

Dr Alayne Hall

Brief of Evidence for the Foster Care Sub-inquiry of the

Royal Commission Inquiry into Abuse in Care

13 June 2022 – 17 June 2022

INTRODUCTION

1. My name is Alayne Hall also known as Alayne Mikahere-Hall.
2. I have iwi affiliations to Te Rarawa, Ngāti Whatua and Tainui.
3. I am an Indigenous researcher and lecturer with the AUT Taupua Waiora Māori Research Centre at the Auckland University of Technology (AUT).
4. My research focuses on family violence prevention, emotional and psychological trauma, harm reduction and interventions for tamariki, mokopuna and whānau.
5. I hold senior lecturer and programme leader responsibilities for both Te Ara Hauora Māori postgraduate Māori health studies and Violence and Trauma studies.
6. I am a registered psychotherapist (PBANZ), a member of the New Zealand Association of Psychotherapists (NZAP) and a founding member of Waka Oranga: National Collective of Māori Psychotherapy Practitioners.
7. I hold a position within the Faculty of Health and Environmental Sciences AUT as Associate Head of School Māori Advancement in the School of Public Health and Interdisciplinary Studies.
8. I am the Co-chair of the Child Youth Mortality Review Committee, Health Quality Safety Commission.
9. My qualifications are as follows: PhD. MHSc (Hons), Global Mental Health Trauma and Recovery Certificate Harvard Medical School, Grad. Dip. Child Mental Health, Post Grad. Dip. Māori Health Cert. Alcohol and Drug Counselling. Before my academic and research career, I worked as a therapist in private practice and community-based settings including Child Mental Health Services and Auckland Correctional facilities, providing harm reduction intervention programmes for men and women focusing on violence prevention and addiction recovery.

SUMMARY OF MY EVIDENCE

10. Scope of Opinion

- a. Te Ao Māori perspective on the impacts that for tamariki and their whānau, hapu and iwi when the state removed tamariki from whānau and placed them in a [non-kin] foster care arrangement (and which often involved multiple placements).

In this brief, I begin by discussing broadly the historical and inter-related issues concerning whānau Māori to provide the background that led to their gradual fragmentation and stories of disconnection.

It is critical to understand the socio-historical context that led to the erosion of healthy whānau systems that subsequently led to the removal of tamariki and mokopuna from whānau. Researchers, academics, and historians have reported on the damages of colonisation and racism which led to the systematic breakdown of Māori society.

I do not wish to provide extensive detail concerning colonisation and the marginalisation of tangata whenua as I believe much of this information has been espoused by key witnesses in this Inquiry, and in numerous reports and publications for several years.

The expressed concerns of the recently departed Dr Moana Jackson and Professor McIntosh throughout the Contextual Hearings are relevant to my evidence and the resultant sub-inquiry.

There is a substantial body of knowledge that gives voice to the concerns that Māori hold with respect to child welfare policies. I provide a limited list of reports that are relevant to my brief. They are representative of the long-held concerns Māori have had for many years.

LIST OF RELEVANT REPORTS

1. Puao-te-ata-tu (Daybreak): The report of the Ministerial Advisory Committee on a Māori perspective for the department of social welfare. *Department of Social Welfare* - 1988. [Puao-te-ata-tu \(Daybreak\) - PDF Document \(msd.govt.nz\)](#)
2. Ko Te Wā Whakawhiti it's Time for a Change: A Māori Inquiry Into Oranga Tamariki [OT-REVIEW-REPORT.pdf \(whanauora.nz\)](#)
3. HAUORA Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry Wai 2575 Waitangi Tribunal report 2019. [Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry \(justice.govt.nz\)](#)

