

**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY
DISABILITY, DEAF AND MENTAL HEALTH INSTITUTION HEARING**

Under The Inquiries Act 2013

In the matter of The Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions

Royal Commission: Judge Coral Shaw (Chair)
Paul Gibson
Julia Steenson

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Mr Gregor Allan, Ms Sandra Moore and Mr Vaughan Dodd for the Crown

Venue: Level 2
Abuse in Care Royal Commission of Inquiry
414 Khyber Pass Road
AUCKLAND

Date: 12 July 2022

TRANSCRIPT OF PROCEEDINGS

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1 **Hearing opens with karakia tīmatanga and waiata by Ngāti Whātua Ōrākei**

2 **[10.04 am]**

3 **COMMISSIONER GIBSON:** Nau mai haere mai, welcome everybody, thanks for braving the
4 storms to come here today, thank you to mana whenua, Ngāti Whātua Ōrākei, for our
5 karakia waiata. Mr Thomas.

6 **MR THOMAS:** Mōrena Madam Chair and Commissioners, we have David Newman here to give
7 evidence about his brother Murray and also on behalf of his late mother Valerie. Would
8 you like to do the affirmation Madam Chair?

9 **CHAIR:** Yes. Good morning Mr Newman, would you like to be called David?

10 A. Yes.

11 **Q.** Thank you for coming. I'll just take the affirmation from you.

12 **DAVID NEWMAN (Affirmed)**

13 **QUESTIONING BY MR THOMAS:** Thank you Madam Chair. I just wanted to let Madam
14 Chair and the Commissioners know David's very happy to take questions during his
15 evidence.

16 David, do you want to start your evidence by telling us a bit about your brother
17 Murray?

18 A. Sure. Murray has multiple disabilities, some of them quite complex. I'll just, if I can, read
19 off some of those things.

20 **Q.** Sure.

21 A. So, with his intellectual disability he has autism, Tourette's Syndrome, Obsessive
22 Compulsive Disorder and Bipolar Disorder and as a result spent a lot of time in various
23 institutions. He wasn't institutionalised until, or didn't go to an institution until, he was
24 about five and that was more for respite care initially.

25 **Q.** Thank you. Can you also tell us a bit about your late mother's involvement and her
26 ongoing fight for Murray. She's also written a book, which I'll hold up here, called Destiny
27 and Purpose about Murray's life in care. Do you want to just tell us a bit about her role?

28 A. Yes, mum advocated for Murray and not only for Murray but for other intellectually
29 disabled people in care. And she spent a good portion of her life advocating for Murray
30 and for others, and it came at a cost. She, as you referred to in your book, she wrote a book
31 which we will refer to. But also her work was recognised in 1993 with a Queen's Service
32 medal and I think she worked probably for the best part of 35 to 40 years she gave, devoted
33 her life to trying to improve Murray's quality of life and for others like Murray who

- 1 couldn't speak for themselves.
- 2 **Q.** She can't be here today, but do you feel that you're speaking on her behalf as well?
- 3 **A.** Yes, yeah, absolutely, I'm here for mum and, as I've said in my statement, this would be
4 mum's time. This was something that it would have been nice for mum to have been here,
5 but so I'm here for my mother and I'm here for my brother.
- 6 **Q.** Can you tell us a bit more about what Murray's early life was like at home?
- 7 **A.** Yeah. Murray -- well, initially I think mum and dad didn't know really what was quite
8 wrong with Murray, it took a while for Murray to be diagnosed, as it were, if that's the right
9 term, with an intellectual disability. So he was a baby who wouldn't sleep, who wouldn't
10 eat and cried continually. And as he grew older we, as siblings, would help and do what we
11 could to be with Murray to occupy him, and by the same token that was helping mum and
12 dad. But yeah, he was mischievous, I guess, particularly as he got a little bit older, but in
13 no way aggressive or violent, in no way whatsoever.
- 14 **Q.** Just going back one step, it's right, isn't it, that Murray was deprived of oxygen at his birth
15 in Thames?
- 16 **A.** Yes.
- 17 **Q.** Can you talk about that?
- 18 **A.** So my understanding when Murray was born was that he came quickly and by the time the
19 doctor came into the room he'd been delivered by two nurses. The doctor's standing at the
20 door crying out "what have you done", whatever he exclaimed. Because Murray, I
21 understand, had the cord around his neck and was blue and had been so for 1 or 2 minutes,
22 and that induced essentially the brain damage. And the doctor turned to mum and said,
23 "your troubles are just beginning".
- 24 **Q.** You mentioned Murray's mischievous nature, can you give us any examples of that?
- 25 **A.** As, yeah, as he got older he would have a propensity to hide anything really. But he did
26 like keys, so if there was a set of keys around, if they were left lying around you probably
27 wouldn't find them again because he would hide them and of course not know where he had
28 hidden them. But other than that, he also liked to, -- he would block the toilet and lock
29 himself in there and flush until he flooded the room, or he would block a tub or a sink or
30 the bath and do similar, just turn the taps on, that seemed to amuse him.
- 31 **Q.** I think you've mentioned the support and attention that Murray needed early on in life, and
32 I think you also mentioned his difficulties with eating. Do you want to talk about that?
- 33 **A.** Sure. So as I understand, Murray was fed with an eyedropper, he wouldn't eat, he wouldn't

1 open his mouth, his mouth had to be prised open even to get an eyedropper in. And so he
2 was basically given liquid, milk for a long time. And even to get that eyedropper into the
3 corner of his mouth we had to distract him. And that would fall to one of us kids, holding,
4 moving the door handle up and down to distract him enough, long enough for mum or dad
5 to get the eyedropper in just to give him a squirt of something so he was --yeah, he wouldn't
6 eat and that was the way of trying to make him eat.

