

**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY
FOSTER CARE INQUIRY 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)
Ali'imua Sandra Alofivae
Dr Anaru Erueti

Counsel: Mr Simon Mount QC, Ms Kerryn Beaton QC, Dr Allan Cooke
and Ms Aroha Fletcher for the Royal Commission
Ms Rachael Schmidt-McCleave, Ms Julia White and
Mr Max Clarke-Parker for the Crown

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Abuse in Care Royal Commission of Inquiry
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TRANSCRIPT OF PROCEEDINGS

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9 **Lunch adjournment from 12.05 pm to 1.04 pm**

10 **CHAIR:** Good afternoon, everybody, I hope you enjoyed your lunch and your lunch break. I for
11 one am really anxious to hear from our next panellists, so thank you for returning and your
12 interest. Just to let you know that those of you in the audience who have put forward
13 questions which you're interested in, each of those questions has been noted, I think Ian
14 you've got the questions.

15 **DR HYSLOP:** I have, yes.

16 **CHAIR:** Hopefully they can be addressed as we go through. So, thank you for your interest and
17 your input into the discussion. So, I'm very happy to -- we already know Ian Hyslop and
18 he's now changed seats from being a mere panellist to being an esteemed facilitator.

19 **DR HYSLOP:** No pressure.

20 **CHAIR:** At least I've got his name right. I'm going to leave it to you, Ian, to introduce your panel
21 so thank you very much.

22 **PANEL 1**

23 **DR HYSLOP:** Kia ora koutou katoa, welcome back to our second panel session. Those of you
24 that sat through the first one, my name's Ian Hyslop, I'm an old social worker; I'm an
25 academic these days, and I'm really enjoying the privilege of being involved in this process.
26 But it's not about me, I'll get the other panel members to introduce themselves.

27 **MR WILLIAMS:** Giddy, my name's Fred, I'm a – purely a survivor, so I'm here to listen and
28 maybe put something out. That's me.

29 **CHAIR:** Kia ora Fred.

30 **COMMISSIONER ALOFIVAE:** Talofa Fred.

31 **LADY MOXON:** Kia ora koutou katoa, ka nui te mihi atu ki a koutou e ngā rangatira, ka nui hoki
32 te mihi atu ki a koutou. Ko Tureiti Moxon tōku ingoa, no Ngāti Kahungunu me Kai Tahu
33 ahau, ko au te tumuaki o Te Kohao, he hauora tēnei kei Kirikiriroa, me ētahi atu mea. Nō
34 reira, tēnā koutou katoa.

1 Shall I just say I'm Tureiti Moxon, I hail from the mighty Waikato, and I hail from
2 Ngāti Kahungunu and Kai Tahu and I'm the managing director of Te Kōhao Health. I have
3 been a big advocate in the Waitangi Tribunal for change right across the whole of the
4 Crown agencies. Kia ora.

5 **DR McGINN:** Tēnā koutou katoa, ko Valerie McGinn ahau. I'm a neuropsychologist, I specialise
6 in Foetal Alcohol Spectrum Disorder, and I've worked for about the last 15 years with kids
7 in care and their whānau, and also, I continue to work with them as many unfortunately
8 follow a trajectory into the criminal justice system. I'm of Scottish heritage, my forefathers
9 came to Aotearoa about 120 years ago and my husband, children and mokopuna are
10 Ngāpuhi and Ngāi Tahu, so I'm connected north and south. I currently live in Auckland,
11 but my permanent home is in Whangarei. Kia ora.

12 **MS MAE:** Hello my name's Elison Mae. On my mother's side I'm Ngāti Kahungunu ki
13 Wairarapa and Rangitāne, my father is Scottish and Irish ancestry. I am a survivor and
14 I also worked for the State, or the organisation concerned with care and protection initially
15 for a very brief time as a social worker, and then for the last 19, 20 years as a solicitor with
16 Oranga Tamariki.

17 My story's a little bit different in that my experience of abuse was within my own
18 family and I was fostered by a Pākehā family, and I overall got some really good care. And
19 so, I am privileged that I can maybe just put something back, and I think I have a
20 responsibility to do that, because the little girl in me knows what it's like when those who
21 have the job of care and protection don't do a good job. So, I'd like to be able to have an
22 opportunity to maybe have a say in what will happen going forward.

23 **DR ERUERA:** Tēnā tātou katoa, i te tuatahi mihi ana ki a koutou ngā Kaikōmihana, ngā mihi ki a
24 koutou, ngā whakahaere hoki. He mihi tino aroha, ngākau nui ki a koutou ngā mōrehu, kua
25 pā mamae, kua pā tūkinu ki a koutou hinengaro, wairua, tinana, nā reira ka tangi te ngākau,
26 ka tangi te ngākau. Ko Moana Eruera tōku ingoa. Nō Ngāpuhi, Ngāti Ruanui, Ngāti
27 Rangiwewehi ō whakapapa.

28 Tēnā koutou, I'm Moana, I hail from Tai Tokerau, I live and work in Tai Tokerau,
29 and there's a number of connects that bring me here to this panel. The first one is that he
30 Māori ahau, I'm Māori and more than half of mokopuna in care are Māori. Secondly, I'm
31 Ngāpuhi, and Ngāpuhi has more than three times the number of mokopuna in care than any
32 other iwi in Aotearoa, so those things mean that I'm very vested in this kaupapa.

1 I also just personally – my Mum and Dad ran a family home through the '70s and
2 '80s, so my sisters and I grew up having six whāngai, six tamaiti atawhai, and it was a good
3 experience for those mokopuna.

4 The reason probably most people know that I'm here today is because I've done
5 probably 33 years working as a social worker for iwi up in my own Tai Tokerau – family
6 violence. Also, for the Crown, so I have some intimate knowledge of some of those
7 mechanics of the system and the systems change that needs, in my perspective, to occur.
8 From my perspective, the system as it exists cannot cope with what needs to happen and the
9 transformation.

10 And there is a real urgency for us. Our mokopuna can't wait, it's been going on and
11 on and on for many, many years, so ngā mihi ki a koutou katoa for the time, for your
12 whakaaro and I really want to tautoko our survivors and their stories and their suggestions
13 and solutions. Kia ora tātou.