4. Te kuku o te manawa : Ka puta te riri, ka momori te ngākau, ka heke ngā roimata mo tōku pēpi - Office of the Children’s Commissioner June 2020. [TKTM-JUNE2020-Final-print.pdf](#)
5. He Take Kōhukihuki Pūrongo e Tūhura ana i ngā kaupapahere, tikanga me ngā hātepe mō te tango i ngā pēpi hou a Oranga Tamariki – A Matter of Urgency Investigation Report into policies, practices and procedures for the removal of newborn pēpi by Oranga Tamariki, Ministry for Children - Chief Ombudsman August 2020. [He Take Kōhukihuki A Matter of Urgency.pdf \(ombudsman.parliament.nz\)](#)
6. Hāpaitia te Oranga Tangata – Safe and Effective Justice – the government’s review of the criminal justice system, where Māori are over-represented and wāhine Māori are the fastest growing prison population. [Hāpaitia te Oranga Tangata | New Zealand Ministry of Justice](#)
7. Hāhā-uri, hāhā-tea Māori Involvement in State Care 1950-1999 – Independent research commissioned by the Crown Response to the Abuse in Care Inquiry July 2021. [Haha-uri-haha-tea-Maori-Involvement-in-State-Care-1950-1999 \(1\).pdf](#)
8. Te Puna Wai o Tuhinapo Youth Justice Residence OPCAT Monitoring Report November 2021 [Te Puna Wai o Tuhinapo Report 2021 FINAL 1.pdf](#) ([childrenandyoungpeople.org.nz](#))
9. Wilson, D., Mikahere-Hall, A., Sherwood, J., Cootes, K., & Jackson, D. (2019). *E Tū Wāhine, E Tū Whānau: Wāhine Māori keeping safe in unsafe relationships*. Auckland, NZ: Taupua Waiora Māori Research Centre. <https://nipmhr.aut.ac.nz/research-centres/taupua-waiora-centre-for-maori-health-research/publications>

It is an unthinkable decision to place tamariki and mokopuna outside of whakapapa whānau or kin-based whānau. The Māori world has always had organising principles and spiritual values. Whakapapa is a relational and major organising principle that shapes social order. Māori have their own culturally unique traditions to explain and express spiritual beliefs and forces such as wairua, mana and mauri.

To understand why it is unthinkable to place tamariki and mokopuna outside of whakapapa whānau or kin based whānau I provide the following detail to give insights from a Te Ao Māori perspective.

Whānau, Whakapapa, Mātauranga Māori, Tikanga and Kawa

The term whānau has been described and defined in many ways and is generally characterised as kinship relationships determined by whakapapa (genealogy) to a shared and common ancestor. To illustrate I draw on the Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives that details the characteristics of whānau as follows:

Whānau are built around familial ties that extend over three, and usually more, generations. The links between whānau members do not depend on specific tasks but on ongoing relationships based around shared lines of descent and conjugal associations. They are built around cultural values such as generosity, hospitality, sharing and mutual respect. Intergenerational connections are reflected in similar genetic patterns, similar heritage, similar names and similar obligations. They generate bonds that cannot be dissolved even when alienation occurs. Whānau have long histories that are measured in generations rather than years (Durie, Cooper, & Grennell, et al, 2010, p. 13)

Whānau are numerous in size and organised around familial relationships, where inter-generational living arrangements can include, parents, children, grand-parents and in some instances great-grand-parents and great grandchildren.

Whakapapa in Māori society is fundamental for connectedness of tamariki and mokopuna. Whakapapa is a system of lineage used to make important whānau links to tūpuna (ancestors), ancestral voyaging waka, whenua (land | placenta), urupā (burial sites) and places of belonging that include connections to marae and significant landmarks such as mountains and rivers.

Whānau use whakapapa to establish entitlement to whenua (land) and specific rohe (regions). Whakapapa is used to maintain control and occupation over territories. Tamariki and mokopuna are intrinsically bound to whakapapa and whenua by virtue of birth.

The dual significance of whenua to mean both land and placenta is interrelated with hapū to mean both pregnant and to reference one's belonging to a kinship clan sometimes referred to as sub-tribe.

The koiwi (bones) of tūpuna are buried in the whenua. It is traditional practice for hapū māma (pregnant mother) to return the whenua (placenta) back to the ancestral whenua (land). This dynamic system of relationships is bound by wairua, the spiritual energy that flows between seen and unseen forces.

There are traditional dedication ceremonies known as tohi that call upon atua to endow a young baby with attributes that will strengthen them and promote the desires of the whānau for whakapapa to be continued. The philosophical belief system of Māori and the associated ceremonies recognise the importance of spiritual links. Wairua and mana.

