

**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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AUCKLAND

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TRANSCRIPT OF PROCEEDINGS

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Hearing opens with karakia tīmatanga and waiata Te Aroha by Ngāti Whātua Ōrākei

[9.47 am]

KAUMĀTUA: Mōrena, kei te noho e whaea. Nā reira, me tuatahi, tēnei te mihi ana ki a koe i tae mai mō tēnei wā, nō reira ki a koutou, nau mai haere mai. Haere mai ki te hononga o tātou, tēnei te kaupapa i te rā nei. Haere mai i te kotahitanga mai tō tātou wairua, tātou tēnei whare, tēnei marae. Nō reira, kei te mihi ana ki a koe e te rangatira o te Kōmihana, āe, tēnā koe, ki ahau ki te kōrero mai o tīmatanga o tātou karakia.

Before we start the karakia I'd like to say a couple of words if I may. Kia ora. This morning I thought we might delve into a bit of tauparapara where we say in Māori terms. The tauparapara is words of, from our tupuna that develops us on our way, part-way through life. This tauparapara I'd like to use today gives me – very mindful of what has happened this week here in this marae. The kōrero by our whānau who have come together and expressed their opinions, and we have our Commissioners sitting here and their role is to listen and to help at the end of the week to write a report.

And for me as a kaumātua of people, but also as a person of the public who's been able to hear a few short stories, and I found it very, very heavy; very, very heavy. And my heart goes out to our Commissioners who have to give a report, my heart goes out to the staff behind the Commissioners who also develop the report. And of course, they too have to go home, and our heart goes out to all those who have come in with the grief, nē.

So, what I thought about I might do this morning is do a tauparapara, a quite simple one. And it talks about nature, our tupunas refer to nature to develop our way of life, so I believe. Talk about now, this one is about the Tui, the bird the Tui. When it whistles, the shrill of the Tui vibrates across the plateau. And the tranquillity of that sound gives us enjoyment of life, and this is what I wanted to add here today.

The tauparapara talks about coming together, binding together under the shrill of the Tui, under the tangi of the Tui that binds us together. It binds us above, it binds us below, it binds us outside, it binds us within, and we bring that together and our himene is going to be Te aroha, Te whakapono, Te rangimārie, Tātou tātou. And that is us here today. So, I just want to share that as part of our karakia this morning, and especially to our rangatiras also sitting here who will be on the panel.

[Tauparapara]. [Waiata Te Aroha]

CHAIR: Korihi te manu, takiri mai i te ata, ka ao, ka ao, ka awatea, tihei mauri ora. I start this morning as I started on the first day with the cry for lightness to come, for a new dawn to come, and that is what this hearing this week into foster care is all about. And we've heard

1 through the week the painful, the sad, the tearful stories of our survivors, and today we
 2 hope to move into the light by hearing from survivors, from our experts in what I hope will
 3 be a robust discussion about where to from here, how do we find the light out of all of this
 4 darkness.

5 Today we are asking three particular questions. In what circumstances should a
 6 child be taken from its family and placed into alternative care arrangements? Secondly, if a
 7 child has to be placed into alternative care arrangements, what does that child need, what
 8 nurturing, what love, what else does a child need for it to thrive, not just survive but to
 9 thrive? And the last question is, how can those child's needs be protected and enhanced?

10 Those are profound questions, and we look to our panel of experts, all of them,
 11 whether they be survivors or academics, experts in this field, to help us navigate our way
 12 through them. Our panel today is led by Dr Calvert – sorry, it's not, it's led by Dr Tania
 13 Cargo, ka aroha ki a koe, who will take over as soon as I sit down, which will be very soon;
 14 and she will introduce the panel and she will lead the discussions.

15 If you're a member of the public sitting there and you would like in some way to
 16 have a question asked, or a comment made, I'm going to direct that if you turn around you
 17 will see that our counsel, who you will be familiar with there, Aroha Fletcher, Dr Allan
 18 Cooke, who you've been seeing all week, if you'd just like to take your question or
 19 comment to them, they will make sure that that is conveyed. Because we want to leave all
 20 the talking to our wonderful panel here.

21 So, I'm going to introduce Tania Cargo shortly, but in light of our wonderful
 22 introduction, the tauparapara from our Kaumātua, something else flew into my mind and
 23 that comes from an old Tainui waiata, Tūi tūi, tūi, Whitiwhiti te ora, Hui ē, tāiki ē. That
 24 again is the binding of the words and the voice of the tui.

25 On that note I'm very happy to introduce Dr Tania Calvert -- I'm sorry, what have
 26 I done? I hope I haven't put some sort of mākutu on you, I'm really, really sorry.

27 **DR CARGO:** We are closely aligned.

28 **CHAIR:** You are closely aligned but you're not the same. Can I just share this with all of you,
 29 I say this often; one of the things I've learned to do best of all in my role as Chair of this
 30 Royal Commission is to apologise, I'm very, very good at it and my humblest apologies to
 31 you. I'm going to sit down now and be quiet and leave it to you Tania.

32 SURVIVOR PANEL

33 **DR CARGO:** Tēnā koutou katoa. Tēnei te mihi nui ki a koe matua mō tō whakamoemiti mō tō
 34 whakawātea i a mātou, tēnei te mihi nui ki a koe mō tērā, he take whakahirahira hoki, so

1 tēnei te mihi nui mō tērā. Okay, so I have been told by my Pākehā bosses – and I don't
 2 often listen to Pākehā bosses, I'll put that out there – that this has to be like the speed dating
 3 of whakawhanaunga. And being Ngāpuhi we're very loving people, so we're used to doing
 4 the speed dating kind of thing.

5 Also to say, yeah, just that how humbled I am to be here. I sit here with 16 of my
 6 Māori clinical psychologist buddies who do the work in this space. Very uncomfortable
 7 with the expert title because that's not where we see it. I see myself as a kaimahi, a worker,
 8 an advocate for whānau. I've worked with Cookie over at the back there for some time – I
 9 think that's how I got the gig.

10 But yeah, just really humbled by the generosity of spirit that our experts-by-lived-
 11 experience have shared with us this week. And can I say that my belief is that this place
 12 wasn't packed out because for Māori when we hear "inquiry" we think it's us, so we tend to
 13 stay away. And I asked some of my whānau, how come this wasn't packed out, because
 14 when we had it at the marae it was really packed out and there were people waiting to get
 15 in. And that's what I heard was the word "inquiry", automatically we think of -- we're not
 16 supposed to be here or it's about us. So, I just wanted to mihi out to there.

17 Already taken up too much time, aroha mai. I'm going to introduce this fabulous
 18 panel, they're going to do it as a whakawhanaunga, I'm going to ask you to stand and, in
 19 whatever way represents your culture and your values, to introduce yourself and your
 20 experience, kia ora.

21 **MS KEREPEPI:** Tēnā tātou katoa. I want to mihi to our kaumātua and to mana whenua for the
 22 greeting and the welcome and the karakia this morning, just to set the scene for our day.
 23 I also want to mihi to the Commissioners, the Commission staff, the panel – this and the
 24 two to follow – the facilitators and to those gathered here. But most importantly I also want
 25 to mihi to those whose experiences, stories and journeys have helped inform this whole
 26 process, and that will help inform reports past and pending, that will help shape future
 27 policy, and whose lived realities talk to their resilience, their survival, their success and the
 28 potential of possibilities and I hope better inform this nation, the Government of the day,
 29 providers, funders, educationalists, researchers, learning institutes and so on – the list is
 30 long. But I mihi to those of you who have shared your stories over the last couple of years
 31 and certainly this week.

32 Ko wai au? Ko Neta Kerepeti ahau, I'm from Te Rarawa, Ngāpuhi, Ngāti Wai and
 33 Ngāti Mutunga, so the Hokianga and to Taranaki maunga, and I'm privileged and humble to

1 be here and to sit alongside my peers and people who are going to help inform this first
2 session. Ngā mihi, ngā mihi, ngā mihi.

3 **CHAIR:** Kia ora.

4 **DR HYSLOP:** Kia ora koutou katoa. Ko Ian Hyslop tāku ingoa. I too am very humble to be here
5 and to have the opportunity to be part of this process. I'm an old social worker: I worked in
6 the Child Welfare, State Child Welfare system for 20 years of my working life up until
7 about 2005 I think. Since then, I've been a social worker academic, teaching – or trying to
8 teach – our new generation of social workers. And I live in hope that we are very much on
9 the cusp of a new dawn as far as the development of child welfare policy and practice goes.
10 This Commission is part of that process. I'm very excited about a better future and very
11 humbled the way we've had the opportunity to learn from the experience of people who
12 have been on the receiving end of the system. So yeah, I'm excited about this morning and
13 very pleased to be here, thank you.

