp Schools before we took over governance and employment of registered teachers.

Stand Tū Māia: Services and Approach

Under the post-2000 arrangements the Children's Health Camp service was transformed from a universal health service to a specialist social service, continued to be funded by the Ministry of Health and Ministry of Education and the service began to evolve to meet the broader social needs that were emerging for the tamariki and whānau being referred.

From 2001 Children's Health Camps moved from a preventative, health focused, residential intervention with children who had low to moderate needs to providing a "Family Start" intervention service for 5 to 12 year old children seriously at risk of poor life outcomes. This included an emphasis on a pan-government approach focusing on complex health, education and social needs with tamariki and whānau who could be classified as moderate to high risk of entering the care arena and/or likely to experience poor life outcomes.

The traditional approach as a state service had been primarily based on a health or medical model of service delivery that focused on tamariki in isolation from their whānau, relied heavily on generic and largely didactic health programmes and behavior management while undervaluing the importance of human interaction, not being aware of children's individual needs or circumstances, and was system or provider focused and driven i.e. institutional.

The new trauma aware, child-centered and whānau driven model of care emphasised a philosophical shift from deficits to strengths, from control to collaboration, from an expert model to a partnership model, from gate-keeping to sharing, and from dependence to empowerment. This approach remains foundational today alongside our trauma informed approach that supports tamariki and whānau safety and well-being and involves families in all aspects of assessment, planning, delivery and evaluation of services. The needs the new model of care was designed to meet required a shift from a service delivered by a non-professional workforce to a professional workforce that could be held accountable.

In 2008 it was recognised that our work with tamariki and whānau would be better supported under the Ministry of Social Development, the only ministry at the time able to deal with a whole of

government/whole of child approach, i.e. it was recognised that we were providing child health, education and social outcomes. This recognition resulted in an agreement between Minister's to transfer the contract and all funding from Vote Health to Vote Social Development.

Initially, the Children's Health Camps contract was placed with the Family and Community Services arm within the Ministry of Social Development, but it soon became apparent from the complexity of the social needs of the tamariki and whānau referred and the intensity of work together with families and other services required to achieve outcomes, that this service did not align with the priorities for Family and Community Services. In 2009, the contract was transferred to Child, Youth and Family reflecting a shift into the "preventing tamariki going into care space" and the development of a trauma informed approach aimed at achieving both safety and wellbeing of tamariki and whānau, offering solutions for the prevention of child abuse and maltreatment and a focus on treating its impact.

Over time the historical name "Children's Health Camps" no longer reflected our changing service. In April 2014 at Parliament Buildings hosted by then Minister of Social Development, Hon Paula Bennett, the organisation launched its new name of Stand Children's Services Tū Māia Whānau (Stand Tū Māia).

We are now an established and essential "trauma informed" social service with a long proud history in Aotearoa New Zealand. We are constantly seeking to evolve and develop. We remain committed to providing trauma informed care and practice (TICP) which includes safe therapeutic spaces for tamariki and whānau, programmes that address the fundamental damage and hurt done through abuse and violence, and working with children, families and schools to prevent this.

Our service delivery is unique due to our combination of intensive in-home intervention working with whānau coupled with the Children's Village spaces we have, which allow us to provide intensive services that go beyond the 'one appointment a week' therapeutic model. Instead these spaces provide:

- a focused place of clinical observation from a range of practitioners and specialisms
- a 'circuit breaker' in times of crisis
- an opportunity for tamariki and their parents to have supported time together and apart
- intensive individualised therapeutic work to occur between tamariki and parents and separately in a safe, therapeutic environment away from dysfunctional settings
- a chance to 'reset' entrenched unhelpful interactional dynamics
- opportunities for parents to see their tamariki "in a different light" –reset unhelpful beliefs
- ways to provide information and understanding for home communities to then best support tamariki and their whānau

Our therapeutic approach has been developed specifically in relation to treating childhood trauma in the context of Aotearoa and it is an integrated model that incorporates Mātauranga Māori psychodynamic understanding, developmental and trauma theory, neuro linguistics, and the latest research in neuroscience, particularly the neurobiology of attachment.

There are four key elements for a trauma-informed approach: (Cieslak et al., 2014; Isobel & Edwards, 2017):

1. Realisation of the widespread impact of trauma on people, families, groups, organisations, and communities; and an understanding of pathways to wellbeing.
2. Recognition of the signs and symptoms of trauma through understanding the profound neurological, biological, psychological, and social effects of trauma and violence on people; coupled with an ability to recognise the signs and symptoms of trauma in people accessing services, staff, and others.
3. Responding by integrating trauma knowledge into policies, procedures, programmes, and practice.
4. Avoiding the re-traumatisation of people accessing services, and the workforce. Trauma-informed care acknowledges the need for services to address the safety and wellbeing of staff who may experience indirect trauma or organisational or hierarchical disempowerment.