The continued occupation of territories known as ahikā is maintained through the living and the dead. Tūpuna are central to whānau and whakapapa. Together deceased tūpuna and their living descendants maintain the ahikā to keep the occupational home fires burning generation after generation.

Traditionally Māori lived in close communities and closer proximity to tamariki and mokopuna, who were born into the whānau-hapū system. The hapū forms out of several whānau units creating a system of whanaunga (relatives). The whānau-hapū arrangement is an interdependent system designed to be collectively sustaining. Birth parents have responsibilities to their tamaiti, and significant whānau such as grandparents, aunts, uncles, and older siblings have first rights and responsibilities to protect and buffer young tamariki against harm. This includes the right to defend and protect children from a parent or parents who do not adequately uphold their responsibilities as parents.

Mātua (parents) can have responsibilities for their tamariki and to extend their parental duties to their nieces, nephews and mokopuna. Grandparents also have important responsibilities to mokopuna, and mokopuna also contribute to the well-being of the whānau.

Caregiving responsibilities undertaken by significant whānau members are exercised according to the traditional practice of whāngai or atawhai. These practices involve the ability to take on lead caregiving roles to tamariki within the whānau-hapū system.

Mātua whāngai are the non-birth foster parent or parents identified in the whānau system who take on the day-to-day caregiving roles for tamariki. Mātua whāngai tradition ensures that tamariki remain within the whānau-hapū unit.

Mātua whāngai occurred for many reasons which included assisting couples without children, when serious illness occurred making it difficult for birth parents to care for children, or when parents have died. These are just some examples that go part way to explaining extended whānau responsibilities (Mead, 1997; Metge, 1995; Mikaere, 2003).

The collective whānau approach to parenting is necessitated by investment in the collective good, emotional closeness and proximity to tamariki. The system was self-sufficient and self-supporting. The ideology of removing tamariki from the whānau-hapū and whakapapa system was neither recognised nor considered. Māori have always understood the fundamentals of the popular aphorism “It takes a village to raise a child”.

Mātauranga Māori (Māori knowledge) is central for understanding tikanga (values) and kawa (rituals) that guide whānau to include managing collective interests and fostering reciprocal relational ties. Te reo Māori (the Māori language) is deeply intertwined with tikanga Māori and protocols related to kawa. For example, the rituals associated with whaikōrero (speech

making), karanga (the ceremonial call), karakia (incantations and prayer) require proficiency in te reo Māori.

The Māori system, as it once was, had the efficacy and capability to contain and ensure the wellbeing of many whānau. This also included the spiritual nature of a person and children (Mead, 1997). To conclude, this quote aptly captures Māori sentiment: “Māori were culturally self-assured and secure in their own beliefs and rituals, which both reflected and reinforced their social order. There was no obvious reason to change” (Anderson, Binney & Harris, 2015, p. 169).

Erosion of the Whānau System

The population boom brought about by colonial settlers resulted in depopulation for Māori. Introduced diseases, land confiscation and spiralling warfare between Pākehā and Māori which for Māori led to land alienation. Confiscation was legalised through the New Zealand Settlement Act 1863 and the Suppression of Rebellion Act 1863. The transfer of land ownership from tribal collectives to individual titles through the Native Land Act 1862 and 1865 have had enduring and intergenerational impacts (Durie, 1988). This has been devastating with longer-term psychological, emotional, and spiritual consequences that are characteristic of historical trauma (Brave Heart, 2000; Brave Heart & DeBruyn, 1998).

Dislocation from whenua threatened survival. Without this resource Māori could not leverage off the benefits whenua provides, such as growing crops. Ancestral connections, mana whenua rights along with spiritual obligations deteriorated the whānau-hapū-iwi system. Ashton-Martyn, O’Connell and Rapira (2018) attest to the harms stating:

Early on in the colonisation process, European settlers instigated policies that forcibly stole Māori identity, language, and whenua (land), and created a foreign system of justice that actively diminished the role of tikanga Māori (Māori values and customs or law) in restoring balance between those who had harmed, and those who had been harmed. Colonisation created a cycle of intergenerational trauma that still affects Māori today. The forceful taking of Māori land resulted in Māori having less resources and wealth than Pākehā and this unfair economic reality pushes more Māori toward acts of survival that get punished by the justice system (pp. 6-7).