14 **DR CALVERT:** Kia ora, I'm Sarah Calvert. I'm an academic, although somebody nicely said I'm
15 a pracademic, that is I'm a practitioner and an academic. I've been researching and writing
16 about and arguing with policymakers about listening to the voices of the people who they
17 are making policy about pretty much all of my life. I don't think I've been very successful,
18 but I think that it's magnificent now that finally we have an official way in which the voices
19 of the people who have lived the experience are actually getting heard. That has not been
20 the practice in the Ministry until now.

21 So, I think it's incredibly brave for people who have lived an experience that has not
22 been what it should have been to speak out in such a forum as this. It's not a very easy
23 thing to do, no matter what the forum is, but in such an official way. Your stories are
24 incredibly important, because the lived history of people informs how things will be done
25 differently in the future and that is really what I think my mahi has always been about, let's
26 do the future better than we did the past. And so, I'm looking forward to the panel and I'm
27 looking forward ultimately with hope to the fact that it might inform the changes that we all
28 wish to have. Thank you.

29 **MS PICKERING:** Kia ora koutou katoa, ko Dallas tōku ingoa. I'm a survivor of abuse but
30 actually I see myself as an overcomer, and a few years ago had the opportunity to share my
31 story and was grateful for that opportunity to have the voice of the child heard. And I find
32 it a privilege and an honour to be here today. Thank you to the Commissioners for this
33 opportunity.

1 I guess my hope out of this is that, you know, I still see – worked in social work
2 now for 20 years – and I still see some of the things that happened back then still happening
3 now, so my hope is that there's some change and that the Government do hear the voice of
4 the Commission and hear the voice of the child and hear the voice of us survivors, us
5 overcomers, to build a better future for, you know, this is generational now, and so we want
6 to see change generationally, kia ora.

7 **MS COSTER:** Good morning. My name's Kath Coster, I'm a survivor of State care. Before I'd
8 like to say what I'd like to say, I've been very blessed to walk alongside this Royal
9 Commission right from the beginning. It was a really hard road to start with as a survivor
10 alongside a lot of survivors because we were all sceptical and, in some ways, we still are.
11 But there's a few things that – people – I need to thank.

12 First of all, I do need to thank the Commissioners. I have been listening to stories
13 from a survivor point of view for many years, so you get to hear them every now and then,
14 not one after the other, and as horrific as some of the survivor stories are – and I believe
15 that that would be one of the hardest walks of this Commission to actually do.

16 The second thing, the investigation team. Thank you so much to the investigation
17 team that have walked alongside me to do what I've had to do, because it wasn't an easy job
18 bringing the child out but also pouring out your heart and your soul for everybody to see.

19 But most importantly the survivors that are sitting here and that are watching on the
20 TV, we thank you from the bottom of our hearts because our story shares a part of your
21 story somewhere in your journey.

22 So, I'm a 59-year-old woman, I've been in State care from the age of zero, with a bit
23 of bouncing in and out, to the age of 16. The journey was hard, but it's made me who I am,
24 and I wouldn't change who I am again. I wouldn't go back and want to live it, but I'm
25 thankful and blessed to have this opportunity to walk alongside this particular Commission
26 and the survivors that I do.

27 I'm an advocate for survivors and we need to be advocates for survivors because we
28 need to hear their voices and we need to bring it to the table for them if they can't bring it to
29 the table. Because there are hundreds of thousands of children that are sitting – and have
30 been sitting over the years – in the positions that the survivors are sitting in now.

31 So, I thank everybody from the bottom of my heart, but the biggest blessing is being
32 part of this, because if I drop dead tomorrow, I'll be really happy I've been here to achieve
33 one of my biggest goals from the age of 16.

1 **COMMISSIONER ERUETI:** Tēnā koe Kath, tēnā koutou katoa, tēnā koe Ngāti Whātua. Kei te
 2 mihi atu ki ngā purapura ora, ngā mōrehu, e whakauru ana, e mātakitaki mai ana ki roto i te
 3 pouaka whakaata ki tēnei hui, ki a koutou katoa, ngā kaimahi, ngā kaiwhakahaere o tēnei
 4 wānanga, tēnei te mihi mahana ki a koutou katoa. Ko Anaru Erueti tōku ingoa, nō
 5 Taranaki, ko Ngaruahine, ko Nga Rauru, ko Ati Haunuiā Pāpārangi, ko Ngāti Ruanui ōku
 6 iwi. Nō reira tēnā koutou katoa, kia ora.

7 **COMMISSIONER ALOFIVAE:** Tēnā koutou katoa. Faatalofa atu i le paia ma le mamalu ua
 8 tatou faatasi i lenei aso, ae maise paia lasialsi o e na afaiina i mea na tutupu anamua. My
 9 name is Ali'imuumua Sandra Alofivae, once again always a pleasure and an honour to be
 10 here, fa'afetai lava.

11 **DR CARGO:** That was pretty good really, you know, that was very good guys, now we've got
 12 some time. So, the first question really, I'm going to say it, because I know Māori out there
 13 are saying it. This is not how we would read the first question; we would flip it on its head,
 14 and we would ask, not “What are the circumstances should happen in order for a child to be
 15 taken”, but we really want to know “What are the circumstances we can keep the children
 16 in their whānau”. That's kind of, I think, also the way that we would want to word this
 17 question.

18 So, I'm going to open it up to the panel – really, really like to hear from our experts-
 19 by-lived-experience your thoughts in particular. So, we're not going to have a tohu, but
 20 I might start to do a waiata or a kanikani if I think that you fullas are a bit long or, you
 21 know, keeping going, yeah – that's what my Aunty Merimeri Penfold used to tell me, you
 22 know, we might not have a lot when the boys are up there, but we can stand up and waiata
 23 anō. So kia ora, who'd like to start?

24 **MS COSTER:** I believe the child should be taken out of the home when the child is at risk,
 25 because a lot of the abuse starts in the home and we can't overlook that, and when a child's
 26 life is at risk, we have a major concern, especially if the family aren't there, or in a position
 27 to be able to wrap-around that child.

28 **MS PICKERING:** I think one of the questions when I thought about this question was, when
 29 would you step in for your own whānau, you know, when would you see a niece or a
 30 nephew or a whānau member that are struggling, when would you step in? And I guess that
 31 comes down to everybody's different experiences of what negates [sic] as abuse, neglect.
 32 And I guess it is more complex than just saying yeah, when should a child be removed, you
 33 know, how do you define it. If I have a look at the section 14 of the Act, it's very broad and

1 so how do we define that down. And I guess it's us as a whānau saying, "Hey, this whānau
2 needs support, they need resources around them and what does that look like."

3 **MS KEREPEPI:** Tēnā tātou. Somewhere in an Act [it] talks about the paramountcy of the child.
4 My view is that children aren't seen in isolation from who they belong, from who they
5 come. And the question includes the word "family", and we can talk about language, but,
6 you know, if I'm thinking about myself, I'm talking about a whānau and a hapū and an iwi.
7 And while an Act somewhere refers to the paramountcy of the child, there are also other
8 written documents where Māori have, over a number of years, have brought together some
9 intelligence to help inform process and practice and policy.

10 And I'm reminded of one of those leaders who is not amongst us anymore and has
11 been passed for some years and I believe he descends from Tūhoe, his name is John
12 Rangihau. He worked together with people on Puao-Te-Ata-Tū [The Report of the
13 Ministerial Advisory Committee on a Māori Perspective for the Department of Social
14 Welfare, September 1988]. And that document talks about whānau, hapū and iwi. And if
15 I think about Puao-Te-Ata-Tū then I would not be wanting to see the child in isolation from
16 those that they come [from]. Because when that child grows to an adolescent and beyond
17 those years where they are considered to be a child or a young person and then no longer
18 requires the protection of the State, and they become an adult, to who do they return? And
19 how is uplifting them and placing them in care preparing them to return one day to their
20 village, to their whānau, to their hapū, to their iwi, to those that they come from?

21 So, the paramountcy of the child absolutely. But not in isolation from those that
22 they are born to, those that have cared for them, at some point in time from their earliest
23 years, and throughout their lives. Kia ora.

24 **DR CARGO:** Kia ora whaea, beautiful sentiment. I think that's what everyone on the panel and
25 people who've given up their time today would agree with, that absolutely that's the
26 absolute end point, right? That's what the uplift is, it's the absolute end point. I'm
27 interested, panel, could you talk about what might we be looking for before that, because I
28 think that's pretty clear, right, what might we be looking for before that?

29 **MS COSTER:** I believe before that when it comes to the process of moving the child, the whole
30 process needs to be in completion with the organisations, so that the child is not left in
31 limbo-land with the major trauma of being removed, and it's reliant on a system to have
32 everything in place to wrap around that child – just in the movement process, I'm referring
33 to here.

