

**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

Venue: Level 2
Abuse in Care Royal Commission of Inquiry
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TRANSCRIPT OF PROCEEDINGS

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

5 **CHAIR:** Good afternoon again, I'm very sorry I kept you waiting that time. We have another
6 person, a welcome guest and contributor Denis Smith who's on the line. He has
7 unfortunately not been able to join us for the usual health reasons, but we're really grateful
8 he can join us over the airwaves and his contribution will be most welcome. So, Ian, I'm
9 going to leave it over to you now to acknowledge and welcome and introduce your exciting
10 looking team there, thank you.

11 **PANEL 2**

12 **DR HYSLOP:** Kia ora koutou, nau mai haere mai, welcome back to our third and final session
13 today. We have some new faces to add to the kōrero, so I'll let people introduce themselves
14 shortly, but just if I can try and summarise what we've covered in the last session and this is
15 very brief, but we've heard, you know, that- we've- started off talking about children and
16 we ended up talking about whānau. And we've heard that children need to be heard and
17 that family need to be heard and that children and family need to be informed and
18 connected and empowered and have their mana uplifted. And we need to think about a
19 system that makes a better job of that.

20 So just before I start asking questions, I'll just ask our group to introduce themselves
21 please.

22 **MR VATUVEI:** Malo and kia ora, my name is Liua Vatuvei, born in the 1990s and I'm here for
23 the same purpose as everyone else here, to fight for a right cause. That's what children
24 should be, treated right. I would never want anyone to go through what anyone went
25 through. That's all I want to say, thank you.

26 **DR PERCIVAL:** Kia ora koutou, my name's Teuila Percival I'm a paediatrician in South
27 Auckland, I've worked there for almost 30 years, I've worked in the Pacific as well, but the
28 most important job is I'm a Samoan mother and a Samoan grandmother, so I will be gentle
29 and loving and I will also be fierce sometimes and I'm very, very pleased to be here.

30 **DR HALL:** E ngā hau e whā, rau rangatira mā, ngā mōrehu, tēnā rā koutou katoa. Ko wai ahau?
31 Ko Alayne tāku ingoa, ko au te mokopuna nō Te Rarawa, nō Ngāti Whātua, nō Tainui. My
32 name's Alayne, I work at AUT university, I am one of these pracademics, so I have a
33 practise background and I now work in academia, and I do research and I have a

1 background in providing trauma care and I'm also researching in that particular area,
2 kia ora.

3 **MS KEREPEPI:** Tēnā koutou, I met some of you this morning, my name's Neta Kerepeti, I'm
4 from the iwi of Te Rarawa, Ngāpuhi, Ngāti Wai and Ngāti Mutunga and shared my
5 testimony, my affidavit in a hearing last year, and pleased to have an audience with you,
6 and hopefully contribute to the dialogue that we want to see makes some difference for
7 your people, my people, our tamariki mokopuna, kia ora.

8 **DR HYSLOP:** Are we able to hear from Denis?

9 **MR SMITH:** Kia ora koutou panel, kia ora koutou Commissioners, greetings from sunny
10 Paekakariki. The sun is full on here today so that bodes well for the panel discussion this
11 afternoon, in my view. I'd be happy to contribute, I come from a practitioner background,
12 and we practiced whānau planning the decision-making for two years prior to the passing of
13 the 1989 bill, so we don't need the 1989 bill to practise well.

14 **DR HYSLOP:** Thank you for that. Tania, are you going to join us too? Come on.

15 **DR CARGO:** They've already heard from me.

16 **CHAIR:** Her name is on the list; she's not being an interloper.

17 **DR HYSLOP:** You're right.

18 **DR CARGO:** Got to watch those Ngāpuhi.

19 **DR HYSLOP:** You've just scarped in at the bottom of the list here, so no, that's good. Do you
20 want to just quickly introduce yourself to us please Tania.

21 **DR CARGO:** Kia ora mai tātou, tēnei te mihi nui ki a koutou. Ko Tania Cargo tōku ingoa, he uri
22 ahau, i roto i te korowai o manaaki o Tainui me Ngāpuhi nui tonu, tēnei te mihi nui ki a
23 koutou. He kaimātai-hinengaro i roto i te tari psychology me psychological medicine hoki.
24 Kia ora mai tātou.

25 **DR HYSLOP:** Kia ora. I've just got a very quick break from the routine protocol here, because
26 I did agree there's a fellow just down the back there, who's name's just gone out of my head,
27 who's part of the Survivor Advisory Group, he wanted to say some quick words to support
28 the survivors.

29 **CHAIR:** Yes, welcome Keith, this is the famous Keith Wiffin. Would you come and speak into a
30 microphone, though, otherwise nobody will hear you.

31 **MR WIFFIN:** Kia ora. This is a special surprise, because Denis Smith here, who is one of the
32 good guys, was my social worker when I was at Epuni Boys' Home, and I can tell you he is
33 one of the good guys, who has worked for us tirelessly over many decades. So, I would say

1 to you he is a person worth listening to. I just wanted to say a few things before I have to
2 disappear back to Poneke. Tēnā koe Denis.

3 **MR SMITH:** Kia ora.

4 **MR WIFFIN:** I listened to the panel earlier and some very pertinent things were said, and I just
5 wanted to emphasise a few of them and thank you for giving me the time here. Firstly,
6 I might even start with the word "care", because in my time as a ward of the State, and that
7 was between 10 and 18, there wasn't any of that. And in fact, they couldn't care less, except
8 for someone like Denis.

9 Some points I wanted to emphasise were, it's actually just as important sometimes
10 when you leave care as when you go into it. And so, people were cast off carrying the
11 baggage and damage of being abused, the complete lack of education, and cast off. Look
12 after yourself now. Totally under resourced to do so. So, the consequences were always
13 going to be, they were going to join gangs, as many of the people did when I was in Epuni,
14 or they were going to become part of New Zealand's incredibly high adult incarceration
15 rate. So, it needs to be well-resourced on the way you exit State care as well as when you
16 enter it.

17 What's really important for me now is that we get implementation as much as
18 possible while this Commission is in existence. Over the next 12 months it is imperative
19 that we get bedded in things around change in ways of doing things. And I'm all in favour
20 of people not going into care in the first place. I have spoken to a journalist this morning
21 about this and said the best way to avoid abuse in care is to not get there in the first place.
22 And that means yes, you could have all the different models of care in place, but what
23 needs to happen, like has been alluded to here, Māori need to be able to look after
24 themselves, same with Pasifika, but also, I would say one of the determinants, -- this
25 seemed to be the biggest determinant to me, -- in going into care was poverty.

26 **DR HYSLOP:** Yeah.