Aotearoa New Zealand research indicates trauma-informed care and practices need to also fully engage with the impacts of colonisation on the wellbeing of people and cultural pathways to wellbeing, i.e. we need to include the impact of historical trauma events and their contribution to negative health disparities experienced by many whānau, hapu and iwi (Pihama et al, 2014; Te Atawhai o Te Ao - He Kokonga Whare, 2016) and understand māori and iwi approach to wellbeing. At the heart of the Stand Tu Maia approach to wellbeing are cultural protocols of whānau, whānaungatanga (familial relations and relations of care) and kanohi kitea (being present and with family), which are key social relationships in intergenerational safety nets. (Reid et al., 2014, p. 60). Generational wellbeing and acknowledging the importance of ancestry through knowledge and discussion of whakapapa, can be valuable practices in relation to healing from trauma for māori people (Wirihana & Smith, 2014). Our Kahui Poutokomanawa require us to keep our focus on Tamatatia and Tiakanga, the restoration and preservation of safety and wellbeing for tamariki and whānau in everything we do.

Dr William Bell, CEO of the Casey Family Programs in the USA shared this analogy in a keynote speech at a youth criminal justice forum:

> *"You are driving down a road where there is a stream running alongside it. As you glance out the window, you see a baby floating down the stream. So you immediately pull over, run down the bank, wade in, pick the baby up, and place it on the bank. But then another baby comes floating past so you wade in and pick that one up too, but then another one comes past. At which point do you go upstream and find out why they keep coming?"*

Stand Tū Māia is committed to changing the billion dollar plus cost of abuse and violence in Aotearoa New Zealand by getting upstream and attending to the impacts of those who have been hurt and to make sure this doesn't happen again. This is what we do and this is what we stand for. We therefore embrace the on-going opportunity to really make a difference to the safety and wellbeing for tamariki and whānau, and therefore, the future of Aotearoa New Zealand and this includes welcoming the opportunity to address historic harm and injustice and prevent the transfer of the trauma impact into future generations.

APPENDIX TWO

Stand Tū Māia Annual Report results and statistics for 2018-19

Services Provided: In the 2018-19 year Stand Tū Māia provided 9 essential services:

- Family Therapy Services to 280 children and their families. (Midland, Central and Christchurch Regions only)
- Intensive Family Wraparound Services to 2176 children and their families (Nationwide)
- 1228 Therapeutic Care and Education Placements for children (*Trauma Treatment) (Nationwide)
- Social Worker and Youth Worker in Schools Intensive Intervention services to 544 children and their families (Northern, East Coast and Christchurch Regions only)
- Social Worker and Youth Worker in Schools Programmes to 829 children. (Northern, East Coast and Christchurch Regions only)
- Strengthening Families Support Services to 280 Families (Midland Region only)
- Strengthening Families Case Management services to 76 Families (Midland Region only)
- Intensive Case Management Service to 268 Families (Midland Region only)
- Family Support and Education Services to 50 Families (East Coast only)

Satisfaction Ratings with services provided and outcomes:

- Family/whānau/caregivers satisfaction ratings for the Family Therapy Service were 99%. The percentage highly satisfied were 98%
- Child satisfaction ratings for the Family Therapy Service were 100%
- School satisfaction ratings for the Family Therapy Service were 100%. The percentage highly satisfied were 100%
- Referral agent satisfaction ratings for the Family Therapy Service were 100%. The percentage highly satisfied were 100%
- Family/whānau/caregivers satisfaction ratings for the Intensive Family Wraparound Service were 99%. The percentage highly satisfied were 95%
- Child satisfaction ratings for the Intensive Family Wraparound Service were 94%
- School satisfaction ratings for the Intensive Family Wraparound Service were 93%. The percentage highly satisfied were 78%
- Referral agent satisfaction ratings for the Intensive Family Wraparound Service were 98%. The percentage highly satisfied were 86%
- Child satisfaction ratings for the Therapeutic Care and Education Service were 96%
- Family/whānau/caregivers satisfaction ratings for the Kidzacool Service were 90%
- Child satisfaction ratings for the Kidzacool Service were 94%
- Client satisfaction ratings for Social Worker & Youth Worker in Schools Services were 92%

Results:

- 95% of children accessing the Therapeutic Care and Education service (*Trauma Treatment) showed improvement measured by the Strengths and Difficulties Questionnaire
- 92% of children accessing the Family Therapy Service showed improvement measured by the Strengths and Difficulties Questionnaire
- 88% of families accessing Family Therapy Service showed improvement in Family Functioning measured by the McMaster Family Assessment Device
- 95% of children accessing Intensive Family Wraparound services showed improvement measured by the Strengths and Difficulties Questionnaire
- 97% of children accessing Social Worker and Youth Worker in Schools services showed improvement measured by the Strengths and Difficulties Questionnaire

Key Statistics

At the time of referral Stand receives information from referral agents. This information is used to show the risk exposure the time of referral that is known and helps priorities access.