1 Because, from experience, I have seen a child removed where Department of Social
2 Welfare have organised to move the child to family, but their paperwork – so they've
3 traumatised the house, the parent, now the child's moving, and it has been taken to the
4 Police station to go to another family member. But in the Police station things all turn to
5 custard because the Department of Social Welfare has not ticked off all the boxes to make
6 sure that this transition can happen. So, the outcome which can happen means the child is
7 then put back with the parent, back into the home, until the system can get its paperwork
8 and boxes ticked. But now the child has a major trauma which is called “Police and the
9 system”.

10 **DR HYSLOP:** Just to add something. For me the question of removing children always takes me
11 back to my own practice: life as a social worker and being involved in making those sorts
12 of decisions. And it's about, in part I think, doing those things thoroughly and properly and
13 having the right people involved. And also thinking in a bit more of a longer way so that –
14 it's tricky making judgements about risk and children's needs, and – it's important to ask the
15 question about who makes those decisions, you know, who needs to be involved. And also,
16 if you get to the point where a child is clearly at risk and unsafe with caregivers and you are
17 going to remove that child, what happens next? What's the plan after that? So that it's
18 more than just rescue, it's a process that leads somewhere, that is best for the child in terms
19 of care and safety and identity.

20 So yeah, it's about having the resources, the right people involved to get things right
21 more than has happened in the past. And I've seen children hurt and harmed in families and
22 I've seen children hurt and harmed in foster care and we need to do something about both of
23 those parts of the puzzle.

24 **DR CARGO:** Kia ora, wise words.

25 **MS PICKERING:** I kind of come from the point of both, is that there's a – you know, there needs
26 to be a balance of – you know, when you remove a child, or a child is placed in care ... I
27 think one of the things I thought about is often the abuser is not removed from the home but
28 the children are. And I think that's where we need to be able to support the children to stay
29 in a place that's familiar to them and remove the perpetrator and have stronger laws around
30 that in order that children don't have to be removed, and that there's intensive support put
31 around tamariki before that happens. So that's just a bit of feedback.

32 **DR CALVERT:** I think one of the most critical things when you're faced -- I mean I think there
33 are two ways in which removal happens. One is in an emergency situation where there is
34 an immediate risk to the child. I think that's very difficult for any system to manage well,

1 that's just a reality. But I think there's also a lot of children who are removed after quite
2 lengthy processes of involvement by various organisations and systems, not just something
3 like the Ministry.

4 But certainly, when I've gone back and reviewed many of those cases, there still
5 hasn't been a good both gathering of information and sharing of information among those
6 who surround the child or children. And I think that's a point at which we can quite
7 realistically expect a vast improvement as a result of this Royal Commission in whatever
8 structures come to support children. Children should never be removed – unless there's an
9 absolute emergency – without people knowing very clearly what has gone wrong, who's
10 been involved, and who surrounds that system that you might draw in – either to prevent
11 the removal, or to support the child and the family and whānau post the removal.

12 Too often I review files and there's been months, sometimes years, of all sorts of
13 people being involved with this family, but really basic things, the sort of thing that we've
14 been talking about – even where the child comes from in a Māori sense, what is their
15 whakapapa – is not recorded. And so, then it is not possible to draw the support in for that
16 family. And probably, in my view, often prevent the removal, or at least – post the removal
17 – ensure that everyone is properly supported.

18 So, for me, information, good proper professional and social information, not just
19 going to people like doctors – no disrespect to doctors, but they don't often know a lot
20 about a whānau. So it is going – it is going and talking to people at a marae, it is going and
21 talking to the children's school, it is going and talking to the aunty who lives up the road
22 and finding out about this family and finding out about – you know, social workers have a
23 lot of words like strengths-based practice, but strengths-based practice is actually about
24 finding out things about the people you're working with and looking for what they can
25 contribute and bring to their tamariki, but also in a wider sense to their community as a
26 whole. So that would be one of the things that I think we could significantly improve.

27 **DR CARGO:** Whaea Neta, I wonder if you had any comments about what Dr Calvert was talking
28 about in regard to whakapapa and, you know, asking those questions?

29 **MS KEREPEPI:** Ian earlier also touched on identity – and if I draw from my own experience as
30 a survivor and who participated in a hearing just over a year ago, I think – identity of the
31 child and where they come from needs to be accorded some priority. And Dr Calvert
32 talked about – one thing she mentioned was the system. And I just want to say I don't
33 believe it's an inanimate thing that sits over there; it's comprised of real people making real

1 decisions about other people and their circumstances, and often making those decisions in
2 isolation from the realities lived by those people.

3 And, you know, in an ideal world I'm an advocate that the current system becomes
4 unnecessary, not required because -- but, you know, and while that might sound radical or
5 talking about some alternative, what I'm really wanting to say is that if we believe in shared
6 power, shared authority, shared responsibility, we can make that a reality. But we have to
7 want to do those things. And that means sharing power and authority and recognising what
8 already exists in whānau, recognising what already exists in those other groupings that
9 whānau are a part of. And we've talked a little bit about hapū and iwi and the communities
10 that they reside, that they come from, that are their tribal bases. That's my response.

11 Kia ora.

12 **DR CARGO:** Thanks very much. So, I guess I'm interested in panel thinking about, we all
13 believe, and we all know that the child is best serviced in a loving, safe, good enough
14 environment. What might that look like in terms of this piece of work?

15 **MS COSTER:** First of all, for a child to be put into foster care and family, it's important that
16 foster parents are equipped to deal with damaged, traumatised children. Because not only
17 when a foster parent takes the children in, or the child in, nine times out of 10 they have
18 children of their own. So therefore, the parent may be taking the child into the home, for
19 whatever reason, but then you may have children that are also living in that home that are
20 not ready to deal with children in their home and sharing their parents.

21 So, it's very important when a child is put into a home that those obstacles are all
22 ticking the boxes to make sure it's a safe emotional home for this child to go in, to prevent
23 any further damage and isolation with, inside that child.

24 **MS PICKERING:** Kia ora, I agree with what you're saying, Kath, in regards to resourcing. I
25 think it does come down to resourcing. Like a lot of our whānau, you know, unfortunately
26 through generations, have become very isolated and so there isn't the resourcing to support
27 whānau. So a whānau may be really struggling with, you know, whether it's housing, with
28 health and then, you know, in the ideal, the whānau would be the ones that would be able to
29 support, but in reality, there isn't the resources available to be able to meet the needs, and
30 this is why we have some of the challenges that we have in regard to children coming into
31 care.

32 But if we, you know, poured our resources into the whānau, into hapū, into iwi, into
33 the community, we would probably reduce tamariki coming into care, putting wrap-around
34 intensive support around whānau and bringing in the whānau to be able to provide that

1 support. But I often see tamariki going off to, say, nanny and koro – you know, they've had
2 a family group conference – and then children go, sent off to whānau and they're not
3 resourced. And I think that's a key thing that happens, that I see it's like our -- and they're
4 not resourced with understanding what trauma is, they're not resourced with understanding
5 what abuse looks like or what their tamariki or whānau have been through. And so, we
6 need to pour resources into there.

7 I think also my work in the foster care arena, supporting foster carers to be able to
8 have the support for these young people ... The process for these young people getting
9 counselling and therapy or, you know, any support is way too long. You know, we're told
10 when they're in a stable placement that's when they'll get the support. Why do they have to
11 wait until then, when actually, the mamae's happening then and the removal is very
12 traumatic for them? The removal of being in an environment, yes, it may be chaotic, but
13 it's also it's-- their norm and then going into another environment where it's absolutely
14 different and not getting that support straight away, I think is really, really important.

15 **DR HYSLOP:** Kia ora Dallas. I just want to say something really to support what you just said, I
16 think it makes a lot of sense to me. I think we can't underestimate the needs of children that
17 come into care with a lot of difficult history, and we can't overestimate the capacity of
18 whānau to provide care without support being provided. And sometimes I think social
19 workers in the past and now, they make all sorts of assumptions and, you know, we know
20 something about human behaviour and risk and those things, but we need to be careful that
21 we don't generalise too much. All whānau are different. If you think of your own family in
22 these situations if you suddenly had an extra child coming in, you know, you need help and
23 support sometimes, and you need -- and that needs to come in a way that works for you,
24 that you determine yourself.

25 So that, you know, we can and should have children living with whānau all the time,
26 and if they can't live with immediate family, with extended family. But we can't do that
27 without providing people with the support that they need to provide good care for kids, and
28 we can't just expect people to do things that are too hard and then tell them they're not good
29 enough; we need to do better at that, I think.

30 **MS COSTER:** Also, when it comes to family group conferences, you know, they have a lot of
31 family group conferences, there's a lot of information given out in regards to the child, but
32 no one's taken the time to sit down and explain it to the child in the child's language so they
33 understand it. You know, from a child's point of view you look at it, here's a whole lot of
34 adults that you don't know making all these important decisions about your life. They've

1 never sat down and had a conversation and asked the question of, “How is it for you?” or
2 “If you could have anything, what would it be, and how would that look for you?”