27 **MR WIFFIN:** And when we were in Epuni Boys' Home together, yes, 70% Māori, there was
28 Pākehā and there was Pasifika. We had cultural differences, and I absolutely know what
29 tangata whenua is and 100% respect that. But we bonded together on the basis of poverty,
30 we knew why we were there. That to me still is the biggest determinant for people going
31 into care. So there has to be a political understanding of that and a political will for change.

32 In my strongly held view the best way to achieve that, some of that, is in the next 12
33 months. So, I'm hoping that whatever you decide about what needs to happen, that
34 everybody rallies around that. Kia ora.

1 **DR HYSLOP:** Kia ora Keith, thanks for that. [Applause]

2 **CHAIR:** Kia ora Keith, thank you as ever, most welcome. And don't run away with the
3 microphone.

4 **DR HYSLOP:** So, I think that's a timely reminder, really, that we've got experts on the panel here
5 and everyone's going to have their say, but this whole process is about learning from the
6 experience of people who have survived the care system. And that's the voice that this
7 Commission is designed to listen to and give effect to. And it's important to come back to
8 that.

9 So, I wonder if we could begin with our survivors on this panel with a question that
10 we've started off with both of the other panels, is what support do young people, what
11 support do children need when they're taken into care? What support do children need, and
12 what might have made your journey different. Liua, we'll start with you.

13 **MR VATUVEI:** I reckon, --sorry it's taken me a long time to speak.

14 **CHAIR:** Is his mic on?

15 **MR VATUVEI:** Sorry about that, I'm not good with technology.

16 **DR HYSLOP:** Nor am I, that's two of us.

17 **MR VATUVEI:** Even though I'm a young person. I reckon the only time kids should be put into
18 foster care is if their parents are going to cause them physical harm, and not just physical
19 harm, but mental harm, harms in both, or if they're not being fed right just for simple
20 necessities. I think you've just got to have to go forward to know exactly how you don't
21 want other people to feel, because you just feel that pain so much in your [swearing], in
22 your heart, that you don't want to see that, if you look into a child's eyes and see them cry,
23 see them tangi because they don't have no one.

24 I wasn't going to --- sorry. Try to not get emotional but it's too much thinking about
25 it. It's not something I like to think about all the time, it gets me too much emotionally. So,
26 I hide it through trying to listen to music. Yeah, that's the only time a child should be taken
27 away. If they're not being shown any ofa or love, that's all I expect as a child, is to be
28 - -have a lot of ofa-, that's all. Yeah.

29 **DR HYSLOP:** Thanks, Liua. Yeah, I mean - yeah-. Being listened to, eh?

30 **MR VATUVEI:** Yeah, just to be heard out too, I'm sorry I'm not sure how I'm supposed to
31 answer the question.

32 **DR HYSLOP:** You're doing good.

33 **MR VATUVEI:** But yeah, just to be accepted, you know, especially if it's from your own.

34 I remember for years being accepted by strangers at school, but it does not fulfil your heart

1 like when it comes from family. I just found that out through being reconnected with my
2 older sister. Out of respect I will not say her name, but she's the one that taught me that
3 family is important once I got reconnected. She showed me that not all my family are
4 selfish, the two kids, and there is still ofa in our family. May not be treated right ofa but,
5 you know, even the mistreatment can come out from that side too, I love them, but I wish
6 they could think more of the kids, you know, what they might be feeling. Because little
7 kids they can't deal with anxiety as adults do, you know, we're built strong enough to take
8 on that anxiety, but little kids can't, they're too vulnerable, they need emotional support
9 more than ever, than any other person in this world. They are the future of what we are,
10 you know, and, yeah, that's all I've got to say, thank you.

11 **DR HYSLOP:** It's pretty strong stuff.

12 **MR VATUVEI:** Sorry, sorry about that.

13 **DR HYSLOP:** Thank you.

14 **CHAIR:** All the harm is not necessarily physical, is it.

15 **MR VATUVEI:** No, it can be emotional a lot of the times, the majority of the times.

16 **CHAIR:** Emotional harm, the harm in here.

17 **MR VATUVEI:** Depending on how negatively it's impacted on that child. They could have
18 physical appearance that the family does not accept, certain looks that does not -- that
19 stigmatises the culture, and I've also been one of those people that -- I'm half Tongan, I'm
20 half Māori, my mum is Māori from the far north, Ngā Hau e Whā, proud to be from there,
21 but also proud to be Tongan because of my dad. A lot of my family is known famously
22 through Manu Vatuvei as everyone knows.

23 I love my family to bits, and I'm ashamed of what that caused our family to be and
24 our last name because of the decisions they made for our young ones in our family, and
25 I guess that's why I'm here, is to try and help push that message across to everybody, like
26 everyone else at this table, to try and make a change, there's got to be a change, I mean
27 years of neglect from both professional and family, it's got to stop somewhere, it just has to.

28 I mean we can't help no more rangatahi going out on the streets in the cold, can't
29 have no more kids getting pushed out, it just creates a whole stigmatisation around their
30 future as adults, you know, that's why you've got people like my dad who are locked up,
31 you know, and away for toxic things, because they're not shown the right way when they're
32 young.

33 My opinion is that what you share out there on media, what you see out there about
34 how they say 'we need adequate housing, we need adequate benefits;' yes, that's all true,

1 but it all starts with broken families, you know? It all really starts with that, and being kept
2 in with the family instead of being taken away, you know? I think back to when I was
3 young and I was here in South Auckland, before I got put into foster care, and my hope was
4 that at least some family out there would take me in, but professionals didn't think way
5 back then.

6 I don't blame them fully because of the way life was back then, you know, like the
7 system worked differently and maybe it worked back then, but what they just don't see is
8 what's hurting the young ones now, like there's more violence out there than ever, you see it
9 on media, you see it in South Auckland, you see in Hamilton where I'm from or where I'm
10 living. It's getting worse, if there's no change it will continue to be corrupted and the Police
11 will have to deal with all these young people having to try and get them under control, but
12 they can't because they don't know the reasons why, you know? Not all young people are
13 bad, and I know that. That's all I've got to say, thank you.

14 **DR HYSLOP:** Thank you Liua. [Applause]. So, look, I'm not going to worry too much about
15 asking you questions, everybody, I think we'll just move along the panel, and everybody
16 can have their say. Teuila, in your work, all that urban poverty, health inequality, wealth,
17 welfare inequality, you've seen all that stuff and how it affects whānau, aiga, families. How
18 do we change things?

19 **DR PERCIVAL:** I'll just start by saying a couple of things. So, I've been doing paediatrics for 30
20 years and I work in the Emergency Department, I was there last night. I see children who
21 have been taken into care, I see children in the child protection clinic and I'm yet to meet, in
22 all the severely abuse children I've seen coming into the Emergency Department, including
23 ones who've died, I've yet to meet a parent that didn't love their child.