7 **Q.** What sort of age are we talking about here, just to give us an idea?

8 **A.** That was probably pre-five, but even after that, he wasn't a great eater. So he's always been
9 of slight build, yes.

10 **Q.** And it got to a point in Murray's early life that there was pressure on your family and your
11 parents in particular. What did that lead to?

12 **A.** There was huge pressure on family dynamics, just because of Murray's behaviour, not that
13 his behaviours were bad in any sense, but he was just very demanding, and that put huge
14 pressures across the family and ultimately led to separation, my parents separating.

15 **Q.** Around this time I understand as well, when Murray was around five or thereabouts, your
16 parents moved town; is that right?

17 **A.** It would have-- no, so my parents are Salvation Army officers and were moved back to
18 Wellington and then after about a year or 18 months, whatever timeframe that was, we
19 moved suburbs, still in Wellington, yeah. Have I answered that right?

20 **Q.** You did, thank you. Can you tell us moving to Kimberley Hospital, David, Murray was in
21 respite care there initially around age five. Can you tell us how that came about?

22 **A.** I understand the respite care came about to give the family a break. Because Murray was
23 so demanding, and very consuming just- we needed a break as a family, mum and dad
24 needed a break, and so, yeah, the respite care was for two-week periods and it resembled
25 some sort of normality for us for a time, but then when Murray came back after those two-
26 week respite periods was back into the other normal that we knew.

27 **Q.** What was it like for Murray at Kimberley during this time?

28 **A.** In those respite years it was good because Murray went into a house where there were just
29 one or two, maybe three or four others, and so -- and the lady there, there was continuity in
30 the fact that the lady, Mrs Foster looking after him, was very good with Murray and so it
31 was very settling, and I think mum felt quite happy for Murray to be there in those initial
32 years.

33 **Q.** Murray then attended Marylands in Christchurch for a time. Can you tell us how that came

- 1 about?
- 2 A. Mum was always seeking, I guess, and looking for a better place to put Murray and even a
3 long-term I guess, placement. And so Marylands came up and she thought this would be a
4 good place for Murray to go, and eventually she got him in, but it was short-term.
- 5 Q. Do you know, to your knowledge, like what your mother knew about Marylands when she
6 was placing Murray there?
- 7 A. No, I can't say specifically other than the fact that she liked what she possibly read or had
8 heard, sufficient to enrol him.
- 9 Q. And Murray wasn't at Marylands for very long, was he?
- 10 A. No, I think it was just a year, or maybe not even a year. He was a runner, Murray would
11 run, and I don't think that they could, -- I don't think he sat long enough for them to feel that
12 he could learn in their environment.
- 13 Q. Sure. And do you recall anything around Murray's return from Marylands, the reasons for
14 that?
- 15 A. Other than-- mum was upset that it hadn't worked out and had been informed that there was
16 a one-way ticket for Murray at the end of a particular term, that he wasn't going back, that's
17 all that I recall.
- 18 Q. Thank you. I'm going to ask you a bit more about Kimberley Hospital now, David, and this
19 is when Murray came to be admitted there on a full-time basis around 11 years of age, I
20 understand. Can you tell us about that?
- 21 A. Yes, so it changed in as much that when Murray was in respite care in a small villa being
22 admitted on a full-time basis into the mainstream hospital, basically he went into a
23 dormitory ward-type situation where there were many more residents present, and that
24 wouldn't have worked for Murray, not with his autism. So while he coped and things were
25 all right in that smaller environment, when he went into that much bigger dormitory-type
26 setting it was never going to work.
- 27 Q. What did you know about Kimberley at the time in relation to staffing?
- 28 A. It's probably with hindsight what I know rather than what I knew at the time, but it was
29 well-known in Levin that if you wanted a job you would go out to Kimberley. And even as
30 recently as last week I had two people tell me that there were some pretty --some people
31 that shouldn't have been working at Kimberley were working there.
- 32 Q. Are you suggesting a lack of training with some staff?
- 33 A. Absolutely.

- 1 **Q.** Can you tell us about your mother Valerie becoming president of the Kimberley Parents
2 and Friends Association?
- 3 **A.** Mum would, she involved herself as much as she could, and this was almost natural
4 progression for her, so she attended the meetings and I think for a year or so and then got
5 nominated as the president of Kimberley Parents and Friends which I think she held for a
6 number of years.
- 7 **Q.** What do you know about that association?
- 8 **A.** It gave, --from what I know it gave the parents a voice, a collective voice and I think mum
9 organised it possibly a little bit more than what it had been and, -- I'm sorry.
- 10 **Q.** Take a moment. We can also take a short break?
- 11 **CHAIR:** If you need to take a break.
- 12 **A.** I'm fine, sorry, I'm fine. I'm good.
- 13 **MR THOMAS:** Thanks David, take a moment by all means.
- 14 **CHAIR:** Have you got some water there you can sip at?
- 15 **A.** Thank you.
- 16 **Q.** Just while we're in a break, can I just ask you, he went there at what age, when did he go to
17 Kimberley?
- 18 **A.** He was about five-ish when he went into respite care.
- 19 **Q.** No, I mean when he went to the dormitory?
- 20 **A.** Ten or eleven.
- 21 **Q.** Yes, so there'd been some years between when he first went there for respite care, he'd been
22 there quite a lot of times for respite care?
- 23 **A.** About four years I understand, then there was the year at Marylands.
- 24 **Q.** Yes.
- 25 **A.** And then the placement full-time.
- 26 **Q.** So he was about eleven when he went there full-time?
- 27 **A.** Yes.
- 28 **Q.** Thank you.
- 29 **QUESTIONING BY MR THOMAS CONTINUED:** Thank you Madam Chair.
30 Are you okay to keep going, David?
- 31 **A.** Yes.
- 32 **Q.** This is jumping forward a little but still in relation to the association. Your mother was
33 concerned later on, I understand, about the prospect of Kimberley closing. Do you want to