3 Because these decisions are all made by professionals and elderly
4 people, not-- elderly people, older people, to-- make the right decision for a child. But from
5 one traumatised child to another, the needs are different. And if we put them all in one box
6 and we say all these children are wards of the State or going into care, we're going to get
7 some of it right and so much of it wrong.

8 But to that child, it's their whole entire life that affects. So why not listen to the
9 voice at the beginning, put security around the child, to make sure it's okay, because a child
10 could get put into a home and there could be immediate triggers in that home, and that
11 whole placement is going to go down the gurgler, just by not identifying what the child's
12 actual needs are.

13 **DR CARGO:** Kia ora Kath, I was struck, Whaea Neta, when you said it's not a system, it's
14 people. And I guess I worry that some of the most basic human ideas that Dr Calvert we
15 kind of shared and talked about, about connection, that's what's being lost, and it's being
16 lost throughout. So how do we get connection? And it's with social workers being able
17 and not frightened to connect, and, yeah, would you be able to kind of talk a little bit about
18 how can we do that, how will that support the needs of tamariki if they do have to be
19 placed?

20 **DR CALVERT:** I think it's about whatever services are going to be dealing with children at risk
21 actually being connected into their community. And that sounds very simple and perhaps
22 people go -- but the reality is, if people don't know the community for the child, then they
23 can't connect to anybody in that community quickly and effectively so that better decisions
24 at least are made for the child. So, it's really essential that the service – whatever the
25 service looks like – there are people in it who really deeply understand the community that
26 they're working in. You don't have to know everybody, but you kind of have to know
27 where to go and who to go to.

28 And it will be different. Kath's right, for every child it's going to be different, so it's
29 putting your thinking cap on and thinking this child lives in this street, who do I know in
30 that street, or who does my friend or colleague or the teacher – who does the teacher know
31 that we can go to and ask for some information and start to develop a genuine sense of
32 collaboration around the child.

33 Like I said, except in emergency uplifts, there's absolutely no reason why that kind
34 of social work cannot be done. That is a core, or ought to be a core skill of social workers

1 to think, “Who do I, you know, who might know somebody?” I always saw it as kind of
2 like, you know, those games we used to play as kids across – the stones across the river –
3 you're kind of moving from stone to stone and eventually you're going to get to the other
4 side of the river and hopefully not get your feet too wet, but you've kind of patted your way
5 through a whole lot of information along the way.

6 And really in many of those cases where that sort of thing happens, children do not
7 need to be removed, because you discover things that are then the resources that can be
8 supportive both to family and whānau and to the child, and I do think we could have a
9 much better system for immediately resourcing children if they have to be removed. We
10 should be applying that to all children who come to notice really, we should have, you
11 know, a very quick and rapid way of starting to put resources in for children, and certainly
12 for caregivers. Again, it's not that difficult to do. It is a resourcing issue. It's an
13 information issue as well, but they're not insoluble problems.

14 **COMMISSIONER ERUETI:** Could I just seize on that just briefly – I apologise in advance –
15 but because this keeps coming up about the theme about access to services, and you've all
16 identified – and Dallas was saying you need to pour the resources into the caregivers. Why
17 is that not happening and what needs to change do you think?

18 **MS PICKERING:** I think one of the things I'd like to talk about is like there is resources in the
19 community but there's no connection to those resources. So, Health are maybe working
20 with the family over here, Education may be working with the whānau over here, but
21 there's not the sharing of information. And I think one of the things that I worry about is
22 that you know, we're wanting to put all this together, but what about the child's timeframe?
23 You know, while we're gathering all this information, the child is still possibly in a
24 situation that's abusive, or they're sitting in care or drifting in care for a long period of time.
25 So, we need to be able to connect those resources faster and actually people
26 communicating.

27 And I guess it's, if you look at it at a bigger level – macro-level, you know, it's like
28 at a government level even – it's like there's funding from Ministry of Health, and, you
29 know, they're vying for contracts and there's money for Ministry of Social Development,
30 but nobody's actually working together to bring it all together, and, you know -- yeah, so I
31 think that's something that needs to be looked at: “How can we be doing this together and
32 faster for children?” I mean I know of children that have been sitting in five, six years in
33 care, and that's huge for a child, you know, that's a lifetime for them, not knowing where
34 they're going, who they're going to be with, when they're going to go back to whānau, and

1 meanwhile everybody's going, "What are we doing?" You know, we need to work
2 collaboratively.

3 **DR CARGO:** I guess, I don't know if I'm the only one sitting here, I'm going to say it: for me
4 I guess that's the worry that whānau have, is that their information has been shared around
5 Education, the ministries collapse on top of each other. It may not feel like that but, having
6 supported whanau, I know that's what it feels like. They likely, when they go to the
7 hospital, you know, they're likely to get asked the abuse screen even though they've come
8 in for a tablet, or maybe just come to pick somebody up.

9 So, what I kind of – I really understand that what I'm hearing from my community,
10 we don't trust the system. So, I guess what I'm trying to say is, yeah, it's all very well for us
11 up here to say we need this, but if we don't have relationship, we don't trust. You know, I've
12 worked with whānau where they've said to me, "Tania, the Department has made me a liar,
13 I've had to lie, because if I tell them the truth that actually I am going to be seeing my
14 partner, they're going to take the kids from me."

15 And I'm really interested, how do we, you know -- he's not giving me, the boss is
16 not giving me the haka dance -- but it's in the auspices of how do we do that when there's
17 such fear in the communities that I work with who say, "I actually don't trust them, that's
18 why we won't go there." And I will say, you know, we had processes. My whānau still
19 whāngai, you know. So, when I hear people saying, you know, there's no – Māori have
20 processes. So, I guess my -- I'm going to be the little -- I am not supposed to say anything,
21 I'm supposed to facilitate, but I can't because it's like --

22 **CHAIR:** You're allowed to say anything you like.

23 **DR CARGO:** Good facilitators is you're not supposed to have your own opinion but I just can't
24 say it anymore, because my sense is the system we've currently had for 70 years has not
25 served our purpose and I would just like Māori to have an opportunity to use our traditional
26 processes, to relearn them, because, you know, I heard from a lawyer, a Māori lawyer, who
27 said, "That doesn't go on anymore Tarn." I was like, "Oh buddy, you have not been home."
28 So yeah, can we talk about, how can we reinvigorate what we knew worked for us.

29 **MS KERPETI:** Kia ora anō. I'm not going to attempt to answer the question just put by Tania,
30 but I'm just reflecting on something that, Ian, you said a little while ago: we shouldn't
31 underestimate the needs of the child, we also shouldn't overestimate the capacity or the
32 capability of a family, a whanau – including system State facilitated carers and foster
33 families – to ensure that a child that comes into care is loved and nurtured, nourished and
34 that their overall wellbeing is paramount.

1 **AUDIENCE MEMBER:** It doesn't sound like it, lady.

2 **MS KEREPEPI:** But also, you know, when a child is placed into that care, that all those that are
3 party to, you know, making that happen, including the carers, whether they're blood kin,
4 have shared whakapapa, or whether they are part of a State process, that they understand
5 their role is only temporary and that there's some agreement around the goal, or an outcome
6 that talks to the restoration of and the reclamation and the preservation and protection of
7 that child's identity. Because their well-being includes who they are, includes their identity.

8 You know, and in that, we can choose to view the child, and it's happened – it
9 happened to me. We can choose to see that where that child has come from is everything
10 kino, is everything bad and we can grow that child believing that where they've come from
11 is everything bad. And we can choose not to see anything good about that child's world, or
12 we can choose to see that there is some good.

13 And from that good, however great or small, can come some strength, some
14 understanding, some knowledge that allows that child's identity to be, you know, to develop
15 and ultimately for that child to become secure in who they are, for that child to accord there
16 is value in their whakapapa, that there is value in the community that they were born into in
17 spite of their heinous abuse, in spite of the pain and the grief, that there is some value and
18 some goodness. But if those who are around that child are not helping expand the
19 perception from what is only bad, that child's identity remains, you know, at risk.

20 **DR CARGO:** Kia ora whaea. Mā te wā, it's that time for a bit of refreshments and a bit of time
21 for us to go wharepaku, and how long have we got?

22 **CHAIR:** Can I just -- thank you, well done facilitator for being on time. We're going to take
23 15 minutes for a break, but before we do, can I just first of all give an informal but warm
24 welcome and mihi to Minister Marama Davidson who has decided to come and watch our
25 proceedings today. She's the Minister of the Prevention of Family and Social Violence and
26 as such I'm sure has a keen interest, and we welcome you as a member of Government who
27 is charged with all of this responsibility, for your interest in the work of the Commission, so
28 thank you for coming.