24 So, whatever happens, whatever brings children to groups like us, we always must
25 think about the importance of their family. So, if they do need to be removed for a short
26 time, we must immediately think that family is there on the journey with them. So,
27 children belong to their ancestors and their descendants and it's not just the individual.

28 So one of the things that worries me when I see kids is sure, we have counselling for
29 them and do all these sorts of things, but nobody thinks about the journey of that family,
30 that child will go back to the family when they're 21 or 22 or 34, they're part of that family
31 and we need the family to heal as well, so that's certainly one of the big observations I've
32 had in the decades is, you know, family are just absolutely really important, we mustn't
33 leave them somewhere down in another town, we must always think about their needs as
34 well, when we're thinking about children.

1 The other thing that strikes me, I agree with everything that everyone has said, is
2 that when we're thinking about services and support, is we need to be practical, you know,
3 if families are stressed and they're living in a one-bedroom house with ten children, is that
4 going to work? No, it's not. If you're placing three teenagers with nana who's in her one
5 bedroom little flat it's not going to work, you know, so we need to prioritise these
6 incredible children and their families and be really practical and get them decent housing
7 and not make them jump through hoops with WINZ, you know, money and housing really
8 matters and we know this, all these academics I'm sure will back me up, if you reduce the
9 stressors on families it's much easier to be a really good parent.

10 I've got other things to say but I don't want to take up other people's time, but those
11 were the two things I really wanted to say, never forget the family have a journey of healing
12 as well, the child is always in that family and we need to be real practical, and it's not okay
13 just to do professionals doing services, we need to get people decent things like houses and
14 money so they can live a decent life and look after their kids. I'll stop there.

15 **DR HYSLOP:** Tania, you're out of the facilitator seat now, so you can tell us what you really
16 think, not that it stopped you in the first session, but still.

17 **DR CARGO:** I actually am going to hand it over to my whanaunga, because I'm just saying the
18 same things, aroha mai and I would really like to give other people the opportunity, so
19 kia ora, is that all right?

20 **DR HALL:** Kia ora Tania, thank you. I just want to really reiterate what you've said because
21 I agree, the starting place is I don't think parents intentionally set out to damage their
22 children. That's not the starting place for assessment. And I talked about this the other day.
23 I want to also acknowledge that whānau can be the source of much strength and also the
24 source of much pain and anguish. And that pain and anguish is what we have to think
25 about when we're thinking about care, and I want to acknowledge what Keith said at the
26 very beginning, because when I looked at the first question that we were posed with,
27 I couldn't answer the question well enough because I went straight to the assumptions in the
28 question. And I thought to myself, well actually this kōrero and the reason why we are all
29 here is because we need to think about quality of care and what quality of care looks like.

30 And so, the testimonies of ngā mōrehu, of our survivors, have told us that, you
31 know, the State as parent has been severely neglectful, and they've told us some terrible,
32 terrible things that have occurred. And I feel like we've got these monsters in the cupboard
33 that we have to reveal and get rid of.

1 Yeah, so what appears to have been lacking, and people have already said this so
2 I'm reiterating what others have said, is there's been a serious lack of oversight. I feel
3 heartened by the drive that exists within Māoridom, that we want to be able to -- the
4 solutions are in us, and we want to be able to drive those solutions, and there's some
5 wonderful examples out there. I feel for social workers, I think the brief for social workers
6 is just far too big.

7 That's not the sort of thing you give an individual, you know, that's a lot of detail in
8 the expectation in their roles, and so I think there's something about that that needs to be
9 unpacked and looked at, and it takes all of us, it takes us as a society to work through this.
10 And so, we all know what happens at the macrolevel always impacts at the very intimate
11 personal micro level. And Māori need the opportunity to be able to work in this space and
12 not be hindered by, you know, the barriers and things that get in the way. I do want to say
13 all children need quality care, and why we are here today is because that has not been
14 exercised in this country, Aotearoa, for a very long time.

15 The other thing I want to say is poverty is a major issue, and poverty is not a crime.
16 So, we do go into these homes, and we see a māmā on her own or a mother, or we see a
17 whānau, three or four families struggling, that's not a crime, it's about putting in the right
18 supports and services that enable whānau to flourish, to put in those supports that enable
19 them fair and equitable access to housing, to health. Yeah, and there is no one size fits all.

20 There are just so many things that need to be unpacked. But I think the real
21 question is about quality of care and who is best to deliver that quality of care and that there
22 will always need to be safeguards in place and we all need to be accountable. I believe
23 Māori need to be accountable to Māori. I think we are better positioned to call out our own
24 when things don't go right.

25 **DR HYSLOP:** Whaea Neta, you've -- I had the privilege of sitting next to you in an earlier
26 session and I learned a lot. You've lived this, right, and, you know, I can see that you've
27 thought long and hard about it as well. So, do you have some things to say, some more to
28 add?

29 **MS KERPETI:** Excuse me, I've got a frog in my throat it seems. Your earlier question, Ian,
30 was if a child has to be placed in alternative care arrangement, what does that child need?
31 Simply that child needs the same as if they remained in their family and whānau of origin.
32 You know, what does that look like? Somewhere safe and dry, where love exists, where
33 that child is allowed to be and to reflect the culture of their people. To be better off for the
34 family and whānau of origin, to also be better off as a result of any intervention that comes

1 from outside of itself. To go into care if they must and for those involved directly or on the
2 periphery, agreeing that it's only temporary. But with a commitment to cause no more
3 harm.

4 And in terms of protecting or enhancing those child's needs, identity is key, as is
5 recognising where failure has occurred. And we've heard Dr Eruera talk earlier about
6 indigenous models, Māori models, and some of you will also be familiar with kōrero
7 around what's good for Māori is good for everybody.

8 And I'm going to say that I believe that's based on the premise that as we've heard
9 some statistics talked about today, that it's mostly Māori kids that are in care. So, if we do
10 right by those kids, there's likely to be some spin off, positive for any other child that's in
11 care.

12 You know, I just want to also say, Ian, and I'm mindful Denis is probably looking to
13 have a kōrero too, that, you know, well-being is simple, it isn't something that's radical or
14 alternative. While we need people to listen, and to hear, we also need people to influence
15 and to act. And when I say to act, I mean we don't have to wait for the State, but we still
16 need to agitate for the State to share authority, to share power and to share responsibility
17 with those closest to those with the greatest need.

18 Even if the outcome or an outcome from this process and the Commission is that in
19 the reports that will be provided is a different or new entity, it doesn't absolve the State of
20 its responsibility, certainly not its responsibility to Māori as citizens. So, while we might
21 put some resource over there to a programme or an initiative or to a provider or to a marae
22 or to some other group or entity or structure or trust or whatever it is, and hope that there
23 we go, that's Māori, you can take care of your own now; it doesn't absolve the State of its
24 responsibility to Māori as citizens of Aotearoa. Kia ora.