1 mention anything about that?

2 A. Yeah, mum had heard that closure and deinstitutionalisation was going to happen and so
3 she, as I understand, took that to the Kimberley Parents and Friends Association for them to
4 know, and a lot of them were in denial that this could possibly happen, because when their
5 loved one went into care at Kimberley they were told essentially that they would be there
6 from cradle to grave, and that that concept of being out in the community wasn't one that I
7 understand a lot of the parents understood fully.

8 As the process developed, the greater realisation of what actually was occurring
9 actually dawned on them. But it would have been terrible for them, terrible for parents at
10 the time to realise this was actually happening, thinking that their loved one was, -- that this
11 wouldn't happen, essentially.

12 Q. I'm going to ask you about some specific topics now relating to Murray's time at
13 Kimberley, David, starting with medical abuse or over-medication. You visited him at
14 Kimberley on several occasions. Do you want to start from there?

15 A. Sure, I accompanied mum on occasions to pick Murray up when mum would take him out
16 for the weekend. On another occasion I went with mum to visit the medical superintendent
17 to give mum some support. It's not a place that I like going to, I found it quite oppressive.

18 Q. You mentioned going to see the medical superintendent on one occasion, what was that
19 about?

20 A. That was specifically to do with Murray's medication regime at the time which we thought
21 was excessive and we tried to convey that to the medical superintendent, but he didn't
22 particularly want to hear it.

23 Q. You were concerned, you and your mother, about the quantities of medication Murray was
24 receiving; is that right?

25 A. Yes, yes, so his medications, he was seemingly prescribed one medication which would
26 lead to another medication to treat side-effects of the first one and so on, until there was a
27 real cocktail of medications that he was on. And quite often when, -- well, when Murray
28 came home, when mum took him home, mum would always write down what his
29 medication that he'd been given for that weekend and would keep a track of medications,
30 and quite often Murray's behaviours would change from one home visit to another. And
31 mum quickly realised that the medication had changed either in frequency or in dosage,
32 which brought about a change in Murray's behaviour. And, yeah, mum firmly believed,
33 and I did as well, that Murray's medication was excessive. But it was a way of controlling

1 behaviour.

2 **Q.** Yeah, I was going to ask about that; in your view why was he given such quantities of
3 medication?

4 **A.** I think he was given those levels of medication as a form of behaviour control by the
5 medical superintendent and it seems to me that it was prevalent at Kimberley, it was the
6 way of controlling behaviour, particularly with residents there that had high and complex
7 needs, the likes of Murray, it would seem to me the way how he was managed, basically
8 sedated permanently.

9 **Q.** What effect did that medication have on Murray?

10 **A.** It changed him. It changed him to,-- his behaviours became unpredictable and aggressive,
11 and as he got older those behaviours magnified. Whereas previously, of course, he hadn't
12 been like that.

13 **Q.** Do you recall what your mother found out about the dosages of medication Murray was
14 receiving?

15 **A.** Sure, there was,-- mum found out there was an official visitor, Mrs Anne Thorpe, and
16 Mrs Thorpe was able to find out in her official capacity what those medication s were,
17 sufficient to say that I heard they were enough to tranquillise a horse and Murray's weight
18 at the time was approximately 40, 42 kilograms.

19 **Q.** I'll come to that discussion with Anne Thorpe in a bit more detail as well. Before I do that,
20 can we talk about the physical abuse that Murray suffered at Kimberley?

21 **A.** Sure. When mum had Murray home she would quite often observe bruising to Murray's
22 body, various parts of his body, and Murray would say that "nurse did this", he had a
23 limited vocabulary, and he couldn't tell you anymore than that, but he did regularly come
24 home bruised.

25 **Q.** Did Murray also sometimes comment on his bruising?

26 **A.** Only to say that "nurse did this, nurse did that", that was about the extent of it. That
27 bruising also extended to his genital area as well, there was other stuff going on.

28 **Q.** I guess was there anymore information that you or your mother had about how that bruising
29 had come about?

30 **A.** I know there was one person, going back to staffing and untrained staffing, there was one
31 person in one particular ward who was known to use his fists. Whether that was to control
32 behaviour or not I'm not sure, but this particular person wasn't only known at Kimberley
33 that he was a violent man, he also was known in the community to be violent there as well;

1 but somehow had a job at Kimberley.

2 **Q.** I want to move to a particular incident now, the plate glass window incident. Can you just
3 tell us about what happened there?

4 **A.** So Murray went through either a plate glass window or door. I understand it was a door,
5 but he went through that with his arms held up like that. The only thing that mum and
6 I could conclude was that he was being chased either by a resident or by staff and we don't
7 know. Yeah, we don't know why he went through that, but there was a reason, but we'll
8 never know what that reason was.