14 **DR HYSLOP:** Kia ora. So, thanks all for your wonderful introductions, we've got a fascinating
15 group of people here and I'm really looking forward to the next hour or so. I'll try and
16 make sure -- I'll try and help make sure – that people have the opportunity to have their say.

17 We talked this morning, I don't know if we have too many newcomers to the sort of
18 audience, but we talked about support for children who have to come into care and issues
19 about maintaining connection with whānau, and connection with helping professionals, if
20 you like, and workers. The importance of trust with children and with whānau.

21 And really, this exercise I think now is about ways forward, it's about change, you
22 know, we need to move to a system of connection and trust, and we've got one of -- that's
23 generated lots of discomfort and lots of fear over time. We need to think about making a
24 new system that does a better job. And we're going to move to that at the end of this talk;
25 the last question is what entity, State or otherwise, would best address the needs of a child
26 who must be placed into an alternative care arrangement. So, what would a new system
27 look like and how could that be provided. So, we will get to that. And I've also got sort of
28 five or six supplementary questions that people from the audience have asked, and I don't
29 promise we'll cover all of those, but we'll try and work some of these in as well.

30 But because we've got some new voices, I think we'll just start as we did this
31 morning with the first question. No, it's not quite the first question, it's more about this idea
32 of what happens after children are taken from their parents and caregivers; when a situation
33 has got so difficult, it's not safe, that children have to be taken away and we're arguing that

1 that should happen as a last resort, it should happen seldom. But I think we have to agree
2 that sometimes it does need to happen.

3 When then, once a child is removed, should they be returned to their whānau,
4 should they be returned to their family? So that's our first question for people to comment
5 on. When a child's removed to an alternative care arrangement, when should they be
6 returned? Should they be returned? What are our thoughts about that? And perhaps we'll
7 start with you, Fred, and Elison as well to privilege the voices of our survivors to begin
8 with.

9 **MR WILLIAMS:** All I can say is what my own experience was about -- I wasn't actually
10 introduced to any foster parents until the day it was actually going to happen, so I came out
11 of a situation where I didn't know I was going to get foster parents, then I was told I was
12 going to get it one day and the following day I was walking out with them.

13 One of the things I found with me when I got in there was, there was a total lack of
14 understanding with Pacific Islanders. One of the reasons that was is because they kept
15 grouping us in with Māori, which was okay, we got on well with them and everything, but
16 there were differences here that they couldn't pick out. And that kind of – when you don't
17 have those kind of – misunderstandings – then you don't have anybody to talk to them
18 about.

19 So, for me that's a hard question to ask, because – or to answer I should say – and
20 getting into care is one thing; I mean an exit strategy out of there, that's something else.
21 I mean it's not good enough just to get a letter in the mail that says you're free now, you
22 know, that's it, that's the letter – you don't know what to do after that. Because after all that
23 time you've been put in a situation where your regulations are quite spread out and laid out
24 for you.

25 So, when you pull yourself out of that situation, and the first thing I found is I didn't
26 know what to do, where to go, I had to find my own way to an address that I didn't know. I
27 think the child, as I heard this morning, children aren't stupid, they know when there's
28 something wrong, you know, and you guys talking around and over them doesn't tell them
29 anything except they're not entitled to know, which is annoying because everything they're
30 talking about it happens to involve you.

31 So, at no time did anybody ask me about anything. I found that quite hard to take,
32 you know, it confuses your mind, you get into more trouble, you don't know why you're
33 getting beat up all the time. Yeah, so for me that's a hard one to answer.

1 But I do know information sharing with children isn't all that hard, and children
2 know when you're lying. But not having the ability to speak or anything like that, I found
3 that, even now, some of the habits I picked up from there, you know, I just couldn't get rid
4 of. The solitary confinement, for example, I mean I had no help getting over that, and I still
5 have problems with people getting into my space. I practically had to go through – live on
6 my own making myself better.

7 And one of the things Pacific Islanders find hard is that they're not going to ask you
8 for help. I think that was -- and that's through mistrust of the system, that's all it is. And
9 for me, even though I'm sitting up here, the system's still a big problem for me.

10 So, what kind of an answer I could give on that question, yeah, I don't really have
11 an answer for that. I mean that it wasn't -- it didn't do me any good and it didn't do anybody
12 that I know any good, so, yeah. I think that's all I can say on that one.

13 **DR HYSLOP:** Thank you for that Fred, I think your answer speaks a hell of a lot to tell you the
14 truth, so thanks. I'm trying not to pick on people, but Elison, from your perspective, the
15 questions about coming into care and then leaving care, going back.

16 **MS MAE:** I think if there is going to be any consideration of removal that needs to be thought of
17 or considered right at the very start. Clearly, you're removing a child because it's needed
18 for their safety at that point in time, but you then next-- thing I think you need to think
19 about is what are you going to do, how are we going to affect a return if there's going to be
20 a return?

21 So, from where I stand, in terms of the removal, there is a focus on the child just to
22 make sure that they're safe, that's the first thing. And then if there is consideration to a
23 return, then there needs to not only be a focus on the child, but a focus on the whānau, the
24 family. Because if you are going to return, you need to ensure that whatever put them at
25 risk in the first place, that that has been dealt with. And it may mean that the family needs
26 help, whether it's both mum and dad, whether it's just dad, whatever.

27 I think also – I know that from my family there was no connection to other family
28 members, so there weren't aunties and uncles and grandparents sitting to the side that could
29 have helped out. So maybe sometimes a return is looking at a reconnection so that if there
30 is to be a return then there's also a support system in place that maybe wasn't there to begin
31 with.

32 So, I guess the first thing for me is safety and then realistically, is it a viable option?
33 Because the answer to that question then also sets out a path for what you're going to do

1 future wise for this child in terms of, you know, is there going to be a return or is there in
2 fact not going to be a return. Yeah.

3 When Fred was talking about -- I think you were talking about at the time, in fact
4 you were discharged after being for some years, that is actually another end – or another
5 aspect of return – that I think we need to look at. My experience – I found out because I'd
6 sent a bill to a dentist and it came back because I was no longer in care and I was not
7 actually informed that I was no longer in care, so I just sent off this bill. And I think it was
8 Neta this morning was talking about how part of returning to your whānau is actually
9 returning to the reconnections, if you've been fortunate enough to have those connections in
10 the first place.