29 Just as we leave, I'd just like to say that I've observed three things, out of all the
30 richness of this conversation, first is the voice of the child, the supremacy of the voice of
31 the child and what it wants and what it needs and what it deserves.

32 The second thing is the shocking but real lack of trust by communities in the
33 services that are currently – and certainly in the past – have been provided but it seems

1 currently as well, and an urgent need to somehow rebuild that trust, and that trust has, of
2 course, to be earned.

3 And the other, third message I've heard through here is, and I'm just extrapolating
4 from what you've said, but the absolute need for social workers and people working with
5 children in need to be culturally and socially literate and connected with the communities of
6 the children who they are serving. Those are the three messages I've had out of this so far.
7 I think it's a wonderful platform to continue our discussions, but it is cup of tea time and we
8 will come back at 11 o'clock continuing this discussion.

9 **Adjournment from 10.43 am to 11.07 am**

10 **CHAIR:** Thank you for coming back. Tania, we're really looking forward to the next part of this
11 panel's discussion. It felt as though we're just getting going, so away we go.

12 **DR CARGO:** Thanks very much. Welcome back everybody now that we're refreshed. My mate
13 here Kath wants to have a bit of a kōrero about something that she had -- that came to her
14 mind that she wanted to talk about as we think again about what it is that our tamariki need
15 when they're in care.

16 **MS COSTER:** When a child is put into care there needs to be a screening and vetting process put
17 in place for the protection of the child, because we're seeing a lot of our children are abused
18 in care. Not just in an initial vetting. If a child is placed in a family home or foster home
19 for a long period of time, as we all know, life changes, circumstances change, stress can
20 happen, especially with the Covid situation being an example. Not only do the foster
21 parents need to be vetted, but the families that are going to be associated with this child.
22 Because we know in care a lot of the abuses are family members and friends of the carers.

23 So, to protect our children in care, to me that's the most important thing, because
24 it's – we're taking a child from a home where the child is traumatised because of the
25 behavioural patterns in the home. We're not letting them know where they go, they don't
26 know who they're going to be living with let alone not knowing what these people look
27 like. So, these children are traumatised at this stage. Then they get into a home and when
28 the social worker's there, the parent is beautiful, the home is immaculate. But things
29 change when the social workers leave, because you don't necessarily get to see your social
30 worker, from a historical point of view, unless you're breaking the rules of the foster parent.

31 A foster home can look immaculate, and they can behave very well in front of a
32 government department being a social worker. But a social worker should also be trained
33 to pick up those alarm bells and those red flags before they leave the child in the care of
34 any person, including family, because the abuse starts in the home. So therefore, if the

1 child is to remain there, there has to be a vetting process put around the family for the
2 child's protection, because we know the child is in danger. State care is care and protection,
3 not fear and no protection.

4 **MS PICKERING:** Kia ora, I'd like to tautoko that as well and add a couple more points to that.

5 The obligation of Oranga Tamariki, or any social worker, is to visit a child every two
6 months, every eight weeks. How can you get to build a connection or know what's
7 happening for the child every two months?

8 So, one of the things I believe needs to happen is more visits from the social worker
9 into those homes, whether it be fortnightly, that the social worker has to build relationships
10 with the tamariki. Because I mean – as we've all shared as survivors – is that that was one
11 of the biggest issues, is that we never got to see the social worker. We didn't even know
12 often who our social worker was.

13 So yeah, I think that needs to be looked at. I think what Kath brought up around the
14 vetting: most of the time the vetting happens once a year – okay, a lot can happen in a year,
15 you know. Does it need to be more often, and who is involved in that vetting?

16 The other thing I just want to add to that too, and it's when a child is uplifted and
17 placed in a home, I often see that, you know, it's often two, three, four months even before
18 they get to have any access with their whānau. Whether it's supervised or not, I believe that
19 it needs to be as soon as possible, because children go into this sense of “my family have
20 abandoned me”. And yes, they've made mistakes, yes, they've had, you know, issues
21 around some things that they need to deal with and manage, but, you know, separating them
22 from their whānau for that amount of time causes more trauma and gives them more of a
23 sense of abandonment, and I see that with our tamariki.

24 My thought is that, you know, within, you know, 24 hours or within a week that that
25 child has some sort of access with their whānau, even if it's supervised but needs to happen
26 to keep that connection and identity. You know, I've had children say to me, "Oh, where's
27 my Mum and Dad gone?" You know, "Why aren't I with them?" And those are things that
28 need to happen is more communication about why the children have been removed from
29 care.

30 Because that's some of the things that I've heard even over the last couple of days is
31 that tamariki don't know why they were removed. And actually, tamariki are very clever,
32 you know, we say – we kind of put them down and say they don't know, you know, and
33 they do know but sometimes they need somebody to help voice that with them.

1 **MS COSTER:** And I'd like to just add to that. Foster parents, being aware of the needs of the
2 child. You know, if you're a traumatised child and you've been in an abusive home, you
3 will pick up traits from that abuse to protect yourself. So, if a foster parent has a very
4 loving home and it's all balanced and a child that's struggling with their experiences and
5 their trauma and the foster parent isn't equipped to deal with that because they don't
6 understand that, then it's the wrong placement for the child.

7 **DR CARGO:** Dr Calvert, I wondered if you could – this is one of your many areas of expertise,
8 but whether you could kind of help us out, give us a kind of a lay person's understanding of
9 how that might look?

10 **DR CALVERT:** The first thing I think is a problem with the current system is -- the first thing
11 that I think is a problem with me is that I didn't turn my mike on – is that the current system
12 is, although it tries very hard, or it says it tries hard, is not child focused. So, you want to
13 meet children where they feel most comfortable.

14 So, on Wednesday I was in Palmerston, I can tell you it was freezing cold and
15 raining. I was walking around a football pitch with two boys who are teetering on coming
16 into care. And why was I on a field? Me, I'm nearly 70. I was there because that's their
17 environment and we could walk and we could talk, and I trusted myself as a practitioner
18 that they would not run away. We had that discussion first, and they didn't. And so, then
19 I could be with them. They actually were asking me, "What's happened in our family, why
20 are people talking about maybe taking us away from Mum?" You know, they were able to
21 do that, but they were able to come and go, you know? For a time, we sat on the bench,
22 and I took the boots that I wore, which I wore specifically because they're kind of boots that
23 kids think are quite cool, and I took my boots off and let them try them on, because they
24 wanted – they thought they were quite neat and they said, "Would you let us try them?"
25 And I said, "Yeah, sure."

26 And I think that's part of the problem with the system, is that it's not flexible and if
27 you're a good practitioner and you're working with highly traumatised people, in these
28 situations everybody is traumatised. I've been doing this for 40 years; I've hardly ever met
29 anybody that I thought really didn't care about their kids. So, it doesn't matter how messed
30 up they are, and how appalling the things they've done, these are always people who started
31 off wanting to love and care for their children. Things have got derailed, but that's where
32 they've started from.

33 So, you always have to think how can I make a space where all of these people can
34 just talk to me. I might have all these degrees and people say very nice things about me,

1 but at the end of the day I'm just another person and I want to sit down and get to know
2 them, and I want to know them from where they're coming from, and, you know, in my
3 days I've chased kids around the streets of Tauranga and Whakatāne and tried to bring them
4 into a situation, even if it was in the pokie shop, where we could sit and talk, because that's
5 where you have to start.

6 And I really agree with both Kath and Dallas, part of the problem is it's just not time
7 and child and other people focused in the system. And that's partly the pressures on social
8 workers, it's partly just how the system has developed, it's all of those things, but that's only
9 an excuse. It is always possible to find ways to engage people if that's, if you like, the
10 kaupapa that you start with: you start with the idea "I have to find a way to engage with
11 these people where they are, not where I am".

12 And I like to say – because I think it's an important thing – that doesn't mean I give
13 myself away. I'm who I am, I'm not going to engage well with people if I try to be
14 something else. I'm a 68-year-old Pākehā woman with a lot of academic creds, that's who I
15 am. So that's what I'm taking into it; I'm not trying to be something else.

16 When you can be yourself, whether you're Pākehā or Māori, Afghani, whoever, and
17 then you think I need to meet with that person on the other side as they are, then you have
18 the start of communication, and that's really what we need to do with people like foster
19 parents, their children and the family. There's no need for any child to be deprived of
20 contact with their whānau, their parents, no matter what has gone on. There's always a way
21 around that, it's just people don't want to find it.

22 **DR HYSLOP:** I'd just like to quickly pick up on those points if I may about trust and confidence,
23 that, you know, children aren't going to talk to you if they're frightened, and adults aren't
24 going to tell you their truth if their historical wisdom tells them not to trust social workers.
25 So, we need systems that break down those barriers.