9 **Q.** Do you recall what you or your mother was advised about that incident at the time, or how
10 you first became aware of it?

11 **A.** Mum received a phone call from a staff member after hours off the record to say that
12 Murray was now heavily sedated and in ward seven, which was the psychopaedic ward, or
13 psychiatric ward, which was the lock-up ward at Kimberley where you didn't want to end
14 up.

15 **Q.** I'll come to that in a bit more detail. Before I do that, when your mother found out about
16 this incident of the plate glass, what did she do about that?

17 **A.** Mum endeavoured to try and get to the bottom of it and tried to find out what happened,
18 and requested an investigation into what happened, and basically hit a brick wall.

19 **Q.** I might get you to refer to paragraph 5.47 of your written statement, that's on page 10 of the
20 statement page 224 of the bundle, Commissioners. Do you have that, David?

21 **A.** Yes, do you want me to read that?

22 **Q.** Yes, sure.

23 **A.** "As I drove slowly past his office window I saw the Medical Superintendent with his head
24 down attending to something on his desk. I knocked on his door and was invited in and,
25 standing, I handed him my statement regarding Murray going through a plate glass window
26 recently. He took it from me and read it and looking up said, 'What do you expect me to do
27 about it?' I wanted to shout, 'Do about it? Investigate the facts and establish what actually
28 occurred.' Instead, I weakly said, 'It is not for me to tell you what to do.' I could hardly
29 believe my own ears, but that was the way out I gave him and he quickly responded
30 threatening to discharge Murray."

31 **CHAIR:** Just to clarify, you're reading there from an extract of your mother's book, aren't you?

32 **A.** Yes, I am.

33 **QUESTIONING BY MR THOMAS CONTINUED:** Apologies, Madam Chair, I should have

1 mentioned that.

2 What did you make of that response from Kimberley?

3 A. It was a fairly typical response. Kimberley management didn't like to be challenged and
4 the threatening behaviour and the stand-over tactics, this wasn't the first or the last occasion
5 that mum experienced that.

6 Q. The threat to discharge Murray as well, was that used?

7 A. Sorry, was it?

8 Q. Sorry, was that a threat that was used by Kimberley staff?

9 A. Yes, it was used by a medical superintendent on more than one occasion. It's actually, as I
10 understand, something that they couldn't do, but they used it, it was used.

11 Q. Did you know they couldn't do it at the time or your mother?

12 A. No, mum didn't know at the time. Again, it was something she found out later and I think
13 via Anne Thorpe the official visitor.

14 Q. You've mentioned that, following the plate glass incident, that your mother was advised
15 that Murray was then heavily sedated and taken to ward seven. I want to ask you about that
16 ward now. Firstly, I guess can you describe that ward for us, what it was like?

17 A. It was the lockup ward and residents were threatened that that's where they'd go if they
18 misbehaved. So I -actually never- I never got past the front door. So the residents were
19 locked inside that building, whereas I understand they could move around, but inside that
20 building there was a courtyard where residents could also be locked into that courtyard. So
21 yeah, it was the lock-up ward where they were restricted in their movement to within that
22 building.

23 Q. And how was that different from other wards there?

24 A. In other wards they had the freedom where they could move outside of that ward and move
25 around the grounds, but,-- so basically it was the prison within Kimberley.

26 Q. And I guess what had your mother heard about ward seven?

27 A. She'd heard that it was a place where Murray shouldn't go and a place where
28 Murray -- where she didn't want Murray to go, it was absolute dread for mum.

29 Q. Why was that?

30 A. Because Murray would be in an environment where he was locked up, which wouldn't
31 work for him. But he would also be probably the smallest resident there and I think things
32 happened behind closed doors.

33 Q. In your statement you describe that your mother went to ward seven on one occasion. Can

- 1 you talk about that?
- 2 A. Is that the occasion where the door was open?
- 3 Q. Yeah.
- 4 A. So yeah, on that particular occasion, much to mum's surprise, the front door was unlocked
5 and open, so she went in to have a look for herself, and I think she discovered the residents
6 were all locked,-- so it was a sunny day,-- all locked in the internal courtyard with no shade,
7 all sitting around the outside of the courtyard. And I think, I'm not sure, but there was also
8 an occasion where she also saw a staff member holding a pool cue over a boy about to hit
9 him and she intervened, not physically, but just intervened and asked "what are you doing?"
10 Which was enough to stop what was about to happen.
- 11 Q. That was also in ward seven?
- 12 A. Ward seven.
- 13 Q. Is there anything else you wanted to mention about that ward?
- 14 A. I think once you went in there it was a very hard place to get out of. No further comment.
- 15 Q. Thanks David. I'm going to ask you about a false reporting incident, if I can describe it like
16 that. Can you talk about that? This starts from para 5.61 of your written statement.
- 17 A. Okay.
- 18 Q. Do you recall that report?
- 19 A. I can recall mum telling me about it, absolutely. Can I read?
- 20 Q. Sure.
- 21 A. It speaks for itself.
- 22 Q. Madam Chair, David's proposing to read from his statement which is from an extract from
23 his mother's book.
- 24 **CHAIR:** Thank you.
- 25 A. Can I read from 5.63?
- 26 **QUESTIONING BY MR THOMAS CONTINUED:** Sure.
- 27 A. "Once in his office he began reading from a report that stated that Murray had returned to
28 his daycare programme and was enjoying home visits. At that point I stopped him and said
29 'none of what you have just said is true. Nothing is occurring for Murray.' Sneeringly he
30 said 'Mrs Newman, I'm reading from a report.' 'Nevertheless I'm telling you that
31 categorically nothing of what you have said is true.' As he glanced at me and made a
32 further attempt to read from the report, the door opened and in dashed Murray and sat as
33 close to me as he was able. I felt his anxiousness. Murray was accompanied by the charge

1 nurse of ward seven. The psychiatrist then reiterated what he had earlier said to me. A
2 conversation between the two men ensued and it was music to my ears to hear the charge
3 nurse say, "I'm sorry, sir, but none of this is true.", "Then where did this report come
4 from?", "I don't know, sir", was the response."