Successive factors contributed further to the near annihilation of Māori accordingly Durie (et al, 2010) states:

Several factors have led to a substantially modified whānau environment: the depression in the 1930s, the 1939-1945 World War, and since the mid-1940s progressive urbanisation, now coupled with globalisation, have created distance between whānau

members so that whānau households may exist in different parts of the country or even across different countries. Though whānau are still connected, opportunities for close interaction have been attenuated (p. 13).

The historical context for whānau Māori eroded Māori society and the traditional values that were once lived by. This has led to whānau fragmentation and instability and provides the historical backdrop to the statutory care and protection system which operated between 1950 and 1999.

10. Scope of Opinion

- a. Te Ao Māori perspective on the impacts that for tamariki and their whānau, hapu and iwi when the state removed tamariki from whānau and placed them in a [non-kin] foster care arrangement (and which often involved multiple placements).
- b. This will also involve exploration and identification of how New Zealand could best address the future care and protection needs for tamariki and rangatahi so that identified negative impacts do not again occur.

The impacts for tamariki and their whānau, hapū and iwi when the state removed tamariki from whānau and placed them in a [non-kin] foster care arrangement which often involved multiple placements.

Witness testimonies throughout the Royal Commission of Inquiry into Abuse in State Care have provided survivor evidence of the foster care system and the quality of care received. This evidence has been damning. Tāne Māori endured multiple events of shame inducing physical and sexual abuse contributing to their lack of trust, anti-social behaviours and aggressions. Wāhine Māori testimonies attest to the sexual, physical and emotional abuse they suffered as young tamariki with an apparent increasing prevalence. This suggests gender-specific violence and attitudes that deem wāhine Māori as inferior.

The sexual exploitation of tamariki and rangatahi Māori in care takes advantage of tamaiti or rangatahi vulnerability when power imbalances are abused. Coercion and manipulation were used to deceive the young person for abusers' self-gratifying gains. It is important to recognise that sexual exploitation does not necessarily involve physical contact it can also include the exchange of sexualised content through the use of technology.

Findings from a more recent study *E Tū Wāhine, E Tū Whānau: Wāhine Māori keeping safe in unsafe relationships* (Wilson, et al, 2019) revealed wāhine lived realities and experiences of Child Youth and Family Services. Decisions were frequently made to remove children from

Māori mothers because of perpetrator partner violence. Māori mothers' and their tamariki are doubly penalised as victims of crime and then confronted with the forced removal of their tamariki. Findings from the study show the high levels of mistrust in government agencies as a consequence of repeated let-downs, failures to protect, experiences of having tamariki taken from them, placed in care and the unsurmountable challenges involved in having their tamariki returned to their care. It needs to be recognised that wāhine Māori live with multiple forms of oppression forcing them to remain entrapped in situations with no easy escape options. To quote Wilson, et al (2019):

The *Systemic Entrapment* of wāhine in their relationship does not have a singular point of origin – it is complex and multidimensional dependent upon the current circumstances of wāhine, their access to resources, and prior experiences with those services they need to secure the safety of them and their tamariki (p. 32).

The maltreatment of pēpē, tamariki and rangatahi in state care resonates with experiences of systemic entrapment rendering mokopuna Māori as powerless and subordinate to the macro-aggressions and microaggressions of the state. These circumstances coupled with earlier exposures to previous forms of neglect, abuse and family dysfunction intensifies the full range of adversity for mokopuna Māori. How these experiences impact on a child and how tamariki make sense of these experiences will be dependent on factors such as the age and stage of child development, prolonged severity and persistent exposure. This requires more in-depth discussion beyond the scope of this brief. However healthy childhood development occurs within the context of nurturing, loving and supportive relationships, when this does not occur well-enough it can lead to the most severe emotional difficulties that can set a child up for a life-long journey of suffering.

Multiple Placements

State sanctioned approvals enabled multiple placements to occur with little regard for the psychological, emotional, and spiritual damage this creates for tamariki Māori. Approvals included the placement with non-kin whānau, multiple placements and closed adoptions.