25 **DR HYSLOP:** Thanks for that. Denis, I might just take us back to Keith at the beginning. Can
26 you hear me, okay?

27 **MR SMITH:** Yes, I can.

28 **DR HYSLOP:** Yes, you have had that experience of trying to do a decent job, you know, in a
29 system that's not very decent sometimes. What have you learned?

30 **MR SMITH:** I wanted to say that first of all in preparation for today, because I have been out of
31 practice for a while, I thought I would check back in with the current Oranga Tamariki
32 performance indicator. And I must say that the independent overseer of Oranga Tamariki
33 freshly appointed in her first report says that there are 12 practice standards, and she

1 phrases it that they are compliant over 2% of these. I would rephrase that and say they are
2 non-compliant over 98%, because we should be shocked in 2022 that that is the case.

3 The Department, in my view, is broken badly. It has tried to implement
4 Puau--Te--Ata--Tū over 32 years and has failed miserably to do that. If it had been a Māori
5 organisation it would have been folded 30 years ago, I guarantee you.

6 So, we are not interested in making the Department accountable, as a country we are
7 not interested. People have known about this for years and years and years. Now the
8 Department is organised strictly hierarchically around a set of rules, when in fact the care of
9 children is simply relational, it's not contractual. Children are not a contract. They're a
10 relationship. If we had to meet their needs and the needs of families, we need to do it
11 through relationships.

12 And I remember when Puau--Te--Ata--Tū had been published, our office practised
13 whānau family decision-making- for two years with no coordinators and we committed at
14 every meeting to follow the decision of the family, whānau, whatever that decision was.
15 We did not reserve the right of veto.

16 Now my colleague at the time said to us, another Pākehā woman, said we simply
17 have to get out of the driving seat. We have to leave our arrogance at the door when we
18 move in to meet family and whānau. Because if we don't do so, we are not respecting the
19 wisdom and depth and potential that we are engaging with. There is no way anybody could
20 come into my family and understand all of the historical and even current nuances. And
21 I must say in all the training I did overseas with people in this way of working, I used to ask
22 the question, how many of you here want the Department in your country to make the
23 decisions about children in your family? There was never one person who trusted the Child
24 Welfare or child care department to make decisions for them.

25 And I think one of the things that Keith raised, which I feel very passionate about, is
26 what's happening tomorrow with 2% compliance? I understand we have to have meetings
27 and all the rest of it, but simply the Department has to re-organise itself, so the principal
28 relationship is between the social worker and the relationship with the child and their
29 family. And the role, in my view, of every peer alongside that social worker is they should
30 be supporting that relationship. What they're simply doing is blocking that relationship.
31 There's no flexibility, there's no support, they're not modelling relationship with their own
32 workers, so how can the workers then respectfully relate with whānau and family?

33 So, it's this issue about the style, corporate style, I must say that it's corporate,
34 certainly under Grainne Moss it was corporate. She promised transformation over the five

1 years. We got transformation but it wasn't positive transformation, in my view, and I drop
2 that word now, it's ruined for all time because we transformed into a negative.

3 I could go on and on, but I'm wanting passionately to say that tomorrow we need to
4 be demanding that the Department begin to work respectfully with family without making
5 decisions prior to consultation. You have social workers who go in with a fixed mind about
6 what the decision should be.

7 I just share with you one story. A colleague of mine, and this is within the last
8 month, talked to a grandmother about a family group conference they had which in fact
9 turned out to be a hui a whanau- and he said, "how did that go?" And she said, "there were
10 five professionals there and there were five of us family" and he said, "well how did that
11 go?" And she said, "they made up their mind before they got to the meeting, so we said
12 nothing." So, if that's the standard of work then family are simply not being respected.

13 Now I don't want that to be taken as a criticism of individual social workers. It's the
14 system they're being expected to work under that does not support proper respectful
15 relationships with either children on their own or families on their own. Like if I want to
16 talk to a boy, often I take him down to the beach and go for a walk because they don't like
17 to be talked to face-to-face, but when you're walking along the beach, they may tell you
18 something. They may not, of course, as well, so that's the risk you take when you begin to
19 try and form a relationship with somebody, you've got to wait until a child is ready to share
20 whatever that child wants to share.

21 So, I could go on, as I said, but I'm going to stop.

22 **DR HYSLOP:** Thank you Denis.

23 **CHAIR:** We could probably listen to you all afternoon, Denis, as well, but unfortunately, we don't
24 have -- but thank you for that.

25 **DR HYSLOP:** That idea, Denis, about relationship as a practise principle in Child and Family
26 work is a really good idea.

27 **COMMISSIONER ERUETI:** Could I check that report, was that an independent children
28 monitor's report or an internal -- report or something?

29 **MR SMITH:** Yes.

30 **COMMISSIONER ERUETI:** -- Oranga Tamariki? It was, thank you.

31 **DR HYSLOP:** Okay, well look I don't know, I think maybe we'll just go to the point of anything
32 that people want to say that they haven't had the opportunity to express, any final thoughts
33 or messages you want to give. I mean there's something here too for Tania and Teuila and
34 Alayne about improving communication between professionals, the courts, the Police,

1 psychologists, counsellors all the people involved, how do we improve communication
2 instead of working in this, you know, everyone doing something and no one talking to each
3 other way, so that we cut down the hurt and the trauma and the distrust, how can that
4 change? But really just anything that has been left unsaid.

5 **MR SMITH:** Can I make one further comment? Am I able to make one further comment?

6 **DR HYSLOP:** Yes, go for your life.

7 **CHAIR:** Yes of course.

8 **MR SMITH:** I think it boils down to beliefs and values. I remember trying to work with other
9 professionals in my time in practice, and if you didn't have the same beliefs and values you
10 couldn't come to an accord and a positive working relationship. So, the beliefs and values
11 of the particular worker, and the agency they worked for, are simply fundamental. And if
12 the beliefs and values don't cohere with beliefs and values of, say, the Police or the school
13 or whatever, then all you're going to do is be at loggerheads because you come from
14 different places.

15 So, we have to be cognisant of the fact that the beliefs and values drive it, and we
16 need, as workers, to be able to clearly enunciate what those beliefs and values are so people
17 can then, if they need to, families, anybody, challenge what we're doing. It is all so very
18 woolly, and I asked some social workers prior to this meeting, what does child centred and
19 family focused mean? Not one of them could give me a clear answer of what it meant, but
20 that's what the Department is asking them to do.