5 **Q.** And just for context, David, so I understand this matter that your mother was discuss
6 was relating to a report that Murray had returned to a day programme at Kimberley, have
7 I got that right?

8 **A.** No, I'm not 100% sure, the day programme was referenced there, but it's obviously a report
9 which the medical superintendent doesn't appear to have verified and wasn't true.

10 **Q.** Just have a look at 5.61 on the previous page.

11 **A.** Okay. Okay, I beg your pardon, it may be, I'm not sure.

12 **Q.** I guess what did you or your mother make of that incident, if you like?

13 **A.** I think for mum, it reiterated what was constantly happening for her. The pushback that she
14 continually had with the medical superintendent, but I mean, fortunately she was vindicated
15 by the charge nurse coming in. I mean if he hadn't at that particular point in time then it
16 was mum's word against the superintendent's. But even the fact that this report was written
17 and presented, it just seemed to point to some,-- a cover-up.

18 **Q.** Were parents encouraged to go and visit at Kimberley?

19 **A.** I understand not. Again, parents, when they left their child at Kimberley, were, you know,
20 were told that "we are the experts, we'll take care of your child" and I understand that
21 generally they weren't encouraged.

22 **Q.** You've mentioned earlier the involvement of the official visitor, Anne Thorpe, who assisted
23 in relation to Murray's medication, finding out some information about that. Can you talk
24 about a meeting, another meeting with the medical superintendent about that? I can assist
25 you if you like.

26 **A.** Thank you.

27 **Q.** I guess first, yeah, do you recall that?

28 **A.** Only from the point of view of what is written in the book.

29 **Q.** Sure. I might ask you to refer to another extract from the book then which is in your
30 statement around paragraph 5.71. Do you want to just have a read of that to yourself and
31 see if that helps?

32 **A.** Okay, okay. So yes, so when Anne found out the strength and the dosages of the
33 medication, the doctor, medical professional who told her what they were, said that "if you

- 1 want to save this boy Anne you'll have to move quickly." That's an extract from the book.
- 2 **Q.** And can you elaborate on what was meant by that to your knowledge?
- 3 **A.** Yeah, the medications were excessive and, as I mentioned earlier, they were apparently
4 sufficient to tranquillise a horse, with Murray's weight being around 40 to 42 kg.
- 5 **Q.** Can I ask then what ultimately came about then following that meeting with the medical
6 superintendent about Murray's medication, what was the outcome?
- 7 **A.** I understand the medication was revised and, if nothing else, referencing the book again to
8 prove Mrs Newman wrong. But I understand there was a revision of the medication.
- 9 **Q.** By "revision" you mean?
- 10 **A.** The dosages and the frequencies were looked at and changed, lowered.
- 11 **Q.** Thank you, I want to ask you about education now at Kimberley for Murray. What was
12 available or what schooling did Murray get there?
- 13 **A.** There was the day centre. I think there was some schooling via the day centre which was
14 available to Murray, but Murray's attention span wasn't great, so very limited capacity for
15 Murray to learn at all.
- 16 **Q.** I guess, yeah, what did you know about what was available there, the day centre?
- 17 **A.** I'm sorry Michael.
- 18 **Q.** That's all right, if you can't recall it's no problem. I guess do you recall whether Murray
19 learned anything at Kimberley?
- 20 **A.** He would have learned something, but not a whole lot.
- 21 **CHAIR:** Could I just ask a question in relation to that. In your statement you said that Murray
22 already knew his colours, or your mother told them when he went there he already knew his
23 colours, for example.
- 24 **A.** Yes.
- 25 **Q.** So he had some capacity to learn and had learned at home; is that right?
- 26 **A.** Yes, yes. He had some capacity, but a very limited capacity.
- 27 **Q.** Yes, but within his capacity he was able to make some progress at home?
- 28 **A.** Yes.
- 29 **Q.** Do you know whether he made any progress when he was at Kimberley beyond that?
- 30 **A.** I can't say specifically, but I do know that a lot of Murray's time at Kimberley he was
31 heavily sedated, so his capacity for learning was reduced.
- 32 **Q.** That wouldn't have helped at all, would it?
- 33 **A.** Yeah.

1 **Q.** No. Thank you Mr Thomas.

2 **QUESTIONING BY MR THOMAS CONTINUED:** Thank you Madam Chair.

3 I'm going to move to Templeton Hospital now, David. So can you tell us about how
4 Murray came to be there, moved from Kimberley to Templeton?

5 **A.** Mum was very frustrated, I think, with Kimberley, for a variety of reasons which we've
6 touched on. And she felt that Templeton may have been a better option for Murray. So
7 there was apparently a placement at Templeton which became Murray's, and so she made
8 the move south, hoping, believing that it would be better for Murray.