26 And yeah, it's really important not to bullshit people, excuse my language, because,
27 you know, people aren't silly, you know. I really liked the point Neta made just before the
28 break, how I heard it anyway, that maybe we should remove children with the intent to
29 reconnect, rather than with the intent to kind of rescue and start all over again. I think that's
30 a really useful insight, that's what I took anyway from what Neta was saying.

31 And that business about how you develop trust with high-needs whānau, how do
32 you communicate with children in ways that are going to keep them safe, you know, that's
33 about the community stuff we were talking about and workers that are closely connected to
34 the lived experience of people they're working with.

1 So, if you're talking about funding for, you know, hapū, iwi services, Māori, pan-
2 Māori, NGO services, and authority to decide how you practise, that kind of thing that takes
3 the work and the workers closer to the people who are on the receiving end of services.

4 So, less hiding behind State authority and bureaucracy and more being real about
5 people gets better results.

6 **CHAIR:** Could I just ask a question of you, Ian, because it feeds into what you were talking about
7 earlier as well. To what extent is the building of trust, obviously it's personal connections
8 as Sarah has talked about, it's about your knowledge of the community, but is there also a
9 dimension of being able to deliver, of social workers not just making a promise that they'll
10 help, but actually being able to help and having the tools to help?

11 **DR HYSLOP:** Yeah, it's fundamental.

12 **CHAIR:** Fundamental to the trust, because you can't deliver on – however well-intentioned you
13 are, then you're going to lose it. Does anybody want to comment on that aspect of the tools
14 that social workers and others need in order to serve the needs of these children?

15 **MS COSTER:** Coral, it's really interesting you brought that up because I've got a big circle here
16 on just what you were talking about. When we look at the State, they take guardianship of
17 us, and, you know, we have necessities like a roof over our head, food and things like that
18 and I'm referring to both the social worker and to the parent in the home. Because quite
19 often as a child in State care, a lot of the stress that's put upon the child to make them feel
20 like a black sheep of the family is -- the State haven't paid for the care and the protection.

21 So when it comes to the necessities that you need, it's such a rigmarole for the foster
22 parent to get in contact with a social worker, then the social worker to realise whether this
23 child is actually entitled to this, then they've got to go upstairs, everything goes upstairs,
24 and then you get to the top of the upstairs level, and it's the same mentality that was seen
25 back in the '50s.

26 So, we see children now where someone comes in to take the child as an interim
27 until they can find a placement, we have children sleeping on the floors, waiting for months
28 for their clothing grants or beds and blankets – to me they're necessities. So, if the State
29 can take guardianship, then the social worker is the front person for the State with the child,
30 then the communication and what they promised to do, and say they will do, should
31 actually be up-kept. Because we talk about trust and if we say we're going to do something,
32 no matter what age we are and we don't do it, eventually we lose trust.

1 But as a child in care, in that particular home, it affects you majorly from a self-
2 worth point of view, a self-confidence point of view, no one cares about you, so this is the
3 platform we start to move from.

4 **MS PICKERING:** Yeah, I totally agree with that. You know, the government, in a sense,
5 become your parent. So as a responsible parent, you know, you're supposed to be
6 modelling that, and as a government, it's not being modelled. You know, I've had kids
7 where I've worked with and I've - they- have, you know, they're going on a school camp,
8 you know, I have to make sure that I'm three, four weeks ahead of Oranga Tamariki to get
9 approval to get it paid for in order for them to go to the camp. And sometimes they've had
10 to miss out because that hasn't happened. Why should it be like that? You know, our
11 tamariki are our precious taonga and as a government we're saying, "Hey, we want to give
12 you care and protection and give you the things that you're not getting from your own
13 whanau" – but we're missing out on those resources and the basic day-to-day- stuff.

14 And foster carers have to fight for it, and why should they? Whānau have to fight
15 for it when children are placed in their care. I've seen children placed with whānau and
16 eight weeks later they're still waiting for Oranga Tamariki to approve them as a caregiver to
17 give them -- and to give some pūtea or clothing in order to be able to look after their
18 tamariki. And then you're wondering why whānau don't want to step up.

19 Now I know it's the not all about the money, but actually, if you're saying that you
20 value these tamariki, then you'll put in the resources and you'll follow through and you'll
21 say – just like Kath was saying – children want to know that you're going to say what
22 you're going to do. If you say you're going to do something, you've got to do it. Because
23 that's where trust is broken. Tamariki in care, their trust has been broken and if we as a
24 government – I'm not government thank goodness – but as a government organisation, we
25 have to be reciprocal in that, you know. And I like what Tania was saying about that, it's
26 about that trust, you know, if we can't build that trust then what are we doing.

27 **COMMISSIONER ERUETI:** Is there an alternative to not going to the social worker because
28 there is that mistrust and, you know, history of delay, not responsive – and what would the
29 alternative – Is there an alternative? – I've heard of ideas about resourcing iwi and hapū to
30 provide sort of advocacy services and support services, so you're not going back to the
31 Ministry (the social worker is representative of the Ministry) – as an alternative; so just
32 searching for solutions really, for alternatives for what's not working now.

33 **MS PICKERING:** I'm not sure if I can answer that, but I think, you know, I think it's ensuring
34 that the process, you know, whether the money goes to iwi or to organisations, that there is

1 an easier process for that to happen. You know, and that there is a – you know, yeah.
2 I guess what I see particularly in South Auckland, I think we've got 280-something services
3 – I talked to you about it the other day – and they're all kind of vying for pūtea, for money,
4 you know, and there's restrictions on that. And, you know, do we need to streamline that in
5 order to make sure that the right people are getting the right support? yeah.

6 **COMMISSIONER ERUETI:** That seems to be a very popular theme about, you know, making
7 sure the resources go to where they're needed the most, and whether that's actually
8 happening or not is unclear it seems; it doesn't seem to be happening.

9 **CHAIR:** Kei a koe Tania.

10 **DR CARGO:** I was just looking at whaea, she looked like she put her “go” button on, is that right
11 whaea?

12 **MS KERPETI:** Kia ora anō. Again, this is my own point of view. I think that this country, that
13 this nation has created an industry around child welfare on the backs of the child, the
14 children, the families, whānau and communities, that children who have ended up in State
15 care come from. And I've asked myself, including when I gave my affidavit at a hearing
16 with respect to abuse in State care a year ago in this same space, I've thought about that,
17 and I've thought about lightly all the hearings that have happened since then to today.

18 And the resource, the investment into this process, the investment into the
19 Commission and its role, and I just want to say about that industry, that whatever
20 happens -- and this is part of my answer to all three questions – that whatever happens
21 beyond the role and the job of the Commission, that those of us gathered here today and
22 those that sit in other spaces and places who have some level of influence, that I implore
23 you to use that influence, to demand and to expect that that does not continue, that that
24 industry does not continue to grow and to flourish on the backs of the abuse of children.

25 And that also requires that some of us need to recognise when we need to get out of
26 the way. When we are failing the very people that we've been charged with responsibility
27 to care for, to look out for, and to protect. If we fail to recognise our own failure, we're not
28 protecting anyone. That's industry.

29 I agree with a lot of what's been said around the detail of trust and confidence and
30 selection and monitoring of caregivers, families who foster. But that's all part of the
31 industry I'm speaking about. And learning and recognising where that industry is failing, it
32 takes courage and some bold action to get out of the way.

33 And we talked, you heard the panel and myself included talk a bit earlier about the
34 temporary nature of foster care for a child, from birth to 17, 18, 17. And so when that child

1 becomes an adult, how those years prepare that adult to return to the people that they come
 2 from, recognise our failings, remove ourselves and allow those better equipped, those that
 3 know where the child was uplifted from, those that know where that child – as an adult – in
 4 order to have their identity, you know, given the mana that is their birth right and their
 5 ultimate return and reconnection with their own people. The idea around that industry – all
 6 industry does is make people wealthy and keep others poor, economically, culturally,
 7 spiritually, emotionally. Kia ora Tania.

8 **DR CARGO:** Kia ora whaea, we're getting down to the hard end of the whare, so to speak. How
 9 are we going to sustain these changes, these needs, how do we protect them when that
 10 heinous thing has happened and our mokopuna are no longer safe.

11 **MS COSTER:** Cultural attachments. When children are of Māori descendancy and placed in
 12 Pākehā homes, there is no cultural attachment to what that child has been given at birth.
 13 And our foster homes, our foster parents are not just -- I'll rephrase that – our foster parents
 14 are actually taking our culture away from us, especially if they are of another culture.
 15 Which means that the child grows up, goes through life never knowing who they are,
 16 culturally there's something missing – they don't know what it is because it's a spiritual
 17 thing, and later on in life when they're an adult they step out into the big world by
 18 themselves without any protection behind them and they still don't know who they are.