Of the referrals received in the 2018-19 year:

63% of children are assessed as medium to high risk
79% of children have difficulty with self-regulation
60% of children are exhibiting alienation and rebelliousness
61% of children are displaying anti-social behaviour and hyperactivity
62% of children are diagnosed with chronic health, mental health or developmental disabilities
43% of children are diagnosed with a physical health condition
33% of children have a diagnosed mental health disorder
33% have a developmental disability
39% of children have two or more chronic health, mental health or developmental disabilities

APPENDIX THREE

Settlement Agreement Template

[ON LETTERHEAD]

AGREEMENT BETWEEN THE PARTIES

THE PARTIES to this agreement are as follows:

FULL NAME ("Mr/Mrs/Ms [NAME]")

Stand Children's Services Tu Maia Whānau ("Stand Tū Māia")

A. Mr/Mrs/Ms [NAME] registered a historic complaint with Stand Tū Māia [or Legal Representative / e.g. Cooper Legal] relating to their childhood experience in respect of a residential stay at a Children's Health Camp.

B. The parties met to discuss the experience of Mr/Mrs/Ms [NAME] as a child while attending the Children's Health Camp. Stand Tū Māia accepts and believes Mr/Mrs/Ms [NAME]'s allegations as expressed. Stand Tū Māia apologises unreservedly to Mr/Mrs/Ms [NAME] and acknowledges the distress, physical and emotional pain, humiliation and hurt that Mr/Mrs/Ms [NAME] would have felt during and since that experience.

As a result of this meeting **THE PARTIES ARE AGREED** as follows:

1. Mr/Mrs/Ms [NAME] agrees that this settlement agreement is full and final. As such, Mr/Mrs/Ms [NAME] agrees not to bring any further complaint, or any proceeding in any New Zealand Court, against Stand Tū Māia in connection with the complaints of historic abuse, which are the subject of this settlement.

2. The parties agree that all discussions that took place during settlement meetings and negotiations, and all discussions relating to the terms and conditions of settlement, including the details of any financial payments, will remain confidential to the parties and their legal advisors. For the sake of clarity, it is not intended that Mr/Mrs/Ms [NAME] should be prevented, in any way, from speaking about his experiences in a Children's Health Camp with third parties.

3. The Parties wish to acknowledge and express their appreciation of the conduct and commitment of the other Party to resolve the matters between them and to confirm that each is satisfied with the effort of the other Party in contributing to resolve and agree the matters that have arisen between them.

4. The Parties record that they each accept the outcome of the historic complaint and the meeting held to find a positive resolution.

5. Stand Tū Māia agrees to support Mr/Mrs/Ms [NAME]'s healing and restoration by providing (INSERT AGREEMENT HERE).

    a) Xxxx – paid on invoice from therapist
    b) Yyyy – copies of debt to be provided and Stand Tū Māia will make payment direct
    c) Zzzz – paid on invoice from supplier

or

6. Stand Tū Māia agrees to support Mr/Mrs/Ms [NAME]'s rehabilitation and reintegration by providing (INSERT AGREEMENT HERE). [Used sometimes when claimant is in prison and money is provided for needs while in prison or to support the reintegration plan].

    Mr/Mrs/Ms [NAME] will provide a deposit slip or copy of a deposit slip with details of their account so that Stand Tū Māia can make the payment directly into their bank account.

7. Stand Tū Māia agrees to contribute half of Mr/Mrs/Ms [NAME]'s legal costs estimated as $0,000. This is based on total legal costs as advised by [Legal Representative / e.g. Cooper Legal] estimated at the time of signing this agreement were [$0,000].

8. This agreement is being made with no admission whatsoever of liability to Mr/Mrs/Ms [NAME] or any third party, arising out of the matters raised in the historic complaint and the resultant meeting.

9. The Parties agree that this agreement is in full and final settlement of all issues arising out of the historic complaint, both now and in the future.

SIGNED BY:

_____

Mr/Mrs/Ms [NAME] Dated

_____

DR FIONA INKPEN Dated
Pou Matariki / Chief Executive
Stand Tū Māia