21 So, in a sense it's that plea to be you- don't have -to it's-- not about being right, it's
22 about knowing what you think is right and what values go along with that and being able to,
23 I suppose, defend it or argue it or dialogue it, I suppose. I don't want to make this
24 adversarial.

25 **DR HYSLOP:** Fair enough, Denis, and those kind of mantras that don't really have any meaning
26 are just a corporate waste of time in my humble opinion as well.

27 **CHAIR:** Ian, can I make a suggestion. I don't want to be bureaucratic or hierarchical, I'm just
28 going to bring us back to the focus of the Royal Commission and what it is and the way we
29 are framing our investigations, and it's pretty simple really. It's in three parts. How do
30 children come into care, what are the circumstances that lead them to be there? And in that
31 regard, I want to come back to something Denis has said, and a lot of people have alluded
32 to, but I'd like to go on to that.

1 The second part is what happened when they're in care, and I think we've dealt with
2 that, I don't want to dismiss it, but we've heard from the survivors, we know only too well
3 what happened in care.

4 Third bit is the impacts. The impact of the abuse on those children and the impacts,
5 as we all know, which were not just at the pain and suffering at that moment, but the pain,
6 the suffering and the continual pain and suffering until the person passes quite honestly, it's
7 a pain they live with. So, if we could focus on the first bit and the second bit.

8 The coming into care, we're already thinking very hard about what are the drivers of
9 people coming in here, but Denis has just highlighted something about values and beliefs.
10 And it seems to me listening to the conversations and the insights, I wonder whether there
11 is a huge lack of consensus, agreement, shared values or perceptions about which children
12 need to be in care. A social worker coming into a whānau, let's say a large rural Māori
13 whānau, who milk the cows, the got pigs and dogs and motorbikes in the backyard and the
14 tractor, and the social worker comes from the local town or city, what perceptions are they
15 bringing to that? Have we got a good understanding, are our social workers sufficiently
16 educated in diverse ways with insights into other cultures and beliefs that means that they're
17 not judging against a set of standards that simply aren't applicable.

18 So, I'd be interested if we could have 10 or 15 minutes on that, and then I think if
19 we could talk about the impacts, because in the Commission we talk about the pipelines and
20 where sadly so many of our survivors have landed as a result of the abuse they've suffered.
21 And importantly, the cost of that to Aotearoa New Zealand, not just to the individuals but to
22 the whole society. So how does that sound?

23 **DR HYSLOP:** Sounds good to me.

24 **CHAIR:** Does it? All right, so shall we start with the assumptions, stereotypes, let's call it for
25 what it is sometimes, the racism that is involved in judging families when they are deciding
26 whether or not a child can stay in the family. I'd love to hear the panel's views on that.

27 **MR SMITH:** Too many Pākehā workers.

28 **CHAIR:** Who said that? Denis. I think you've probably got it in one, Denis.

29 **MR VATUVEI:** If Denis wants to go first. It's all right, Denis, you can go.

30 **MR SMITH:** I'm bowing out again now.

31 **MR VATUVEI:** It's all right, Denis, you can go first if you want to say what you want to say.

32 **MR SMITH:** Thank you for that, very generous of you. I do believe that we have to look at the
33 world through the lens we are born with and brought up with, and as a Pākehā male, that's a
34 lens I look at things through. I can learn and be taught and become sensitised to some

1 issues and I can pull myself back from making improper judgements, but I can never
2 provide a service as, say, a Samoan to a Samoan, I can't do it, it's just not possible. My
3 Pākehā colleagues can't do it, it's just simply not possible, and for Māori the same.

4 It isn't a lack of will, it's we view the world -- if there are two different world views,
5 then I come from one world view, even if I don't agree with it all and others come from a
6 different world view and a competent Māori social worker will work with a Māori whānau
7 in ways that I can't even begin to understand.

8 **MR VATUVEI:** For me --

9 **CHAIR:** Shall we let Liua have a go.

10 **MR VATUVEI:** Go Liua.

11 **CHAIR:** Off you go, please.

12 **MR VATUVEI:** I think a lot of the opinions, what everybody's saying is pretty much what
13 I wanted to say. But I think a lot of it comes from not just professionals or society, it comes
14 from your own too, and the type of support is all depending on the family as well. We can
15 sit here, we can blame other services for what they do, but sometimes the real problem is
16 within the family and if the family does not want the child, then you can't really change
17 their mind. That's what begins the brokenness of separation between whanaungatanga and
18 also between the child, because for my experience I never knew my roots as a little kid, not
19 until I got into my teenage years, so I kind of had to fight to know all my roots. No-one
20 taught me, I had to go out there and find it, but I'm so proud that I did now because I got all
21 that knowledge to pass on to whoever is in my generation.

22 I think, yeah, more communication as well between whānau and the social worker
23 and it's more about -- it doesn't matter what background you are, you know, if you're
24 Palagi, you're multicultural like me, it's all about just getting to know the family first
25 without trying to just step in and take the kid away. You've got to make the kid feel
26 comfortable. They want, just like how the woman over here said, to make them very
27 comfortable, make them feel wanted and trust is a big thing, I mean trust is a big thing in
28 my life. I never knew what trust was because I was on the other end as a liar. But I've got
29 a fair understanding now, and still learning on how to show trust but not only show trust but
30 to receive it.

31 Sometimes the kid can grow up blaming itself for what they went through, and
32 family can be also, whānau can also be the main cause of that, by putting blame on the poor
33 little kid's shoulder, you know, whether they're a boy or a girl. I think it's just about time of
34 trying to let kids know that it's not their fault, you know, it's not their fault for why they

1 came into this world, it's not their fault for being born, it's not their fault for what they go
2 through.

3 It's more about trying to get more experience upon disorders and chromosome
4 defects. You know, a lot of kids have disabilities and I'm one of them. I live with Noonan
5 syndrome and that's well-known over in America, mainly in America, which my roots lay
6 back to.

7 But it's just about trying to get over that stigmatisation that, yeah, your kid has a
8 disorder. But there are ways, there are better ways than giving it to somebody that they do
9 not know, you know, there's got to be some medical sort of support around that, you know,
10 for young kids that are going through that, you know, yeah, it can't be easier on the parent
11 than it is on the child, you know? I just feel for children that go through that, you know. I
12 don't like to think that they might be still going through it today, you know, but sadly
13 society out there does let that happen.

14 And I hope at the end of all these good people fighting and the Commission that
15 they do get blessings and a good outcome out of it, I really do for everybody, for this whole
16 motu, for this whole country, just to give children a peace of mind they don't have to worry
17 when they see social services, they're not going to get taken away, that's not the first option,
18 there can be ways around trying to educate the family, and making sure that they have the
19 tools there to use if they need to.