19 Our children need to be placed culturally where their culture is. Because that's their
 20 birth right as a child and that's why we come from all parts of the world.

21 So, we talk a lot about the Māori culture, but let's not forget the other children that
 22 are sitting in our system that are not of Māori culture, because it's a flipside of the effect.
 23 But if you're a Pākehā child and you go to a Pākehā home, you'll be accepted a lot easier
 24 than if you're a Māori child that goes to a Pākehā home, because you stand out like needles
 25 in a haystack. And that affects your self-esteem, your self-worth, your self-confidence,
 26 your emotions and most importantly your spiritual journey that is with you for the rest of
 27 your life.

28 **DR CARGO:** I'm not going to let you off the hook there Kath. How might those foster parents do
 29 that? What might the people with the pūtea, how they might be able to support that?

30 **MS COSTER:** We have enough cultural activities out there. New Zealand now, from a Māori
 31 point of view, is a lot more prominent than what it was in my day growing up as a child in
 32 care. So therefore, we have kapa haka, we have – what do you call them, the top people,
 33 the Māori – there's – another word for it – but they're in schools now where they have a
 34 whānau class. And from experience I know this works, and the reason why I know this

1 works is because there is a 29-year-old woman sitting in OT [Oranga Tamariki] – not OT,
2 sorry, University of Otago – with te reo because she was placed in a school where someone
3 could provide her with what she culturally needed because she was not able to get that at
4 home.

5 And when we look at foster homes, the word "home", that's our home, that's got to
6 be our security. So, in 2022 we have those things out there, but we still don't use them.
7 And it's really important to be using those things alongside our systems.

8 And the other thing I need to just jump to, because I'm going to get my say today,
9 when you're in a foster home and you're moved because for whatever reason, and there's no
10 other foster home and you're put into an institution as a transition, when you have two
11 children that come from the same home, same trauma, one will look after the other. So,
12 you will do more damage by putting these children in an institution in two different cells,
13 because now not only has their family gone but so has their protector, which creates a
14 whole lot of more trauma which the people that are running the institutes have to deal with.

15 **DR CARGO:** I'd be interested in people, because we've heard, you know, about the parents and
16 that, but what we know is siblings have the closest connection to their siblings. Any of the
17 panel members interested in having a kōrero about that?

18 **MS PICKERING:** Where do we start with that? I think, you know, it's really evident that, you
19 know, you probably think about it in your own family, you know, you may not, you know,
20 you'll be close to your parents, but actually your siblings, you usually carry on through
21 generations having close relationship with them, and if you haven't had that, and I guess
22 I give an example, that I wasn't brought up within my own family and I now, you know, am
23 connecting with my Dad's family. But I still feel like I'm an outsider, you know, and that is
24 something that I have to -- it feels like I have to fight for that relationship. But actually, if
25 things were put in place for me as a child, I wouldn't have to continue to fight for those
26 relationships and feel like an outsider.

27 You know, and so keeping those whānau connections are just so, so imperative in
28 order to, you know, because I think, Ian, you talked about it, when tamariki leave care – or
29 Neta talked about – they will naturally go back to their own whānau, they will naturally be
30 seeking that. And if they haven't had those connections, how are they going to build those
31 relationships and not feel like an outsider? I think we've got to keep fostering relationships
32 with siblings right from the beginning, and if they can stay together, let's make it work, let's
33 make it happen. Yeah.

1 **CHAIR:** I have to say there, that some of the most moving and affecting evidence and the
2 accounts of the survivors we've had all week, the ones certainly moved me most deeply was
3 that loss of attachment to beloved siblings, sometimes for life, and the pain of that is etched
4 on the survivors to this very day. I think those of you who have been through it will know
5 that better than I could ever say.

6 But I'm interested in that and mindful of the evidence we heard from Dr Calvert and
7 Tania and others, there seems to be a strong attachment, if we're going to use that word, as
8 much as with siblings as it is with parents, and other caregivers. Would you agree with that
9 Sarah?

10 **DR CALVERT:** Absolutely. I mean I think that -- I mean our sibling relationships are often the
11 longest lasting of all our human relationships if you actually stop and think about it. And
12 so -- and you grow up with them. And so, when you're not taken into care you just -- you
13 have that lived experience that weaves in and out of everyday life. And when you're taken
14 into care and you are disconnected from your siblings, you're very unlikely to find another
15 person with whom you can build that particular kind of relationship, which is so sustaining
16 for us as human beings.

17 So, the loss of sibling connection when children are in the care of the State is, I
18 think, something that absolutely should be fought hard against by the State and by social
19 workers on an individual level. But in fact, the State has made choices in resourcing that
20 have absolutely had the opposite effect on siblings. We used to have special purpose
21 family homes in which whole families lived together – it was not ideal, they had caregivers
22 and there were attendant difficulties with caregivers obviously – but at least children got to
23 live with their sibling group. But we don't have that facility anymore, and children are
24 often separated, sometimes kind of in a kind of falling tier system where one child goes and
25 then another child goes, and that's just an overwhelming sense of loss for a child, and
26 highly anxiety producing. Will I be the next one that goes somewhere else on my own?
27 That's a terrifying thing for a child.

28 **DR CARGO:** I'm looking at you, Ian, because you've been too quiet buddy, come on, earn your
29 lunch.

30 **DR HYSLOP:** It's really important to keep brothers and sisters together if you can and it's
31 criminal when OT [Oranga Tamariki], organisations like that, say we haven't got the
32 budget, we haven't got the space to place kids together – because of the harm that you're
33 doing. I remember years ago when I was a young social worker, 25 probably, removing or
34 being involved in removing four or five kids from a family, it was a very difficult situation

1 of alcohol and violence and problems that probably weren't going to change – Pākehā
2 family for what it's worth. And, you know, things aren't smooth in this area of policy and
3 practice. When I almost finished after 20 years of being a social worker, this smartly
4 dressed young woman turned up -- I was telling someone in the corridor before -- about 30
5 odd, you know, had an office job and she said, "Look, I just want to thank you. I've looked
6 up my file and I see that you were the social worker involved in taking me out of home all
7 those years ago." We managed to get a special purpose family home system set up where
8 they were cared for consistently.

9 I mean it wasn't perfect, one of the brothers [GRO-C], you know; she had the pain
10 of that. But she said to me, "I was scared, frightened every day of my life and getting out
11 of that home and those guys that used to come around." You know, that had made such a
12 difference for her, and they've grown up, the siblings were really tight, they've grown up
13 together, you know? And if you're saying well that would be nice but we haven't got the
14 resources to do that, well that's not good enough, is it?

15 **CHAIR:** Does anybody think about what it's going to cost and the impacts to those damaged
16 individuals? Because that's something's been exercising our minds. Everybody says
17 resources, resources at this end, but what about the resources at the other end, both in terms
18 of loss of life, imprisonment, social deprivation, drugs, alcohol, to which we are pouring
19 resources now. I'm being a bit of an advocate here, but I'm just telling it as we see it. I just
20 wonder can you comment on that, where is the money best spent?

21 **DR HYSLOP:** Well, it's that, you know, top of the cliff bottom of the cliff thing, isn't it? I went
22 to a seminar thing one day, they were talking about -- someone was just drawing diagrams,
23 you know, of people, you know, sort of falling off the edge of the cliff, the State rescue
24 services coming along, picking them up in ambulances driving them on a bit and throwing
25 them off an even steeper cliff, you know. And yeah, the intervention historically is often
26 more damaging than the initial situation that kids are in. I mean, you know, Neta said, it's
27 an industry. It can be if it's focused on servicing social need in that way and in a way
28 reproducing social need as well rather than addressing causation.

29 **COMMISSIONER ALOFIVAE:** One of the themes that I think is coming through really
30 strongly in terms of – and we're talking about our young tamariki that are in care – is the
31 lack of values, so you have a system that is premised on values, but they don't necessarily
32 live out their values in the practice. And the child who is supposed to be valued is not
33 valued.

1 And I'm just wondering, wanting to hear your views on it, is part of it because of the
2 language and the lens that they look through? So, if you looked at the child, and we call
3 them child's rights but in actual fact your cultures, your language, your siblings, they're
4 actually all part of your inheritance, so we don't look at it in terms of that lens. Whereas if
5 we did, that could actually tip the culture of the organisation to actually then operate
6 differently. Because I think we're always going to have pressures on budgets and
7 everything else that comes with a system, but if you think about how – we've talked about
8 how do you stop them from coming into the formal system.

9 So, if we've recognised the psychosocial stressors that you've all talked about and
10 possible solutions around that which has been very helpful for us, any comments around
11 actually what we could be doing more than as a society? Because we say it doesn't just rest
12 with -- it doesn't just rest once the kid comes to care or that all of a sudden people are
13 scrambling to make things work. Just some reflections maybe.