Multiple placements have implications for both the whānau and the tamaiti in care. At a pragmatic level the continued relocation of tamariki significantly changes the opportunity for birth parents and whānau to remain in contact, creating accessibility problems. Accessibility issues can be further compounded and difficult to overcome due to geographical distances.

The issue of whānau financial hardship and poverty are also factors that will have needed consideration. Financial hardships create circumstances that interfere and determine if a

visitation will go ahead or not. Whānau who may have struggled to fulfil visitation commitments with their tamaiti may often carry unwarranted criticism the negative burden of whakamā (shame) as a consequence of poor social welfare planning and decision making.

One of the most disruptive problems of multiple placements is the trauma of separation and lost opportunities for secure attachments and emotional bonds to be formed and repaired if these were compromised before care arrangements were put into place. Of note, attachment theories were being formulated and promulgated during the 1950s, following observations of child behavioural problems and adolescent delinquency difficulties. This issue of child attachments have been acknowledged as an important factor Fernandez and Atwool (2013).

In 1989 the Children, Young Persons, and their Families Act was introduced. This ground-breaking legislation represented a significant shift away from the “society as parent” position in favour of “family preservation” (Fox, 1982). The principles stress the importance of family in the care and protection of children, children’s right to be placed with kin if unable to live with their parents, and the maintenance of cultural identity. The importance of significant psychological attachment for children placed away from their parents is also acknowledged (p.180).

I understand that attachment theory is now widely used in social work practice to assess the quality of tamariki attachments to birth parents and is widely used in child trauma intervention approaches. I am concerned that attachment theory is being misused to support decisions to remove tamariki Māori from whānau. Attachment theory has many benefits when used as a theory to build and repair attachment trauma and relationships when these do not go well enough for tamariki (Mikahere-Hall, Wilson & Pou, 2022).

My own research (Mikahere-Hall, 2020a | 2020b) seeks to find appropriate solutions for mokopuna Māori when attachment relationships go wrong. Findings from the *Tūhono Māori: promoting secure relationships for traumatised mokopuna* report (Mikahere-Hall, Wilson & Pou, 2022) is currently in preparation for publication. Again, I wish to acknowledge the late Dr Moana Jackson for his advice and expressed support for the study.

When dislocation from whānau occurs, tamariki are left bereft and isolated with their emotions, unable to fully understand why contact has not occurred. What a child understands about repeated separation is that they are unlovable, and the world is uncaring.

The primary role of attachment is survival, the emotional tie serves to protect a newborn infant and young child from danger and to elicit need-provision. The absolute dependency of an infant warrants them exceptionally vulnerable and reliant on proximity to significant caregivers to provide for emotional and physical needs.

Tūhono Māori or mahi tūhono provides a uniquely Māori perspective of attachment where the spiritual ethos of the tamaiti is included unlike western theories of attachment (Mikahere-Hall, 2020a |2020b).

Non-kin placement

As discussed previously non-kin placements from a Māori perspective are unthinkable and culturally inappropriate.

I draw upon the work of my colleague Dr Maria-Haenga Collins and findings from her research into the Closed Stranger Adoption of Māori Children into Pākehā Families (2019; 2017; 2011). Participants in her study spoke about alienation from whakapapa and the search for belonging, even when adoptions went well. Haenga-Collins (2011) found that “adoption is not a one off event, but is an ongoing life experience” (p, ii). The system effectively severed ties to whakapapa, where unknown whakapapa left a spiritual longing for belonging. Indigenous scholar Eduardo Duran describes this phenomenon as ‘soul wounds’ (Duran, 2019; Duran, Firehammer & Gonzalez, 2008). Unlike mātua whāngai stranger adoptions were closed, denying tamariki the right or opportunity to search for biological whānau.

The effectiveness of placements in kinship families compared with non-kinship families has been an area of research interest. Farmer’s (2009) study found “kin carers were found to be significantly more disadvantaged than stranger foster carers” (p.331). There was an increased likelihood that kin carers were parenting alone, were more likely to have health problems, financial problems and living in overcrowded conditions.