20 I don't have kids myself so I can't explain for every parent out there. I can only say
21 for my opinion, and that's it. Yeah, thank you, malo. **[Applause]**

22 **DR PERCIVAL:** I certainly see a lot of biases I'm sure all of you do and unintentional bias and
23 obvious racism in the way that our system works, and I think it's really important as
24 whatever organisation or professionals are involved that make reports of concern or send
25 children on a journey to go into care, that we address those issues of bias and racism, and
26 we need to understand the realities of families, also the strengths of families.

27 You know, I'll give you an example. I saw a child recently, a report of concern
28 made, I'm embarrassed to say, by a health professional for not turning up to appointments.
29 This poor family, they had 27 contacts with the health service in two years and they only
30 didn't turn up for seven of those and someone made a report of concern, and I was so
31 embarrassed that one of my colleagues did that.

32 This is a family, the reality of living with not much in the way of means, sharing the
33 living room with grandpa because there's not enough places to sleep, single parent,

1 disability, and my colleagues didn't have enough understanding or, I guess, didn't make the
2 effort to get to know this family and find out what was going on for them.

3 So I think it's really important that first of all we don't make these biased,
4 uninformed decisions that send children along this journey of care and protection and then
5 when a decision is made that needs to be made because there's huge risk, and there certainly
6 will be circumstances where there's big risk to children, that we have in our minds that this
7 child is part of a family and they will always be part of that family and that is part of the
8 plan. And I so support what we've heard, which is, you know, I have complete confidence,
9 if you sit with families and enable them and make it so that they trust that this is a good
10 process and it's their process, the families will come up with the right decisions all the time,
11 100%.

12 **DR HYSLOP:** Just to quickly respond to your question about the gap between workers and
13 people who are receiving a service, you know, the short answer is to find ways of closing
14 that gap, and Denis is quite right that a good Māori social worker is always going to do a
15 better job with whānau Māori than a good Pākehā social worker because you've got that
16 basis of understanding and connection and trust, you know, and that's one of the biggest
17 reasons why it makes sense to me to develop iwi centred services so people are looking
18 after their own.

19 Okay, you might get dragged into some, you know, tricky areas and divided
20 loyalties and stuff but that happens anyway, it's part of the game. Social work's a real
21 balancing act, you know, and it is about values and beliefs. So, you know, you have that
22 bigger picture, humanist belief that people have possibilities, that they're capable of change,
23 but to have possibilities and be capable of change that they have to be able to access
24 resources to actually make that change, you know, living in poverty is very difficult.

25 And I tell - I- try and tell students, you know, you've got to make judgements, but
26 you don't be judgemental if that distinction makes a difference - makes sense. You know,
27 if families are late for appointments they're not interested in their kids if social workers are
28 late for appointments- they're busy, you know, those kind of double standards.

29 And the thing is that yes, there's all sorts of heavy stuff that happens in whānau and
30 sometimes families, you know, isolated families with lots of pressure can be dangerous
31 places. But if nothing else comes out of the survivor hui, you know, the whole
32 Commission thing, people rise don't they, they rise again from incredibly difficult
33 situations, you know, women who are in abusive relationships, kids who have been in care
34 and stuff, they -- you know, we -- it's hard to keep people down, they come back, so people

1 can rebuild their lives and make change. And if you can weave whānau support into that
2 process, it makes a heck of a lot of difference. And you can't rescue children and leave
3 whānau behind, it doesn't work, it's destructive and then we have to change that modality.

4 **COMMISSIONER ERUETI:** Maybe that whānau support is the answer, that's really -- you
5 talked about at the beginning, Ian, you grow that, because of this divide, talking past one
6 another has been going on for decades, then maybe when it's ever going to work.

7 **DR HYSLOP:** Yeah, you know, the floppy socket thing is just going to go around again unless
8 we make some change in that area.

9 **CHAIR:** Anybody else want to say anything about going into care, the barriers or the incentives
10 in the way of going into care?

11 **DR HALL:** Yes, I would like to say something. So, the decision around when children go into
12 care has got to do with severity and levels of severity. So, when does a home environment
13 move from being good enough to not good enough. So that becomes one of those murky
14 areas.

15 Okay, and I would suggest that is the time when you really need to resource the
16 whānau and wrap that support around them so that it doesn't, you know, become one of
17 these situations where we have despicable and dangerous people venting their anger and
18 rage out on young children, women. And so that's what we need to be able to look for and
19 monitor and assess really well so we don't want things to escalate. So, intervention is so
20 important --

21 **CHAIR:** Early and early.

22 **DR HALL:** -- and really early, yes, that's right. So...

23 **CHAIR:** Thank you. Tania, did you want to say something?

24 **DR CARGO:** I'll take my last opportunity. I guess for me you know, what I see and, you know,
25 I'm always the person on the end of a pen. And so, you know, when I write a report, those
26 are lives, those are people and for me it's like, until -- and I only deal with littlies, right, so
27 the under 5s and the pre. We know before pēpēs born what the risk factors are. We almost
28 set up the family to fail, the māmā to fail. These are young mums, their brains are still
29 developing, they've had trauma themselves, there's pieces that aren't connected and we are
30 saying to them one strike you're out.

31 That's their job and if they were living as an adolescent in our home with multiple
32 people to look after them not just a mum and a dad, and that to me is the real crisis here, is
33 that we've got Māori whānau where there's only a mum and the dad and the dad may not be
34 here. The last 20 reports I've written there's -- Cookie will support me, I make multiple,

1 multiple attempts to get the dads, I will delay the court and man, the judges -- Coral -- have
2 been you've got to have this. But that's not fair, the father still deserves an opportunity to
3 have a say. And I think that's -- there's something wrong with that, that us, we need to say
4 to our men, men, it's up to you to get your brothers and your sons to do the right thing, not
5 leave it up to the māmās that I see to have to do the heavy lifting and then come and, you
6 know, once in a while.

7 So, it is an issue, but we've got to be able to get back to what we had, which was
8 multiple relationships, multiple whaea, multiple mātua looking after. So that when this
9 child, and I talked about this in my submission, you know, I like to see the baby in the
10 context of all of the whānau, not just the mum and dad. I want to know when baby falls
11 over who does baby look to, who comes and picks baby up, and who just sits there and says
12 you're okay. Because that, that's when you see relationship, not when it's all beautiful, that
13 to me -- I'm not interested in seeing that. I want to know when -- I was going to say the S
14 word, but when stuff hits that fan, that's when parenting comes in. Anyone can parent
15 when it's going well. That to me is my bottom line.

16 **CHAIR:** That takes a perceptive social worker, doesn't it, to recognise those dynamics.