9 **Q.** And was it?

10 **A.** No.

11 **Q.** What was it like?

12 **A.** Similar, I would say it was very similar. There seemed to be the same mentality in the way
13 that the two institutions were run and it became apparent when Murray, even on the very
14 first afternoon when mum took Murray out, that this wasn't going to be any better, and
15 within 10 days to two weeks it definitely wasn't any better.

16 **Q.** What happened at that point? Was there an incident or something specific?

17 **A.** Sure. On the afternoon that mum took Murray there, there was a charge nurse, mum,
18 Murray and maybe one or two others who were walking around. Anyway, the charge nurse
19 said to mum that he'd been watching Murray the whole time that they'd been together, and
20 that this particular placement where Murray was going to go was not the right one. So he
21 was,-- he'd red flagged straight away that something,-- this is not going to be right. But
22 within about ten days before mum's phone was connected in her flat in Christchurch, there
23 was a phone message that came through to mum asking that mum would sign a general
24 anaesthetic because Murray's teeth had been knocked out by a resident in the villa that he
25 was placed in or the ward that he was placed in.

26 **Q.** Your mother, I understand, tried to give Murray a break from institutional life at
27 Templeton. What did she do?

28 **A.** She would take Murray home for a weekend and she would also do that while Murray was
29 at Kimberley, would take Murray out, take him away from the institution, just to give him
30 some space.

31 **Q.** After Templeton, Murray went to a place called Brackenridge Estate. Take a moment,
32 David, and please let us know if you need a break.

33 **CHAIR:** Shall we give you five minutes, would you like that?

1 A. Yes please.

2 Q. Okay, we'll just take five minutes.

3 **Adjournment from 10.56 am to 11.09 am**

4 **COMMISSIONER GIBSON:** Thanks, Mr Thomas, David.

5 **QUESTIONING BY MR THOMAS CONTINUED:** Thank you Commissioner Gibson, David's
6 just taken a short break and is ready to go again.

7 Are you all right David?

8 A. Yes, I am, thank you.

9 Q. Thank you. Just to pick up where we were, I think I was asking you about Murray's time
10 post-Templeton, he went to a place called Brackenridge Estate. Can you tell us what
11 Brackenridge was?

12 A. It was a new facility that came out of Templeton, in a sense, for those that couldn't,-- my
13 understanding,- integrate into the community. So those were the likes of Murray, the high
14 need, high dependency. And so,- Templeton,-- Brackenridge came about to accommodate
15 those.

16 Q. That was around the time of Templeton's closure; is that right?

17 A. Yes, yes, correct.

18 Q. And, yeah, what was your impression of what it was like there?

19 A. I went with mum on one occasion and it wasn't long after Murray had been transferred
20 there. On that particular visit it seemed to be under-staffed and it was -- initially we
21 couldn't get in because it was locked and we were locked out. Murray could see us from
22 the inside, but we couldn't get to him and vice versa. And there was a sense too that it was
23 the same mentality had spilled over from Templeton into Brackenridge for me.

24 Q. What do you mean by that, can you just elaborate on that?

25 A. I feel that possibly the same people that were at Templeton with regard to staffing were
26 possibly the same people who transferred, as it were, to the Brackenridge Estate, and so the
27 mentality was much the same at the time.

28 Q. I'm going to ask you briefly about Hillmorton Hospital, yeah, how did Murray come to be
29 there?

30 A. I'm not sure exactly how he came to be there except that mum got a phone call to say that
31 was where he was. Again, I think it was a place too where mum absolutely dreaded Murray
32 would end up, thinking that Brackenridge was going to be more suited for Murray and that
33 would be where he would be, but then to get that call to say that he was now at Hillmorton.

- 1 **Q.** Yes. Do you know, do you recall like why Murray was admitted to Hillmorton, anything
2 around that?
- 3 **A.** No, I don't, sorry.
- 4 **Q.** That's okay. I'll just refer you, do you want to just have a read to yourself of paragraph 8.2
5 and 8.3, just see if you want to add anything before we move on.
- 6 **A.** Where you've asked me just to read it?
- 7 **Q.** You don't have to read that.
- 8 **A.** No, just comment on it?
- 9 **Q.** If there's anything else you want to comment on.
- 10 **A.** It appears, to an extent, that Brackenridge failed Murray, for whatever reason. We don't
11 know why the admission to Hillmorton occurred.
- 12 **Q.** Yes.
- 13 **A.** But, yeah, there seems to be a failing in the care of duty once again --
- 14 **Q.** Yes.
- 15 **A.** -- that occurred at Brackenridge for whatever reason. Again, we don't know what the
16 reason is or was.
- 17 **Q.** Sure. David, can you talk about, and you've touched on this earlier, Murray's change in
18 behaviour over time?
- 19 **A.** The medication that Murray was on, the cocktail of medications that Murray was on for
20 such a prolonged time --
- 21 **Q.** Yes.
- 22 **A.** - progressively changed his behaviours. You know, interestingly when he was at home he
23 was never on medications, it was only when he was institutionalised that he was medicated
24 and then as time went on, more medications were added. You know, to the point and the
25 extent which I've talked about where he was essentially sedated or apparently sedated for,
26 I'd say, a vast majority of his time. And those medications eventually took their toll and the
27 effects of those -long-term- medications now, and have been for many years, irreversible.
28 Murray is a product of institutionalisation and a medication regime that affected him in
29 behavioural ways. And there's no way that he can go back, he has to live on those
30 medications, or in part thereof.
- 31 **Q.** What was Murray's personality like before going into an institution compared to now?
- 32 **A.** He, yeah--, he was,-- he was a brother. He was,-- he wasn't aggressive, he wasn't easily
33 agitated. He was mischievous, he was funny in his own way. And you could lead him

1 around, as it were, and he would follow you and go with you and he would be your shadow,
2 or you'd have to be his shadow, you know, to watch him. But when he went into care,
3 when he went into the institutions and, like I say, progressively over time as those regimes
4 of medication, they really changed his personality and who he was, and how he behaved.