14 **MS PICKERING:** I just want to share like, I know – I think as a New Zealand culture we have a
15 really negative view of children, you know, and we don't value them as taongas, and I think
16 as a nation that needs to change, you know, and we do that by, you know, labelling kids in
17 care, you know. Yeah, and I guess it's an ongoing faction that I kind of think about, it's
18 like, how do you create a whole change of how we think about our tamariki, and also our
19 whānau, you know – you're talking about whānau that are isolated – how do we bring those
20 values and cultures back together, and, you know, start at the ground level about valuing
21 whānau and bringing it back to – because the family are the building block of our society,
22 but it's got to go up the levels as well within the government departments. Yeah.

23 **DR CARGO:** Sarah, do you want to talk about, because I sort of am trying to restrict myself so
24 I'm doing this selective questioning that I've learned from Cookie. Sarah, do you want to
25 talk about, you know, what is it about that relational piece and maybe, you know, what's the
26 economic cost if we put money into that first three years.

27 **DR CALVERT:** I think there's plenty of evidence that says if we put money in at that end and we
28 really work to affirm family and whānau and the care of a child at that stage, and we do that
29 knowing when things are not going to go right what we need to do then, then I think there is
30 a definite long-term positive outcome from that, and, you know, there's plenty of research
31 about that.

32 I guess one of the things I'd like to say is one of the difficulties once a child is
33 removed is that the relationship will never be quite the same, even if it gets repaired. And

1 there's plenty of this -- of the accounts by survivors to this Commission that have pointed
2 that out.

3 And so the work needs to be to try and not to ever get to that point, to continue to
4 work with the relationships. Relationships are day-to-day-, moment-to-moment thing that
5 we all experience. So, when there's the kind of sharp cut-offs- that people have talked
6 about, Kath talked about, then you always are going to have to do a repair and it's always
7 going to be a repair, there's always going to have been a harm. So it's much better to put
8 things in at the beginning, and -- but, you know, all through a child's life there are golden
9 opportunities to intervene to repair some of the damage and again, we could build a system
10 that looked at where are the -- when's the next opportunity and let's start working towards
11 making that opportunity be the one that turns everything around, rather than, as many of us
12 have seen in files, we've worked on the constant cascade of opportunities lost, more
13 damage gets done, and off we go again on another traumatic experience for a child. We
14 need to have much better ability to use foresight to intervene wherever there's an
15 opportunity for something to make the situation better, and to strengthen the environment
16 for the child – but the relationships that the child or children have with others.

17 **DR HYSLOP:** Just to add quickly, I think it's that part-- of it is that connecting the big picture and
18 the small picture stuff, so supporting whānau and community and better, more accessible,
19 social services that are based on trust and relationship are all really important. But the big
20 picture settings are important as well, you're talking about wages and benefit levels, which
21 are still way too low, housing, education, deprived communities, you know, the clients, the
22 people who lose kids to the welfare system – I've written this, you know – it's poor, young,
23 brown women parenting in relative poverty without a lot of social support, you know, and
24 that poverty and that social support, both of those things need to be addressed and that
25 happens at the, you know, practice and service level, it also happens at the policy level with
26 the State, and the kind of economic system that we want and the levels of inequality that
27 we're prepared to tolerate in this society. So that needs to be addressed as well.

28 **CHAIR:** And we talked, didn't we, during your evidence, Ian, about the possibility, the hope that
29 there might be some sort of political consensus about this, so it stops being a cyclical –

30 **DR HYSLOP:** That would be a good thing.

31 **CHAIR:** A cyclical election driven kaupapa and a child -driven- - rather- than – made a child
32 driven kaupapa-.

33 **DR HYSLOP:** Yeah.

1 **MS KEREPEPI:** I'm mindful of the time, but we talked about -- you asked a question about
2 where do we put the resources. Reflecting on something I mentioned earlier about if we
3 see, if we choose, and we can choose to see a child as bad and the situation they've been
4 uplifted from is only bad, and we choose not to see anything good about that child or where
5 they come from, to me is a little bit like saying that -- it's a little bit like seeing that it is
6 only the State that has something good to offer.

7 I don't believe that. We can choose to see the places and spaces, the people, the
8 communities, the families, whānau, hapū, and others, that children come from as being far
9 more capable and having greater capacity than the State to care for their own. We talked
10 about trust and confidence: where is our trust and confidence when the State – and there is
11 evidence to show it – has failed and continues to?

12 So, the industry that I spoke about earlier, surely, we're not looking to recreate
13 something that isn't quite the same but has the same tenets. We can't trust whānau to look
14 after themselves. We can't trust families and communities to care for their members. We
15 can. We have to choose to want to do that. We have to be willing to share power and
16 authority and responsibility and resource. Can you imagine, because I can, the investment
17 of resource into the Commission and the role that it plays, and it's a significant role and it
18 helped bring to the fore people's lived experiences, people's stories from the child abused in
19 State or faith-based care. Can you imagine if the resource invested in this process in the
20 Commission were invested directly into the survivors of the abuse experienced in State or
21 faith-based care? There is huge potential and even greater possibility.

22 So, if you are someone of influence, again, I'm going to implore you to think about
23 how you deinstitutionalise and you deconstruct the industry that's been built on the backs of
24 the abused child and the people that they are drawn from.

25 **DR CARGO:** Kia ora whaea.

26 **MS PICKERING:** I think I just want to back up that a little bit: where, you know, we see
27 intergenerational abuse, you know, I think seven, five to seven generations of abuse
28 happening and, you know, I agree, tautoko how many of these whānau have been through
29 State care and it hasn't worked out for them? How much of those families have been
30 through the health system, the prison system? I know we've talked about that already.

31 But also too, how much of those whānau have actually made significant changes in
32 their lives and actually could take on the care of their mokopuna, they've done the work,
33 they've done the healing, and then, but they're denied because of their history. You know,
34 and it's like actually, we should be supporting reunification wrap-around support for that

1 whānau and taking it back to the next generation and saying, “Hey, you know, we
2 acknowledge the journey that you've been on, we can see that you've done the mahi to heal,
3 hey and we can see that your mokopuna are struggling.” Why can't we put them back in
4 the care as long as it's safe?

5 **DR CARGO:** Kia ora, I'm just looking at our leader over there and she's giving me the eye.

6 **CHAIR:** Would you like to sum up Tania?

7 **DR CARGO:** I'm not going to do it justice, but I think we're all trying to row the waka in the
8 same direction, and that is really, for me, the key points of being – listen to the child and
9 hear the child's voice, it's about connections and it's not just about the whānau and
10 connections, but it's about the people who are working for the services to be able to
11 connect.

12 The third one that I think is about the resourcing, and I don't know what that looks
13 like, but it certainly looks and has to be different. And the last one for me really is, it's time
14 to throw things out. You know, we can't just do – I love the way you put it, whaea, we can't
15 just give it a new name, throw some new beautiful money into the booklet and photograph
16 a few Māori kids looking happy and that will make the difference. It's a tough wero and I
17 know, having been at the Māori inquiries, that we also need to stand up whānau, you know,
18 there are many of us who have resources and we could help our own. We've done it in the
19 past, we may need to teach those processes again. And yeah, those were the four things I
20 had, so I'm interested what else you had, because ultimately what you say is important.

21 **CHAIR:** Thank you for that, kia ora. Can I just say that I don't know if you planned it, but we've
22 just had the most beautiful segue into this afternoon's session.

23 **DR CARGO:** We planned that.

24 **CHAIR:** I know you did it deliberately. The last question, the last pātai in that – this afternoon –
25 is, “What entity, State or other, would best address the needs of a child who must be placed
26 in alternative care?” It goes to what Neta's saying, is there another way et cetera.

27 So, we'll go there, but before we go into the afternoon, may I extend most sincere
28 thanks on behalf of the Commission for the, well, the work you've put in. It's quite obvious
29 you've all thought very deeply and carefully about this, but your courage and fortitude in
30 sitting there and presenting those views so articulately and well, to not just here but to the
31 whole of Aotearoa New Zealand, and the wisdom and the insights and the courageous way
32 in which you've spoken has been so appreciated. I hope you'll be able to stay this afternoon
33 and listen in to the rest of it, but in the meantime can we express our deep gratitude to you

1 for everything that you've done for us so far, both here – around – I know that each of you
2 has contributed to our work in other ways, so thank you very much. **[Applause]**

3 Before we leave, just to remind everybody, that this afternoon, if you are on the
4 panel, this is who you are, just to let everybody know; that the facilitator will be Ian who
5 you've already heard from, our panel members will be Mr Fred Williams, Dr Moana
6 Eruera, Lady Tureiti Moxon, Dr Val McGinn and Alison Mae. If they could present
7 themselves for service, just before 1 o'clock that would be much appreciated. Kia ora tātou,
8 enjoy your lunch.

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