There were close similarities in outcomes for the two kinds of placements. These were related to the quality of care and disruptions to care. Compared with non-kin, kin placements lasted longer, primarily this was because non-kin placements were interim. The study found kin carers received fewer supports and services than stranger foster carers. Farmer’s (2009) study relates to occurrences in England, however I have included reference to it as findings resonate comparatively with the context here in Aotearoa. As reported by Fernandez and Atwooll (2013)

Many caregivers (kin and non-kin) report considerable frustration at the lack of support once children are placed in their care...Like their counterparts in other countries, kin carers appear to receive even less support than non-kin (Worrall, 2005, 2009). Many are completely unprepared for the challenging behaviour of some children and information about what the children have experienced is often lacking (p. 182).

This is concerning particularly given the challenges kin families are faced with and the over-representation of tamariki Māori in care. To add whānau Māori also experience issues of poverty and financial hardship placing additional stress on whānau care-givers to manaaki tamariki. Farmer (2009) study also reported on the growing use of kinship and the likelihood of this increasing as a practice (Farmer, 2009).

A review undertaken by Fernandez and Atwool (2013) report concerns regarding indigenous children in care stating:

The continued over-representation of indigenous children in the care system is a significant challenge. Although approximately half are in kin care, the maintenance of cultural connection for the other half is not guaranteed. Positive cultural connection is a significant factor in resilience (Atwool, 2006a) and iwi affiliation is increasingly important as Treaty settlements facilitate the increased provision of services by Māori for Māori. These developments are beginning to extend into the provision of out-of-home care and several iwi are working with CYF to ensure that children are appropriately placed and links are maintained (p. 182).

Māori have a long history of caring for tamariki and mokopuna within the extended whānau when birth parents cannot fulfil the responsibility of day-to-day care. Reasons for doing this are varied and are not necessarily related to abuse or neglect. However, when issues of concern do arise whāngai or mātua whāngai operates as an important care-giving arrangement. Relocation, isolation, and dislocation (Hall, 2015) set tamariki up for negative emotional turmoil and behavioral control difficulties.

Impacts of Non-Kin Placements

One of the most significant and profound harms associated with abuse, neglect and deprivation is the opportunity to develop secure attachments. The multiple placements of children forces uncertainty and unpredictable healthy childhood development requires stability and certainty, which then leads to a greater sense of predictability. Predictability fosters emotional security and self-efficacy. It enables a child to trust and to know that the world is safe. Tamariki Māori were not afforded the safeguards or necessary environments that all children need to flourish and grow within.

The safety of tamariki is utmost. The issue of child removals is not as straight forward as determining the presence of chronic abuse, neglect, sexual or physical abuse when this occurs. For a child the sudden separation from significant caregivers and whānau can trigger the most intense emotional responses in children. When the state removes a tamaiti from their biological whānau the anguish of forced separation can set off a chain of unbearable pain,

traumatic pain. Forced separation can result in attachment trauma and leave long lasting wounds to repair.

The long-term effects of abuse, neglect and separation is complex which can result in developmental traumas. Child development occurs within relationships, and relationships are dynamic and critically important. The powerlessness of tamariki and the wish to protect them from maltreatment and harm can make invisible the powerful acts of both structural and personal violence inflicted on their whānau, hapū and iwi.

How the statutory care and protection system as in place between 1950 and 1999 (and to today if themes present in the specific years of scope are still present) operated in respect of tamariki and rangatahi who were the subject of state intervention and removed from whānau, hapū and iwi:

The statutory care and protection system as in place between 1950 and 1999 served to have adverse effects on tamariki, mokopuna and whānau Māori. The whānau caregiving system and the legitimacy of whakapapa was not given due consideration according to the protections Māori were afforded as detailed in Te Tiriti o Waitangi.

The Act superimposes Te Tiriti o Waitangi effectively co-opting Māori into a legal system that is desirable to Pākehā, and therefore, providing the societal framework and expected professional standards that follow on from this.

The modernisation of the child welfare system can no longer occur based on assimilation policies, Pākehā preferences, and deficit discourse as promoted by the 1960 Hunn Report.

There are a myriad of interacting structural mechanisms which have their roots in power and privilege that have alienated Māori from decision making processes concerning Māori welfare.