5 **Q.** And what was that change?

6 **A.** Again, it was the agitated, aggressive nature. He could easily,-- he could become violent
7 quite quickly, very quickly, which is behaviours that he didn't exhibit prior.

8 **Q.** Thanks for explaining that, David. I'm going to come to the last care provider, if you like,
9 that Murray went to, which was New Zealand Care, and your mother finally found a
10 solution for Murray there. Can you tell us, just in summary, why that was good for
11 Murray?

12 **A.** Yeah, I understand that there was a meeting in Christchurch of where to put Murray. So
13 Murray had exhausted the various options that were available in Christchurch for him at the
14 time. So there was a meeting, which I understand was like the final meeting, where to put
15 Murray, what are we going to do with him, and --

16 **CHAIR:** Can I just ask you how old he was by this time? I think your brief says towards the end
17 of the mid 2000s.

18 **A.** Sure.

19 **Q.** So roughly.

20 **A.** So roughly, that would have -- around 40ish.

21 **Q.** So he'd been in care for 35 years?

22 **A.** Yes, yes.

23 **Q.** Thank you.

24 **A.** So there was somebody there, a lady who I understand worked for New Zealand Care,
25 definitely who works for New Zealand Care right now, who'd worked vocationally with
26 Murray, possibly when he was at Templeton, and she put her hand up and said that she
27 could provide a service for Murray. And so everyone else I think gladly let her, because
28 their organisation wouldn't be involved in providing the service. And so the service was set
29 up and it's still running to this day. And Murray now,-- Murray has had a quality of life
30 since that time that he certainly didn't know in the institutions.

31 **QUESTIONING BY MR THOMAS CONTINUED:**

32 **Q.** Why has that been so successful for him?

33 **A.** Because this particular person understood Murray and knew Murray and knew what he

1 needed, which is where I think the institutions failed because it was a one size fits all, and
2 the likes of Murray certainly that wouldn't work. So a service was wrapped around Murray
3 where there was continuity of staff, which is key, and a lot of those staff were, -- all of those
4 staff initially were hand-picked, were people who had worked with Murray who understood
5 and knew Murray, and it's been very successful for him.

6 **Q.** Could you describe it as an individualised sort of approach or plan for him?

7 **A.** Yes, it is, it's very personalised, you know, for Murray.

8 **Q.** What about medication?

9 **A.** He still is medicated because, like I've said, he cannot come off some of those medications,
10 but they're certainly at a lesser dosage or frequency, but he will always be on medication.

11 **Q.** If you can, David, I want to ask you to summarise, I guess, what have been the, - it's quite a
12 broad question, but what have been the impacts for Murray and your family, the long-term
13 impacts of his time in care?

14 **A.** Our family was,-- had a huge impact in the respect that mum and dad separated, then
15 divorced and as a family we were very dysfunctional, and probably still are to this day.

16 **Q.** Just specifically for Murray, if you have a look at 10.11 and 10.12 of your statement, just
17 have a read of that to yourself. I guess just in summary, and you've covered some of this
18 already, but yeah, I guess what have the impacts been for Murray of his time in institutional
19 care?

20 **A.** It changed who Murray was. The little boy that went in is not the man we know now, and
21 there are still things which he does now, like he will bang his head against a wall until it
22 bleeds. He will pick off a toenail, you know, those other aggressive, agitated, violent
23 tendencies as well. That's who Murray is now.

24 **Q.** Looking forward with regard to Murray's care, what is it that you specifically want to see
25 about that, what do you want to happen?

26 **A.** I would like to see Murray's funding secured. Every year New Zealand Care have to apply
27 for funding to maintain the service and just three weeks ago we had a five-year audit
28 random out of the blue where NZ Care and myself had to speak to that random audit. But
29 every year it gets harder for NZ Care I understand to secure that funding. For Murray to
30 maintain his service and his quality of life that he now has, the funding is paramount; the
31 continuity of where he is, of the staff who work with him provide that quality of life that he
32 now has. Without the funding I don't know where we would go or what we would do, and
33 I wouldn't like to re-invent the wheel again, because that would be detrimental.