11 And so children aren't a commodity, so you do need to think about, because the
12 State's put its hand up and said, you know, I'm going to be your mum and dad, I'm going to
13 take care of you, then actually do a good job about it and put some thought into, like you
14 would your own children, you know, what's the best school to send this kid to, what are
15 they going to learn from this. And it's the same with children in care.

16 **CHAIR:** Can I just bring us back to this morning's panel, because both of you, Tom [Fred] and
17 Elison, have touched on this going back and going back safely, and the idea was put up, I
18 think it might have been – I can't remember who said it, and that is as soon as the child is
19 taken from their home for whatever reason, very, very shortly after that some connection
20 with that natural family should be made and continued.

21 **MS MAE:** Yeah.

22 **CHAIR:** That's a proposition they put to us this morning and I'd be very interested – from you as
23 survivors – what you think about that.

24 **MS MAE:** I absolutely agree, and I actually spoke to Sarah Calvert, I think it was. There was no
25 thought of that in my time, because it was early. But as a child, my – I used to fantasise
26 because I'm the first born and all of my brothers and sisters went into care. My fantasy, and
27 a few of us were in the Wairarapa, was that I was going to go around and my brother and I,
28 him being the next one, we would find our brothers and sisters and then we were going to
29 take off up into the Tararuas and we would live there, and we would raise ourselves, but it
30 actually didn't have our parents in that picture. And there were occasions -- now this is not
31 the story for all children, but it is for me -- there were occasions when I did have contact
32 with my parents. It was not nice, because for probably a week beforehand I became
33 agitated, during the visit I was agitated and afterwards. I didn't have to be told, but I knew

1 that my parents wanted me to say something not so nice about the foster parents. I knew
2 that my foster parents wanted to make sure that I didn't really have a good time.

3 So, I spent my whole time doing this balancing act and, in the process, I got a
4 stomach ache, I just felt sick. Whereas I never had that with my brothers and sisters, and
5 I do think possibly part of it was being a first born, so it was kind of my job, but I do clearly
6 remember this fantasy and it never involved my parents. I doubt if we'd survive in the
7 Tararuas, but I did in my fantasy.

8 **CHAIR:** Given your track record, Elison, I think you probably would have. Tom, do you want to
9 comment -- sorry, Fred – do you want to comment on that? Because you lost your
10 connection with your Pacific family.

11 **MR WILLIAMS:** Yeah, I think that was through choice, because I couldn't bear the disgrace, you
12 know, that comes with opening up the family. Aiga is something that's still sacred amongst
13 us, you know?

14 **CHAIR:** Yes.

15 **MR WILLIAMS:** There is a lot I probably haven't said, I don't know if survivors actually tell the
16 whole story, you know, because I know I haven't. I probably told 30 or 40%. I don't know,
17 for some reason I keep thinking to myself the rest is -- I'll just take that with me, you know?

18 I also know that a lot of the people that I have grievances against aren't – they're not
19 with us here now. So, the process that they worked under, I don't even know if that's
20 working today or how much of it has changed, yeah. And I still have that mistrust of the
21 system, that's something that you don't get, you know, I don't think people understand that
22 once you mistrust it, it stays that way, you know?

23 And I'm 61 now, so from 18 until now I've just had that -- that's why I was saying in
24 the beginning that it was a really hard road just to get myself and keep my family. You
25 know, I was going through some real rough patches, and I just didn't know who to turn to
26 for that, and just getting a letter telling you, you know, obligation of Social Welfare is over,
27 I mean – and then they didn't tell me what I was supposed to do after that. And once you're
28 used to people telling you what you're supposed to be doing, that becomes your norm. So,
29 when that stops you get confused, all kinds of things happen, and you become detached
30 from everything around you.

31 So, I'm lucky, I managed to get that journey done. I did what I had to do to keep my
32 family. But I know a lot of the guys that failed, you know? And that's because they, like
33 me, didn't know what to do, where to go, who to see, after so long people telling you how
34 to do things, the way to do it, yeah. So yeah.

1 **DR HYSLOP:** Thinking back, Fred, what could have been done differently for you, do you think,
2 or is that too hard a question?

3 **MR WILLIAMS:** It comes back to that question about how much do you involve the child, you
4 know?

5 **DR HYSLOP:** Yeah.

6 **MR WILLIAMS:** Because like I said, I mean if you have a look at some of my school reports,
7 I mean I wasn't the brightest person in school, but I wasn't the dumbest either, you know,
8 my grades were pretty much all average. And that said that I could understand things, you
9 know? That was the one thing that nobody gave me credit for, that I could understand what
10 they're saying in front of me, without them once asking me any – whether it was good for
11 me, whether I liked what I was hearing, it was just whole group of adults talking around
12 you coming to some kind of conclusion and you living with it. So that's – yeah. Yeah,
13 again, hard one.

14 **COMMISSIONER ALOFIVAE:** Fred, can I just acknowledge you, malo la le loto toa, malo la
15 le loto tai. We know how difficult it is, and the fact that you are here today, that you
16 accepted the invitation along with all our other panellists but in particular our survivor
17 panellists. So much honour, you bring so much mana to a day like this, because we often
18 say in the Commission n doesn't equal 1. You are one Pacific person but behind you the
19 hundreds, the hundreds and hundreds that you knew that were in care who were so similar
20 to you in your story, in the experiences, and in the fact that your identity was robbed from
21 you right from the get-go.

22 I use that word deliberately, because I'm often mistaken as Māori but in this day and
23 age, I say that must be a compliment because Māori are fighting hard, Pasifika are fighting
24 hard, we're all kind of fighting for a very similar cause, which is essentially for our voices
25 to be heard, to be validated, yeah?

26 So, I just want to acknowledge all of you panellists but to you and to Eli, where so
27 much was taken because of a system that was ignorant and arrogant in many ways. And
28 when you said it just didn't recognise Pasifika people, that's the story of our migrant
29 populations.

30 **MR WILLIAMS:** Yeah.

31 **COMMISSIONER ALOFIVAE:** So, thank you and I just want to encourage you, fa'a malosi,
32 fa'a malosi mai i o kali, fa'afetai lava.