By the 1950s the mechanisms of power were most destructive when child welfare laws legalised the taking of Māori children from their whānau. Accordingly,

The final insult on the virtues of whakapapa is the deliberate separation of tamariki Māori from their whānau, hapū, iwi and ancestral whenua. The impositions on Māori remain unrelenting” (Mikahere-Hall, Wilson & Pou, 2022, p. 16).

There has been seemingly little regard for overt forms of racism and structural and systemic institutional racism as highlighted in *Puao Te Ata Tu* (Rangihau, 1988). Systemic and institutional racism, power and control are the enablers that created and create environments in which institutional abuse occurs. It is promising to see that Aotearoa New Zealand has a growing awareness of the harms racism can have on people.

The child welfare policies between 1950 and 1999 were experienced by Māori as punitive and destructive when abuse was wielded upon and against mokopuna Māori. Due to lack of oversight and disregard abuse continued to happen.

Mokopuna Māori were powerless to defend against the abuse that was happening to them and whānau were ill equipped to navigate their way through countless state policies, practices, and the powerful legal system. I believe this situation remains in place despite recent changes to the child welfare legislation. Whānau require the supports necessary to assist them to navigate their way through the child welfare system.

There has been a serious lack of regard for Māori values and beliefs to the extent that the inherited mana and spiritual well-being of tamariki Māori had no relevance. It is promising to see the efforts Māori have made to ensure practice guidelines are in place specific for tamariki Māori and their whānau. However, it requires change in professional standards and practice to develop the capacity within the workforce to provide greater responses to tamariki and rangatahi Māori in order to keep them safe.

Scope of Opinion 12.

an analysis of the applicable legislation and related policy drivers in place between 1950 and 1999 (and since, in the event of historical themes of concern being identified as still operating today)

I do not possess the legal expertise to provide the necessary in-depth analysis as requested for this undertaking. Respectfully I believe the work of the Royal Commission of Inquiry into Abuse in Care would undertake to engage in this work with the legal experts and resources made available for the inquiry.

(a) inquiry into and contextual explanation of the experience of Māori survivors of the care (foster) system – with this being explored from a Te Ao/ Kaupapa Māori perspective - and in contrast to a dominant western/eurocentric paradigm -and noting the impact of intervention on whakapapa and whanaungatanga.

The primary difficulty with many western and Eurocentric interventions is that they are largely informed by methodologies that dismiss the value of spiritual beliefs of many indigenous cultures. Western perspectives of trauma focus on individual experiences and do not go far enough to consider holistic approaches. The psychiatric *Diagnostic and Statistical Manual (DSM-5)* of mental health disorders takes a pathologizing approach to trauma. Critiques by

indigenous scholars, ethnic minority groups and non-indigenous scholars suggest that it has a strong tendency to be reductionist with generalisable results that are limiting.

Many western informed theories are based often on white middle class assumptions that do not take in to account the local and social conditions of people's lives to include the cultural, historical, and any on-going political struggles such as colonisation.

Historical trauma theory is showing great promise with many indigenous scholars and practitioners. In Aotearoa historical trauma theory is positioned as a holistic approach that Māori frameworks can work comfortably within (Pihama, et al, 2014; 2016).

Adverse childhood experiences (ACE) study prevalence rates which are informing public health understanding of child focused traumatic stressors across the United states (Felitti, et al, 2019). Fanslow, et al, (2021) undertook the first ACE study in New Zealand to provide prevalence estimates. Findings from the study prevention of childhood remain as important public health goals. Of particular concern were the prevalence rates for Māori stating:

The high prevalence rates of all ACEs among those who identified as Māori requires urgent attention. Of particular concern was the high prevalence of those who reported having a household member who was incarcerated, reported by 17.4 % of Māori respondents, the highest percentage in the cohort. There are acknowledged racial biases in prosecution and incarceration rates for Māori, built on discriminatory policing practices in Aotearoa New Zealand (Workman, 2019). The gross disproportionality of Māori incarceration and its adverse inter-generational impact is well documented (Deckert, 2020; McIntosh & Workman, 2017; Stanley & Mihaere, 2018; George et al., 2014)

Furthermore, interventions offered based on dominant western theories do not account for Māori and indigenous peoples shared experiences of colonisation and Māori lived realities. While they can be useful, they can only ever go part way in their attempts to provide the healing that wholly integrates the values and beliefs embedded in the culture.