- 1 Q. And that funding, currently it's subject to annual review essentially?
- 2 A. Yes, it is, every year.
- 3 Q. So you'd like some certainty around that?
- 4 A. I would definitely like certainty around funding, absolutely.
- 5 Q. Is there anything else that you want to see in terms of --
- 6 A. I feel that both mum and Murray are owed, or due an apology. For mum, for the way in
7 which she was treated by successive institutions, and too for Murray for the abuse that he
8 has suffered during his time in institutional care.
- 9 Q. Thank you David. I'll just hand over now to the Commissioners to see if they have any
10 questions for you.
- 11 **COMMISSIONER GIBSON:** Thank you David, are you still okay to take questions?
- 12 A. Yes, I am.
- 13 Q. Can I start. The funding process, was that an application through a NASC, a needs
14 assessment service coordination agency, or where does that go through?
- 15 A. I'm not sure exactly who's funding it all. I just know New Zealand Care have to every year
16 apply for that funding. The audit recently that we went through was via the Ministry of
17 Health.
- 18 Q. And you talked about a very personalised process led by somebody who knew Murray well.
19 Who else was involved in that; were you and your mother involved?
- 20 A. Mum was definitely involved, I certainly wasn't, but mum was. And between mum and NZ
21 Care, the lady concerned, they put together, I believe, the service, and, -- but NZ Care had to
22 implement it. Every person that works in Murray's care, in his service, has to read the
23 book. That was one part of being selected as Murray's staff, they have to read the book.
24 But a lot of them also knew Murray anyway.
- 25 Q. Is there like a formal plan, is it updated? I'm just wondering about the sort of pressures to
26 change funding and things like that.
- 27 A. There is definitely a plan and that has to be revised, renewed and kept current, I think, with
28 every funding round. Sorry, does that answer the question?
- 29 Q. Yeah, it does, thanks.
- 30 Commissioner Steenson, do you have any questions?
- 31 **COMMISSIONER STEENSON:** I do have a couple if that's okay, thank you. Thank you for
32 your statement this morning, David. Just a couple of things, just picking up on what you
33 were just talking about with Commissioner Gibson, in your statement, and as you've said

1 the current care it gets harder and harder to secure funding each year for Murray. Do you
2 have any views on why it's getting harder? Any insights?

3 A. Possibly the funding pool's shrinking, so there's pressure on the funding overall. Yeah.

4 Q. And then the other question I had, you talked about in the early days how when Murray was
5 at home under five the pressure that was put on your family and how that caused, over the
6 years it caused dysfunction and all manner of impacts on your family. What sort of things
7 do you think could have helped or made the difference very early on, what sort of support
8 or things could have made the difference to your family?

9 A. I think initially there wasn't a diagnosis that everyone knew something was wrong with
10 Murray but didn't know what it was, so there was a very slow diagnosis of that he was
11 intellectually disabled. And then I don't think there was a lot of support, I honestly don't
12 think there was a lot of support.

13 Q. It seemed like your mother chased support right through her life for Murray.

14 A. Yes, yeah.

15 Q. But I guess the question is, right back when he was quite young, your family could have
16 done with some services that would have made all the difference?

17 A. Absolutely, and it would have made a difference, but there didn't appear to be anything
18 back then, from what I remember.

19 Q. Yeah, okay, thank you, thank you very much.

20 A. Thank you.

21 **COMMISSIONER GIBSON:** Commissioner Shaw, I'll leave you to thank.

22 **CHAIR:** David, one area that I'd just like to explore a little bit more with you relates to the
23 location of the places where Murray was. I'm trying to track where he was in relation to
24 where the family was. Are you able to just give us a, really briefly, I mean how often was
25 it in his whole life in institutions that your family was relatively close and easily accessible
26 to him?

27 A. When Murray first went into Kimberley for that respite care about aged five, we were in
28 Wellington. So we were an hour and a half away approximately. When the Marylands, we
29 were in Wellington. When Murray was admitted full-time, we were in Wellington. And
30 that, it was only -- it was probably mid -70s, late -70s that mum and dad had separated.
31 And I recall mum was possibly still in Wellington then, but then she did move more -- she
32 actually worked in an IHC house in Aokautere with a view to try and get Murray placed in
33 that house so she could look after him along with some others, but that didn't work. Then

- 1 Murray ended up in Levin, probably from the early 80s.
- 2 **Q.** So did she move there deliberately?
- 3 **A.** She moved deliberately to Levin so that she would be close to Murray in Kimberley.
- 4 **Q.** And then I understand that you referred to her having a flat in Christchurch, did she go
5 there when he went to Templeton?
- 6 **A.** Absolutely.
- 7 **Q.** So your mother followed him?
- 8 **A.** Correct, correct, yeah, yes.
- 9 **Q.** And that can't have been easy on your family.
- 10 **A.** No. Mum devoted her life to looking out for Murray.
- 11 **Q.** Yeah. There's an immeasurable impact on the whole family, isn't there of this?
- 12 **A.** Yes.
- 13 **Q.** I don't have any more questions for you, David, but just to thank you so much. It's
14 obviously been a painful experience for you, but you've honoured your mother and you've
15 honoured your brother.
- 16 **A.** Thank you.
- 17 **Q.** And we're very happy to hear that at last, too late, but at last he's somewhere where he can
18 be well looked after. But the damage can never be undone, can it?
- 19 **A.** That's right, that's right.
- 20 **Q.** Thank you for explaining that so clearly, it's been a very important part of the evidence to
21 get, you know, when somebody can't speak for themselves to have a devoted brother who is
22 prepared is really appreciated and so valuable.
- 23 **A.** Thank you very much for the time.
- 24 **Q.** Not at all.
- 25 **COMMISSIONER GIBSON:** Thank you, and now for morning break, 15 minutes, returning at
26 11.50.
- 27 **MR THOMAS:** Commissioner Gibson, sorry, if I may, I understand, if possible if we could take
28 a slightly shorter one to 11.45, that would be preferable. However, in your hands on that.
- 29 **COMMISSIONER GIBSON:** Yes, fine.
- 30 **MR THOMAS:** Thank you.
- 31 **Adjournment from 11.35 am to 11.48 am**