33 **DR HYSLOP:** Thanks for that. Yeah, I just want to support your courage too, Fred, it's pretty
34 humbling sitting up here next to you guys. But, yeah, so to move on maybe to our expert

1 group; kids coming into care and then returning, returning home from care. How can that
2 happen? What sort of supports do tamariki and whānau need?

3 **LADY MOXON:** Kia ora kōrua mō ō kōrua kōrero, i puta mai kōrero i tēnei wā. First of all, it's
4 my view that children should not be taken into care. Not the care that we know today. Not
5 the care that has caused so much destruction and trauma and pain and mental health issues
6 amongst our people for far, far too long. That's number one.

7 Number two, is that the best parents in the world, believe it or not, are – to look
8 after our children – are the children's parents. Now what we know is that a lot of parents
9 haven't been good parents. But what has been done to support them to be the best possible
10 parents they can be? Everything, all resources, everything are put out there to someone else
11 to take our children, because someone else is better at it. But what we know is the State is
12 not a good parent, never has been, never will be and it is full of bureaucrats. Bureaucrats
13 aren't mummy and daddy, bureaucrats aren't people who love us, bureaucrats are people
14 who do a job.

15 Now those of you who sit in that position in this room today, it's not a criticism of
16 who you are, it's a criticism of what has been forced upon us for decades and decades and
17 decades since the time of colonisation. And it hasn't stopped. In fact, if anything, some
18 have got really bolshy and have decided that they know what's best for whānau, that even
19 as it's been said, why don't we ask them what they want, our tamariki, our whānau, before
20 the child is uplifted?

21 But what we do is we start putting them through a system that's negative, that
22 actually creates more issues for us, that takes us down a pathway that there's no coming
23 back from. And when they take our children, and they have done this over decades and
24 decades and decades, they have taken them to keep them for ake tonu atu, forever and ever,
25 not to give them back.

26 And when we say, when we ask this question, the question is, in my view, wrong,
27 because even if you look in the Act, the Act actually says you need to discuss this with
28 whānau. But it doesn't, no one does. Then they put them through a whole process of
29 family group conferences, lawyers, and everybody else and there's no rangatiratanga, no
30 Māori mana motuhake, no mana given to that whānau, even if they may have done
31 something wrong.

32 So, the man gets taken away to prison, put in there overnight to cool off and then
33 where does he go? Comes back to the whānau, the house, then the mother is fighting,
34 fighting hard, hard to get her babies back. And it's a vicious, vicious circle that we're put

1 into, which is a system that has been created to assimilate us and a system that, and I say
 2 this with all my heart, that has actually undermined the core, the basic core of whānau
 3 whakapapa, whānau well-being, and the whole thing about whānau.

4 Whānau is the most important part of hapū and iwi. It has to be whānau, hapū, iwi,
 5 it can't be individual, child, paramountcy for the child, and then what, we disconnect them,
 6 we take them away, we try to assimilate them into someone they're not, someone they'll
 7 never be, someone they will never belong to. And that to me is the most devastating part of
 8 the system as it continues to do this mahi still even now. And it has to stop, it has to stop.

9 **MS MAE:** Could I just say something please in response? I acknowledge that there is a
 10 disconnect, and I look at my family, because my mother didn't know her whānau, didn't
 11 know her hapū, her iwi; my mother had serious mental health issues. But as a child within
 12 that family, all I knew were severe beatings from my mother that I didn't know if I would
 13 survive them, all I knew was that I was offered virtually on a platter to any paedophile,
 14 boarder, whatever, through a distorted perception of my mother that, you know, it was the
 15 right thing to do or whatever.

16 I'm making this comment because how, as a Māori child, I don't -- I claim and
 17 acknowledge my Māori side, but there's a lot about it I don't know and my mother didn't
 18 know, and there was no connection, there were -- well, actually there were aunts and
 19 uncles around me, but I never knew them, they were never involved with us, so my mother
 20 never had any support. What I don't want is one system that is -- and yes, the State's ballsed
 21 it up for the past 70 years, but I don't want it to go from one bully to another. I'm not
 22 expressing this well.

23 If you are raised within a Māori family and you're raised with tikanga Māori and
 24 you understand all of that, often I have a sense of jealousy sometimes because I hear these
 25 stories and I think God that would have been really, really lovely. But there are many of us
 26 out there who don't have that connection, and so it's kind of like well, when I -- with the
 27 Hastings incident, and I heard Ngāti Kahungunu say never again, no more of our children.
 28 My immediate honest immediate reaction was I'm one of eight and I never saw any of you.

29 You know, and I know that's not the right thing to say but I need to be honest and
 30 say that. It doesn't mean to say that I trust the State system because they've definitely got it
 31 wrong, and it's about time maybe they do step aside. But maybe just like in life, you know,
 32 when we do get things wrong, some things we get right and maybe there are some positives
 33 that we could take. But we have to do the defining because that's the other thing that I have

1 an issue with, is I've spent my whole life with people defining things for me and I don't
2 want another power to be defining – but maybe, yeah, I've said too much, yeah.

3 **DR HYSLOP:** Just if I could – thanks Elison – I think, you know, the purpose of this forum is to
4 raise the hard questions, right. So, I think it's good that you're doing that. I wonder,
5 Moana, whether I can throw the ball into your court now, partly because I know that you've
6 worked in the State system, you've worked also in developing Iwi Social Services.
7 Re-uniting, you know, re-weaving the mat that's been worn thin as they talked about in
8 Puaoteata, you know, what are the challenges of keeping children and whānau and
9 creating a system that works differently from your perspective?

10 **DR ERUERA:** Kia ora tātou. I just wanted to say how pleased I am this is a survivor led inquiry,
11 and I'm really confident that the survivors have actually already told us the answers to most
12 of these questions, as have most of the reports that have been out over many, many years,
13 so I want to say a couple of things that might not be actually answering your question.

14 **DR HYSLOP:** Doesn't matter.

15 **DR ERUERA:** I think the survivors have well and truly done that. I just wanted to say mokopuna
16 are born into whakapapa and whakapapa is a network of social support, whānau, hapū and
17 iwi. The mokopuna that we are talking about have had their mana, their tapu, their
18 whakapapa violated and that that is something that needs to be thought about from a te ao
19 Māori perspective. I'm now talking about mokopuna Māori.