In Aotearoa we have been heavily invested in Western evidence-based research to inform interventions for tamariki Māori and whānau Māori. At best Māori have come to expect that mātauranga and kaupapa Māori are tagged-on to dominant theories. There are a growing number of Māori frameworks and models which are supporting Māori practitioners. However, there is an over-reliance on Western models of practice that are created and validated in different social, cultural and systemic contexts. More needs to happen to support Māori researchers to investigate culturally appropriate and relevant solutions that will work for our people, along with professional practice standards that invest in requirements for health professionals and social workers to provide Māori response-based practices.

Indigenous people recognise that we have come to engage in the world with colonised experiences and through a shaded colonised lens. It is therefore important to recognise “how we have all been affected by colonisation” (Dudgeon & Walker 2015).

The practice reality and service delivery need to be cognisant of this in their design plans and interventions offered as Kawai (2020) states.

When our tamariki are uplifted into state care, they are not just being taken away from mum or dad, but from a whole ecosystem made up of a rich whāriki (tapestry) of wider whānau, culture, history and ancestry, which are all things we know to be vital to the positive growth and development of any child. The stories from the State survivors we spoke with reiterated to us that the desire to know ‘who you are’ and ‘where you come from’ never goes away! Caring and supporting our whānau in a ‘Māori way’ has not, and will never, work in an environment that does not understand our worldview and our ‘ways of knowing’. It is us as Māori – those of us with lived experience and understand the social and cultural nuances of our communities – who are best placed to provide the care, support and services that our whānau need (p. 6).

(b) Making recommendations about what any future care system would require (if anything) to enable it to respond in the most appropriate way to issues of concern around the safety of tamariki and rangatahi (physical, sexual, psychological) and which could otherwise see coercive intervention by the State.

It is anticipated that in providing advice about the overall structure of any proposed care system this may involve consideration of whether such a system should be run for Māori and by Māori - for example - and if so, would that involve a Pan Māori structure or one which is Iwi led across the Motu? (This may also embrace the question of how would such a system then correlate to a care and protection system that embraced those other non-Māori/Pacific children who may otherwise be the subjects of state intervention for reasons of care and /or protection.)

Making recommendations for any future care system should not be based on the opinion of a single person. Collective Māori leadership is needed to best determine what a future welfare system should look like.

The establishment of solutions for Māori cannot occur without Māori. For this reason, any proposed care system must involve Māori. How we determine service provision and what this will look like must be undertaken with Te Tiriti o Waitangi as the overarching framework.

There are well founded grounds for Māori to take charge and be the architects of their own destiny and child welfare system. Whānau, hapū and iwi have never given up hope to strive for a better future and this determination must be recognised.

Whānau must have the opportunity to make choices concerning the context in which their healing and recovery journey's take place. Greater accountability by Māori, to Māori, for Māori must occur in the context of Kaupapa Māori response-based practice where tikanga values and principles are central.

As suggested by Bolton, et al. (2020), *Puao-Te-Ata-Tu* and *The Māori Inquiry into the Ministry for Children* (Kaiwai et al., 2020), have articulated and laid the foundations for transformative change.

Final Comments:

I do not believe it is necessary for me to reiterate the long-held concerns Māori have held concerning the state of child welfare. There are only so many recommendations that Māori can make before there comes a time for serious change.

An inquiry into Pākehā resistance and the analysis of state policies and legislation that has worked against Māori is the work of Pākehā. Māori need the opportunity to free ourselves from forms of positive resistance so that we can invest in solutions best suited for us.

Mātauranga Māori and kaupapa Māori research and practice initiatives are informing interventions and these need to be recognised for the benefits they are producing and appropriately resourced.

Māori have experienced generations of disconnection, the medicine for this is connection.

I do not dismiss the reality that there are mokopuna Māori, who see too much, hear too much, and experience the pain of violence, neglect, sexual abuse degradation within their own whānau. Together we must change the life course trajectory for them. It will take much work to heal the pains of the past and protect mokopuna Māori from further harms.

Te Tiriti o Waitangi when fully realised is the korowai that should serve to protect mokopuna Māori and their successive generations.

Nō reira, e aku mihi ki a kotou

GRO-C

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