17 **DR CARGO:** I think only with training, and, you know, in this day and age we have digital
18 media, we can blast in people and the social workers that I work with are really interested
19 in attachment, they're really interested in relationships. We now, you know, we've always
20 known it, that multiple relationships are actually protective, we don't need a single one.
21 Multiple relationships are protective, especially when you lived here.

22 **COMMISSIONER ALOFIVAE:** Can I just test the premise, because in the world we live in
23 today there are so many complex families where it's not just mum and dad, when we use
24 the word "whānau" there's an assumption it's anyone and everyone who lives in the whare,
25 in the fale. And so you've got the intergenerational living that Pasifika are incredibly
26 familiar with, as are Palagi(sic) and Pākehā too I think to a certain extent.

27 So the current system is you work with the individual, that's the door in, and when
28 we say -- so you're going to come in and help the whānau, so when we talk about how do
29 we make that broader difference, it's not just mum and dad, is it, if we have mum and dad
30 because it might be uncle, aunty, cousin, grandpa, nana, and they might all have issues
31 going on that are actually all impacting on the young person. Any thoughts around or
32 reflections around -- so when we're talking about how do you make a difference to the
33 whānau, is it that whole collective in the whare that come in and out, or is it actually still
34 just primary relationships which might be --

1 **DR HALL:** I'd like to respond.

2 **COMMISSIONER ALOFIVAE:** Yeah.

3 **DR HALL:** I think it's really important we get clear about who we are talking about, who is in
4 that whānau collective, who makes up the whānau, how are they constellated, who are the
5 important caregivers. One of the concerns that I've had in the past is that we, in a whānau
6 situation, you can have stepfathers quickly elevated to the role as if they are birth fathers
7 when they've only been on the scene two months. And they're making really, really
8 important decisions for those tamariki. That's why whakapapa is important. Because I
9 don't like seeing that. So, I do think it's really important we get clear about who we are
10 talking about when we talk about whānau, and not make assumptions about the authority
11 invested in those caregivers, okay. And I think that sets up a very dangerous situation. So
12 that's a concern that I've held for a long time when people get elevated into positions,
13 actually their whakapapa doesn't entitle them to be in.

14 The other thing that I would like to add as well, is when children come into care,
15 that process of coming into care needs to be sensitively managed, needs to be very
16 sensitively managed, and it's really important to remove the fear. Now to remove the fear,
17 part of the answer there is about continuity of care. So again, whānau need to be involved
18 in that process, and we need to be clear about who the safe whānau members are. So, it
19 may not be mum or dad, and we know in whānau that we get into conflicts with our own
20 adult siblings or other, you know, and sometimes the law doesn't enable whānau to exercise
21 their responsibilities as caregivers. So, for example, if I wanted to go in and, you know, I
22 have a concern about, you know, a niece or mokopuna or somebody I actually don't have
23 the right to be able to go in as a whānau member and protect them even though I might
24 have some serious concerns, okay.

25 So, it's complex, because we're dealing with so many, as I was talking about the
26 other day, layers, and we need to understand what those layers are and how those interact
27 with each other, so that's a very dynamic situation and, yeah, it takes an astute, trained, I
28 believe, eye to be able to know how to distinguish those.

29 When I say "trained" I'm not necessarily talking about, you know, as clinicians, but
30 whānau know whānau. We know how we behave; we know how to call each other out, we
31 know how to duck and dive and those sorts of things. So, where I'm going with this right
32 now actually has more to do with the centering of Te Tiriti o Waitangi and whānau being
33 able to have the authority to make these calls. And that's not what we have. What we've
34 come from is a system that's been very punitive and uncaring.

1 But we want to move past that. We want to be solution focused and we want to be
2 given the opportunity to actually deliver on our passions and our aroha for whānau, and so
3 we've been held back from doing that. So yes, if children go into care, remove the fear for
4 them, provide the continuity of care so that hand-over happens, you know, in a way that
5 holds that child, yeah.

6 **COMMISSIONER ERUETI:** That extends to whāngai situations as well, because limits in
7 accessing services that you need because it's not formally recognised and then that raises
8 the question about where you go to for the services, whether it's the formal system or those
9 you know, trust.

10 **DR HALL:** We can't exercise what it means to be whānau if we can't with whāngai whānau. It
11 removes the barriers. I want to go back to the scenario you presented earlier, ma'am, when
12 you were talking about the country lifestyle and the appropriateness, I guess, of the social
13 worker in those set of circumstances. You know, if we were really using the idea that it
14 takes a village to raise a child then everybody should know who's in the village, you know,
15 the tamariki mokopuna should know who the social workers are, should know who the
16 doctor is, should know, we should all know each other. And if we were operating in that
17 particular way, we also know who to keep away from those children, and that sort of thing,
18 yeah. And children shouldn't be passed around, if you like, between strangers.

19 **CHAIR:** Kia ora, we've got about 10 minutes, I really would like - it- would help us and while
20 we've got you captive there, panel, just to think about, turn our minds to the end of the
21 process. Now Ian said, and he's quite right, about the resilience of survivors and how we
22 see survivors who have come through and they do survive in this context survivors of
23 abuse, but of course family violence as well.

24 But I have to challenge that to a certain extent, because why should they have to
25 survive in any case, that's just my question mark. But the truth is, that we've seen enough
26 evidence of the appalling damage, and where I want to go to on this is the intergenerational
27 damage, and your views on that. We've heard evidence about it, and it's important we look
28 at this and stare it in the face, because if there's one reason to stop abuse it's to stop the
29 intergenerational effects.

30 **COMMISSIONER ERUETI:** I think that also raises access to proper counselling, support,
31 services as well, yeah.

32 **CHAIR:** But in your experience panel, have you seen intergenerational effects of abuse? We've
33 talked about colonisation, but there are other aspects to it as well?

1 **DR PERCIVAL:** Most definitely. Often, it's grandmother, mother and child. And we do tend to
2 swoop in and focus on the child and throw the others away like they don't matter so much.
3 And what's needed is the whole family needs to go on a journey of healing, including the
4 child. One of the things that is really important in terms of resilience and well-being for
5 children is identity and belonging, which is -- it's culturally nuanced, it's I'm Samoan, I
6 know where I'm from, my grandparents, my children know, you know, that's so important
7 to children. And it's one of the things, you know, people like me don't do very well, so
8 I see children I look at their teeth and their ears and their heart and whatever and connect
9 them with someone because I think they're depressed, but I forget, I'm not skilled in that
10 sort of thing, and I've heard it beautifully from so many people today, whakapapa is
11 everything for well-being for children. And if we can orientate and make that more central
12 to the things we do and the way we act and the services we provide, I think that's really
13 important.