20 So, I listen to Fred and Fred talked about his culture not being recognised. That is
21 because the State has a one size fits all system and the one size fits all is a western
22 paradigm with western, risk-based eye over what oranga or wellbeing looks like, and then
23 the assessment that occurs to remove tamariki is from a western paradigm, from a risk
24 paradigm not an oranga focused paradigm. So, I just wanted to say that that is the systemic
25 piece, one of the systemic pieces from my point of view that's got to change, that we have
26 indigenous models, that not only are good for Māori but are good for everybody.

27 We have three Māori principles written into legislation, we're the only country in
28 the world who has indigenous principles inside our legislation, and the State is obliged to
29 be practising and applying those when they work with mokopuna Māori. So that in itself
30 deserves recognition.

31 I was looking through some of the survivor kōrero that they have given throughout
32 the week. They talk, many, many of them talk about stranger care, and so for mokopuna
33 Māori, for myself I whakapapa to Ngāpuhi. If it was one of our mokopuna from our
34 whānau who was at risk, or was to be removed, you would be hard pressed to do that

1 without some of our whānau wanting to know about it. So, I'm not saying that we would
 2 necessarily have all the answers, but whānau have to be in the decision-making space. So,
 3 if there's a concern, the whānau need to know about it and be given the opportunity to then
 4 come together to think about the information that they've been told, to think about is that
 5 true or not, do we have resources and solutions inside our whānau.

6 If they're whānau that have been disconnected from whakapapa, as many of our
 7 whānau Māori are disconnected, who do you think is best to reconnect them? Not the
 8 State. That there are people inside of iwi, inside of hapū who are the best connectors, who
 9 are the best people to reconnect and strengthen those whakapapa connections.

10 So, I am a really strong advocate of whakapapa-based care. I've just been working
 11 over the past six months with Ngāpuhi Iwi Social Services and working on and design of
 12 whakapapa-based care, which is not generic Māori model, but is a Ngāpuhi way of thinking
 13 about reconnection for all of those many, many Ngāpuhi mokopuna that live throughout the
 14 country. We have almost 1,000 Ngāpuhi mokopuna in care at the moment, and more than
 15 half of them live in Auckland.

16 So, there is a lot of work for us to do. Ngāpuhi needs to be resourced, they're the
 17 biggest iwi, most mokopuna in care and very little resource. And I could just go on and on,
 18 but those are some of the things that I think are really important in this discussion, and the
 19 way that we think about privileging Māori knowledge and that Māori knowledge can
 20 benefit, I've seen benefit of Māori knowledge and Māori ways of working for all people.

21 Kia ora.

22 **CHAIR:** Tēnā koe Moana. Are you able to tell us just on the side, because we've read about this,
 23 of those thousands Ngāpuhi children, tamariki in care, do you know how many roughly or
 24 maybe a percentagewise, are in kin-based care within their whakapapa?

25 **DR ERUERA:** I think – I had a look at some data in February and about half, I think it was about
 26 54%, so quite a good number in whānau based care.

27 **CHAIR:** Perhaps not enough, yeah.

28 **DR ERUERA:** I think too the whānau based care needs to be much better supported. We've
 29 heard that consistently by everybody today and throughout the week, particularly building
 30 up whānau capacity and capability to be able to care well for our tamariki who are suffering
 31 trauma and all of their specific needs.

32 **CHAIR:** Do you think this might be a moment to ask the question on the list because it sort of fits
 33 into this western-based paradigm that we've been talking about.

34 **DR HYSLOP:** My supplementary list here.

1 **CHAIR:** On your supplementary list of questions, Mr Speaker.

2 **DR HYSLOP:** Yeah, also I think perhaps, I might start this one off with you, Valerie, if that's
3 okay because everyone has to have the spotlight on them, but this is about the needs of
4 children and the needs of whānau, but the role of professionals in having understanding and
5 providing useful services. How can those interact with whānau, social workers, lawyers,
6 Police, workers from NGOs, how do you collaborate, how do you build relationships with
7 children and with whānau and how do you take into account their particular needs?

8 **DR MCGINN:** Thank you, I'd like first of all to thank all the survivors who have shared their
9 stories and who have represented the many that are out there that have come before you and
10 come after you. I have worked quite a long time with kids in care, and I go in and out of
11 the residences, I go [in] and out of pretty much all the different services. My specialty area
12 is disability and that perhaps hasn't been talked about too much currently.

13 You know, I'd just like to acknowledge the context of the children that I work with
14 which is that many of them are Māori, I'd say 70% – I think that might represent the
15 number of Māori children in care. And they are the present-day representatives or victims
16 of intergenerational colonisation and harm that has happened since my ancestors came to
17 this land to exploit it and to exploit the people. And I think that, you know,
18 we've -- through Treaty claims we've looked at the harm of the land and the loss of a lot of
19 things, but only now maybe we're starting to look at what is the harm for the people, and of
20 course the harm for the people is a lot greater.

21 So, you know, I also think a lot about the use of alcohol as a colonising tool to
22 disenfranchise indigenous people around the world. And so, what we have is a system
23 where many children that come into State care, from my experience, actually don't come
24 into State care nowadays because they've been abused and, you know, physically and
25 sexually abused. I'm saying that there still is that happening, but -- and I acknowledge the
26 stories of people who suffered in that way – but from my experience, a huge percentage of
27 children come into State care because they have behaviour problems.

28 And I think that Māori children in particular come into State care because through
29 school and other settings, people look at behaviour and think that that behaviour is
30 attributed to poor parenting. This goes back to what Neta was saying about this underlying
31 theme that I feel runs through the State kind of legislative practice, is that these are children
32 who are bad, and people are growing up feeling as if they're bad, that their parents are bad,
33 and that this in fact is not the case at all.

1 In fact, what we've got is people who are suffering under big loads of disadvantage,
2 including not having their basic needs met for housing, for welfare, for health and for
3 education, and so what we're seeing is children coming into care actually due to a lack of
4 resources being put into whānau to redress the balance of what's happened through
5 colonisation.

6 And so, this is where I think it's not so much just the professionals that are needed,
7 it's the State stepping up to take responsibility, to decolonise and to put resources in to
8 exactly where they're needed, which is in whānau, hapū, iwi. And, you know, a child
9 should never be taken into State care because of poverty or disadvantage, and I actually see
10 this happening a lot. A child should never be taken in State care because the State doesn't
11 provide them with what they need to meet their disability needs, such as teacher aide
12 support at school. You know, many children come into care when they're excluded from
13 school because then the threshold is reached where the family can't cope any longer.

14 And so, you know, obviously what we need to do is we need to be putting the
15 resources in to redress this balance instead of putting the resources into do the biggest harm
16 that the State can do, which is take children from their whānau and from their hapū and
17 from their iwi. So, I don't know if that answers anything, perhaps not.

18 So, I mean we do have a lot of children in State care who have Foetal Alcohol
19 Spectrum Disorder and they have Foetal Alcohol Spectrum Disorder as a result of
20 intergenerational drinking which has not been considered and which is the result of
21 colonisation and the use of alcohol in the population. I think there's a lot of things that need
22 to be redressed by the State which go way beyond doing a tinker here and there with
23 Oranga Tamariki.

24 **COMMISSIONER ERUETI:** There's so much in there, isn't there, there's resourcing, there's
25 resourcing of disability, but there's also the stereotyping and racial discrimination which, as
26 we all know, has been part of this process for many, many generations as well, leading to
27 the targeting of Māori and other minorities.

28 **DR HYSLOP:** Yeah.

29 **DR McGINN:** I think sometimes, you know, like I work with Oranga Tamariki all the time and
30 I'm not saying that any individual is not well-intentioned, because I don't think it comes
31 down to individuals, I think it comes down to the systems acknowledging that that's what
32 we're dealing with, we're dealing with the effects of colonisation. And the final step of that
33 is to take children away from their families which must be the greatest harm possible, and
34 yet, you know, why aren't we looking at this in a way of how can we support iwi services to

1 go in and support families and try and redress the harm that has been done
2 intergenerationally to that whānau.

3 **DR HYSLOP:** Thanks for that, we could be here all day and that's okay, you know, it's really
4 interesting stuff. The first few questions I've got here come together under the heading of
5 professionalism and profession behaviour and the idea of bias. And there's an old thing in
6 traditional sort of social work education about, you know, professional behaviour and
7 professional distance and not getting too close, you know, to children and to families
8 because how are you going to make good judgements if you're too close to people, you
9 know. And of course, carrying all sorts of conscious and unconscious biases.

10 But what do you all think about that idea, maybe starting with you Alison and then
11 Fred again, did social workers ever make real connections with you, did they -- that
12 business about being too distant and too professional?

13 **MS MAE:** One of my earlier social workers, because in my hearing I commented that for me
14 good social work practice occurred, whether it was in the '50s, the '80s or 2022. And what
15 makes it a good social work practice is that actually what this child in front of you, you see
16 them, and you see what they need, and what can you do to address that. So, the only really
17 good social worker I had was at the very end, and what I particularly liked about him was
18 that he would come visit, he would see the caregiver family, and then when it came to my
19 turn, he would take me away in the car to have a chat.

20 Now in fairness to him I kept my mouth shut anyway because I didn't trust any of
21 them, but prior to him I had a social worker that would come and if it was my turn to be
22 discussed, because there were five of us in this one home, then I would be there with my
23 social workers and I'd be asked if I was happy and I'd think are you stupid or what because
24 I'm not going to say no, I'm not, because my foster parents are right there. So, for me that
25 was a good example of really poor social work practice.

26 It is important to build up a rapport, because – but in building up that rapport, where
27 it actually can have a good grassroots effect is that if in fact things are not going okay and
28 you can tell that person that it's not okay, in telling that person there is the expectation that
29 they will listen to you and that they, more importantly, will believe you.

30 So, I do think, I'm not quite sure how it's expected that you have good social work
31 practice and you really put the needs and interest of a child first and foremost if you start
32 from a premise that I don't get too close so I can make an objective decision, doesn't make
33 sense. And if that is the position then we have to introduce yet another personality into the
34 child's life of somebody who they can be open to.

1 Because I think that's really, really important, is that if in fact, and actually – no,
2 you want as fewer people as you can to be involved with a child rather than heaps and
3 heaps. Because that's the other thing, I mean with kids in care, particularly nowadays, they
4 go through social workers, through no fault of their own, like they drink glasses of water.
5 So, it's really -- it's not -- that actually adds to their inability to form a bond. And that's
6 something you carry with you all your life.

7 My closest relationship I have, and it will always be, is with my children, but
8 beyond that, I've always been nice and a bit of a fresh air and, you know, smiling face, but I
9 don't really connect, and it's safest not to. And yeah, so...

10 **MR WILLIAMS:** Yeah, I've got that problem too, connecting. I'm always told I'm a little bit
11 standoffish, but that comes through --

12 **MS MAE:** Maybe we could go outside and connect together.

13 **CHAIR:** We won't have that sort of behaviour here thank you [*in jest*].

14 **MR WILLIAMS:** Yes, as I'm older now and I'm listening to people trying to find solutions to
15 this, I still don't know what the rights of the parents or the grandparents are in that situation,
16 because we're not finding anything out until we're actually talking to Oranga Tamariki and
17 then we're finding out there's all sorts of laws we've never heard about. So, I don't think –
18 in a lot of cases I know that the whānau is there, but it's the system that's in the way.

19 So yeah, as long as the parents and the whānau don't know where they stand, you
20 know, because Oranga Tamariki never makes a claim where we stand. It's up to them
21 really whether they trust you or they don't trust you. That's what I mean when you listen to
22 the children, you ask the children, in my experience and where I'm at, they always want to
23 go to the nans, you know? That's where they normally find they're treated the best and get
24 the most patience.

25 **DR HYSLOP:** The most lollies.

26 **MR WILLIAMS:** Yeah.

27 **COMMISSIONER ERUETI:** Can I – I just want to ask a quick question of Moana about
28 Ngāpuhi Social Services and the mahi that you've been doing, about what you see is the
29 major obstacles for Ngāpuhi running at full speed and having tino rangatiratanga.