14 The other thing I just wanted to say, because this is the last time I'll probably speak,
15 in 2017 I went to Alaska, and I visited the Nuka health system which is run by indigenous
16 people in Alaska. They have a trauma hospital, maternity hospital, everything, family
17 violence prevention, it's massive and they got massive federal funding, they run the whole
18 thing. Pākehās can go work for them but you have to sign up to their values, but it's run by
19 them and, you know, it's trust in that this really needs to be run by Māori, there's no
20 question, and there needs to be trust that give them heaps of federal funding, wherever
21 from, and let iwi and Māori lead it.

22 **DR HYSLOP:** Just to try and add something to that, I think there's no question, I'm not an expert
23 around trauma at all, but there's no question that pain and suffering transfers down through
24 generations, you know? I see that in my own family, you know. But knowing that
25 shouldn't be a basis for blame and labelling, it should be a beginning point for compassion
26 and healing and material resourcing, you know? If you understand that, then you find ways
27 of helping to fix it, you don't use it as a way of -- as labelling people as dangerous and
28 tearing their kids away. So, it depends what place you look at it from.

29 **CHAIR:** Does Denis want to say anything about this?

30 **MR SMITH:** Yes, I'd really like to say that one of the things about people who are traumatised is
31 that if there's a solution you need to invite them to tell you what will help them and leave
32 them in the driver's seat. One of the things that re-traumatises people is when people
33 outside their family start to take control over processes. They need to be decided -- what I

1 would want to be doing as a social worker is offering them a smorgasbord, what they
2 choose to eat and where they choose to start more importantly I think is entirely up to them.

3 If I go back to the strengths based social work started in America by Dennis
4 Saleebey-, he didn't invent this, it was a Catholic priest who was helping in his community
5 that he observed and he said, "how have you been able to help these people?" And he said,
6 "I just ask them what would be most helpful and then I try to give it to them." I will often
7 ask for something that is not, wouldn't be seen by an assessor as very important, like "I'd
8 like chocolate biscuits for morning tea", but if you start where they want to start, then
9 slowly trust builds and then they begin to be able to accept other things. But the moment
10 you - if you were an abused woman the moment somebody tries to take control you
11 are -reabused-, in my view.

12 **CHAIR:** Thank you for that, that's something we again are thinking a lot about and that's the
13 trauma-based approach, and the mana enhancing approach that is required in all of this.
14 We've got about 2 more minutes, is there anybody on the panel busting to contribute to
15 this? Neta, you're clearing your throat.

16 **MS KEREPEPI:** I'll have a go. I want to share a little ditty or a poem and -- but I probably won't
17 do it justice, because I can't remember all of the words. But I remember the person and she
18 was a -- someone I revered, and she was a champion of whānau, and she worked a long
19 time in Tāmaki Makaurau rohe, she came from Tai Tokerau, and her name was Waireti
20 Walters.

21 And it's a little bit about, take from it what you will, a little bit about research and
22 how Māori have been at the centre and the subject of research over many, many decades
23 and also featured in a number of reports and so on. And so Waireti talks about humpty
24 dumpty sat on the wall, humpty dumpty had a great fall, and all of the king's horses and all
25 of the king's men came running to the wall, they measured the height of the wall and the
26 depth of the fall, they measured this and that and still they could not put humpty dumpty
27 back together again.

28 And, you know, loathed that we come away from this process and we have just
29 more research and just more reports and fail to make and enact the change that all the
30 voices I've heard here today say is needed. So kia ora Whaea Waireti Walters, she's no
31 longer earth side with us and some of you will know her. Thank you for letting me share
32 that.

33 **CHAIR:** Thank you for sharing it. Ian, as the facilitator any last words from you?

1 **DR HYSLOP:** No, I think I'm all talked out. As I said at the beginning, I feel really privileged to
2 be part of this. Go well each and all and may your Gods go with you, and I think it's been a
3 fantastic panel and I wish you well, Commissioners in your really important mahi. You
4 know, as I said, in my submission, the other day, we had a chance for a radical change in
5 the way we look at child and family welfare in this beautiful country in the late 80s, we've
6 got another chance now, let's make it happen.

7 **CHAIR:** Thank you Ian, it may well be the last chance, so we do have to make the most of it. I've
8 heard -- I think we've all heard and take very seriously the comments, because we're not
9 just here to hear good news, we know that vast resources are being poured into this Royal
10 Commission, we're only too conscious that the money could possibly have been used to
11 assist survivors.

12 I'm hoping that the trust that's been placed in us by the citizenry of New Zealand
13 will be repaid and that we can come up with some solutions that will make the real change,
14 that will put humpty together again rather than just measuring the wall, I think it's a
15 wonderful image.

16 What I want to say, just while I've got a captive audience, is that this Royal
17 Commission cannot do it alone. We have not been and will not be able to do anything
18 without the voices of survivors, and we have made that quite clear and continue to be ever
19 grateful.

20 The other thing is that in exactly one year this Commission will be over. We will
21 have, fingers crossed, delivered our final report, and it will be in the hands of the
22 government and whichever government follows to enact that. So, we will then be voiceless
23 except for the reports which we hope will not gather dust.

24 However, you will not be voiceless. And I think it might have been you, Neta, who
25 talked about carrying on, or somebody spoke about carrying on, being the voice. And not
26 what we need, but what the kaupapa needs is active citizenry, active people who have
27 listened through this journey, who have learned, who have felt, and who will hold
28 governments and successive governments to account. Because I think that's what
29 Puau--Te--Ata--Tū lacked in a way, it lacked a movement, a constituency, voices that were
30 loud enough to be heard. I think the best that we can do is the best we can do and then we
31 have to hand it over to you, the people, to make sure that as long as you agree with our
32 recommendations that somebody actually does something about them.

33 On that note, may I just thank the panel again sincerely again for your willingness to
34 participate, the value of your insight, and really the beginning of a conversation that will

1 continue on for another year, but thank you very much indeed. And before we go, because
2 when we come back, we're just going to revert to a little bit of formality with a closing
3 submission by our counsel who's looking astonished at the thought.

4 And so, this is the end and I'm not going to be making big speeches at the end, but
5 I just want to call out three people in this room who we've noticed but not thought much
6 about, but without whom we could not really be working. One is our wonderful
7 stenographer, who has written down every single word spoken over the last five years
8 diligently and accurately and faithfully, and we thank her very much. **[Applause]**. And the
9 other two are sitting behind me and they are our fabulous signers, who, again, have been
10 with us on this long journey and who again diligently, silently but beautifully convey the
11 words, and particularly they're so good at conveying the survivor expressions of pain and
12 suffering, they do it so well, they never get recognised, but here's a moment for you to do
13 that. **[Applause]**

14 If you can bear another cup of tea, it's time we will come back at quarter past 4 for
15 our closing submissions. Thank you.

16 **Adjournment from 4.05 pm to 4.25 pm**