30 **DR ERUERA:** Yeah, great question. So, because there are so many Ngāpuhi mokopuna in care,
31 they have a particular – they've had to prioritise, Ngāpuhi have had to prioritise the work.
32 So of course, 1,000 mokopuna is a lot, so in that design of that work they are focusing, or
33 we are focusing on Tai Tokerau first. So, to just work with mokopuna who are in non-kin
34 care or stranger care, that's manageable.

1 We've developed a process with Oranga Tamariki in which we invite Oranga
2 Tamariki to Ngāpuhi. So, we are trying to rebalance the power in terms of the tikanga
3 processes that we've put together, so that's a really strong feature of the work to amplify
4 mokopuna voices and strengthen and reconnect them with whakapapa and most of them
5 aren't connected. So, there's a great number that aren't connected. So, to do the work to be
6 able to reconnect them through to somebody who is whakapapa related.

7 The barriers, so, sorry, that's at the care end of the continuum, we actually also
8 really want to be working at the preventative end, so supporting mokopuna to become
9 connected but also stopping them coming into care. And so in that, there needs to be much
10 more resource invested in supporting communities to be able to build whānau capability,
11 capacity, even what Fred just said, you know, if one of your mokopuna is at risk the
12 whānau don't have the information, the rights, the -- don't know their rights, don't know the
13 process by which to navigate through the system and the people, so all of those things.

14 So, I think there's definitely a need to be working at the prevention as well as with
15 mokopuna and tamariki in care. There's very -- I have to say something about the
16 contracting, because the resource -- you've probably already heard this, but the resource
17 contracting is siloed. So, you know, you get a contract for Youth Justice, you get a contract
18 for care, you get a contract for transitional care, you know, so they're all siloed up, and
19 there isn't the trust there to say actually we'll just work across that continuum. And, you
20 know, we'll achieve these outcomes, we'll reconnect these mokopuna, you know, they may
21 not have a placement within Ngāpuhi but we will make sure they're connected to their
22 whakapapa if they're not living with their whakapapa, so at times they won't be living with
23 whakapapa they'll just be reconnecting, but building and strengthening the acknowledgment
24 of who they are, being able to come back up north and go to their maunga and have a camp
25 and, you know, do a whole lot of those things, so they're probably the same barriers people
26 have talked about during the week.

27 **COMMISSIONER ERUETI:** Awesome, tēnā koe.

28 **DR HYSLOP:** Okay. Well, there's several questions here that specifically call out the issue of the
29 sexual abuse of children. And I don't think we're going to resolve that properly in
30 10 minutes, except to say that if children are sexually abused within whānau or foster care,
31 the same issues around the need for belief and care and protection of children in those
32 circumstances, and then healing of whānau and the idea that that doesn't sort of get fixed,
33 you know, just like that. It's difficult and people need to non-offending-- parents

1 sometimes have trouble providing the care and support that people suddenly expect them to
2 provide in those kinds of situations.

3 So, we have learned things about that over time and can do that better too. But the
4 same kind of principles, I think, apply as far as doing child welfare work generally though,
5 if I can say that. People may have things to add, but I'm just conscious we've got just under
6 10 minutes now, and the question I wanted to come to which I think Moana and Tureiti
7 have commented on a little bit, but this thing about no one seems very trusting or confident
8 of the current State setup for child protection and child and family social work.

9 So, you know, what would an alternative system look like, what kind of
10 organisation might be required, I'll just find the question here. What entity, State or other,
11 would best address the needs of a child who must be placed into an alternative care
12 arrangement? If it's not going to be the State with a centralised agency that does all this
13 stuff, we've seen historically that that system's probably done certainly as much harm as it
14 has good. What are the alternatives, what do we need to work towards?

15 **LADY MOXON:** Well, we've got a really good example in the Māori Health Authority that's
16 been stood up, it goes live on 1 July. Now that is by Māori for Māori and it is independent
17 of the government, it also has a relationship, a very strong relationship with Health
18 New Zealand. But it is two entities but one system, within one system. And we have been
19 advocating through the Waitangi Tribunal and what not, and in fact the Waitangi Tribunal
20 has actually said that we should have our own authority, mokopuna authority, however we
21 want to name those, whereby Māori are looking after our own in our own way. And that's
22 been a marvellous example.

23 But it isn't rangatiratanga, what that is, it's the expression of, but it is at this moment
24 in time a servant–master relationship. So, the Crown still holds the power, the Crown still
25 holds the resources and the decision-making to be able to say yes, that's okay, no, that isn't.
26 And you heard that in terms of the siloed contracting. Because we have to think of
27 everything as a whole, not in bits, and it's always been bitsy.

28 And the other thing that is really important about the Māori Health Authority,
29 because already it's been used as a political football and every time we try to do anything
30 for ourselves in our own way, we get used very politically all the time. So, what we know
31 is it's going live, it has Māori governance, it has Māori commissioning, it has – the answers,
32 in our view, belong in the regions with the people, in the communities to make decisions
33 about how that's going to work for them, there.

1 And that's really the thrust that we put to the Minister, that's the thrust that we put to
2 the Waitangi Tribunal, and they came out basically saying that that's exactly what should
3 happen. So, unless – if we don't take that opportunity to really set up what's going to work
4 for us, we will always be dictated to. We will always be told what to do, how to do it,
5 where to go, who to see etc, etc.

6 But the answers, kei te Atua noa, te ara tika, the answers lie within ourselves, that's
7 where they lie, and you've been – all those who have spoken before the Commission have
8 been saying that, and they're the same things that we've been working for and towards.
9 Now's the time for us to change that paradigm. Because what we have right now is broken
10 and it's been systemically broken for a long time, and no amount of trying to fix it up is
11 going to make the difference to that.

12 So, we have to have – we've got the solutions, as Māori and Pasifika and everybody
13 has their own solutions, and those solutions must be recognised as being important and just
14 as serious for ourselves to be able to do the things that we believe are right for ourselves.
15 So that's – I believe we've got the answer, I believe the answer is here and we just need to
16 take it by the hands and speak out and tell the government, kia ora Kuia Marama, tell the
17 government what it is we want to see happen. Because we've got some really, really good
18 examples of that now. Kia ora.

19 **COMMISSIONER ALOFIVAE:** Can I just take that, can I just unpack that a little bit further.

20 So, in Māori Health we've got it all under one umbrella, the health umbrella, but what we've
21 learned from what we know is that children's services, tamariki, are spread across a number
22 of agencies. So, at the moment it's collaboration but it doesn't work, even at its best. So,
23 are you saying that if we bring it under one umbrella, you join them all up properly, and
24 obviously the regulatory frameworks, all of that would need to switch out, swap out, to
25 actually make it work, that that's an alternative that you'd -- is that what you're describing?

26 **LADY MOXON:** What we said and the Waitangi Tribunal said was there should be no State care,
27 right? So, if we start with that premise, there should be no State care, what we're looking
28 for is a system that actually supports the development and growth and strengthening of our
29 own people. Because we have divided everything up and said okay, we've got child over
30 there, women's health over here, such and such over there, we split the whole whānau. We
31 have to see the whānau as a whole. And yes, yes, there are people who need a lot of help
32 and who are not getting it. And they've never been diagnosed that they need support in,
33 whether it's mental health issues or whether it's drug issues or alcohol issues, whatever.
34 They've never been given the support.

1 And so, unless we switch it around and we make it so that we focus our energy and
2 our whole being on whānau, the wellness of whānau, then we will start to see something
3 different. Because we've siloed children's health or the child and the care of the child is
4 paramountcy, what we've done is we've taken a system that's actually split the whole of
5 Māori underpinning apart. And we have to regain that, and we are doing it in small
6 pockets. A lot of Māori providers have been able to pull those contracts together, those
7 different ones.

8 But what we're looking at in terms of the Māori Health Authority, is that every
9 government department should be putting into health, because health is an issue
10 everywhere. It's housing, whether it be housing, that was mentioned this morning too,
11 whether it's -- and now, in health, or in social services or whatever it is. What we've got is
12 we've got a system that actually looks after its own budgets, and that's become much, much
13 more important than the people.

14 So, we've got to refocus back on the whānau rather than just one individual person.
15 Because what we've seen is as soon as you're 18 you're chopped off, you got the chop, and
16 then what? And then you've got to go, fend for yourself. That hasn't stopped by the way,
17 that's still going, very strongly.

18 **COMMISSIONER ERUETI:** Is the vision, there's the Māori entity, the Māori Health Authority
19 or some other agency that's policy and planning, but also initiatives like Ngāpuhi are doing,
20 grassroots, empowering the community, so it's a mix of both?

21 **LADY MOXON:** How we see it is – it is our job. I'm there for five minutes only, so we'll see
22 what happens after 1 July, but anyway, our job is to pull the funding in and then
23 commission for services. So, to turn it around, instead of it being, “Oh we've got to have
24 one of these and one of those and a bit of this and a bit of that”, the providers and the iwi
25 and whānau decide what's important to them.

26 So that we're actually, you know, we talk a lot about dependency. Well, we create
27 it, the State has always created it. So how do we unbundle that and how do we make it, put
28 that tino rangatiratanga where it belongs and that mana where it belongs, which is with the
29 whānau. And yes, there will be whānau who will need a lot of support and help, there will
30 be whānau who will have to be separated from their children, there will be that, and we will
31 have to deal with that because that's not going to go away tomorrow, because this has been
32 a system that has been created over, what did somebody say, 70 years, so it's not going to
33 go away tomorrow. So, you're going to still have those issues to grapple with.

1 But we need Māori solutions to Māori issues. That's what we need, and the Māori
 2 Health Authority, watch that space, I have great faith in it, so hopefully we won't be eating
 3 our words, because why, because why? Because we're in charge, we're in charge of our
 4 own destiny. And that is the key to this. We haven't got someone else telling us what we
 5 can and cannot do, how we can and – how we should and shouldn't do it etc.

6 So that's where I think we need to push very hard in terms of Māori taking care of
 7 ourselves, and Pasifika taking care of themselves, and dealing with the issues, because what
 8 do I know that all the issues that others have faced in that realm. So those are the things
 9 that I think are really, really important and I hope we get some real traction on that, because
 10 at the moment there's very little movement in that direction.

11 **CHAIR:** Lady Tureiti, I'm going to close very shortly, but you said at the beginning that your
 12 advocacy for this independent Māori authority is powerful and we're listening, but you
 13 called it, and I know it was ad hoc, mokopuna authority. Do you know listening to you, it
 14 just seems to me that what you're really saying is that it should be a whānau authority,
 15 because just to call it mokopuna, again, just silos off the child. Would you agree with that?

16 **LADY MOXON:** I would absolutely agree with that, because the reason I said mokopuna was
 17 because, you know, we use beautiful Māori words for really sometimes I believe ugly
 18 kaupapa. And we need to be using these words to show that we mean what we say, we
 19 mean when we put up a beautiful Māori word, that's what it means. But we don't, we
 20 pretend that we know what it means, we pretend – well, the State does to a large degree,
 21 and pretends that they're doing something when actually they don't understand what it
 22 means. So, it needs to be put back. So mokopuna, I use that word in place of oranga.

23 **CHAIR:** Fair enough.

24 **LADY MOXON:** But my emphasis must be on whānau.

25 **CHAIR:** On that positive note we're going to have a cup of tea and then we're going to come back
 26 and do a slight rearrangement of panel and just to – red alert for those who are going to be
 27 involved and knowledge for everybody about what's coming up, Ian is going to remain the
 28 facilitator so I'm not thanking you yet, Ian; but I do want to thank the members of the panel
 29 who have said their bit.

30 I just feel as though we're at the beginning of this conversation, I really do. And I'm
 31 sure we'll be coming back to all of you for your insights and observations in a more
 32 informal way in future. But for the moment on behalf of the Commission, many thanks for
 33 the work you've put into this and your willingness to stand up here and be brave and to
 34 present your views, so tēnei te mihi mahana ki a koutou katoa.

1 For those who are ready to come on it's Dr Alayne Mikahere-Hall, Dr Tania Cargo,
2 Teuila Percival, Neta Kerepeti again and Liua Vatuvei and we'll see you all in about
3 15 minutes. [**Applause**]

4 **Adjournment from 2.20 pm to 2.49 pm**