

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

Under The Inquiries Act 2013

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

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

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

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TRANSCRIPT OF PROCEEDINGS

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

2 **[10.04 am]**

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

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

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

10 A. Yes.

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

12 **DAVID NEWMAN (Affirmed)**

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

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

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

20 **Q.** Sure.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 mention anything about that?

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

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

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

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

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

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

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

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

1 behaviour.

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

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

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

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

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

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

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

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

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

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

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

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

1 but somehow had a job at Kimberley.

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

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

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

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

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

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

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

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

22 **Q.** Yes, sure.

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

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

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

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

1 mentioned that.

2 What did you make of that response from Kimberley?

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

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

7 A. Sorry, was it?

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

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

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

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

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

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

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

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

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

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

29 Q. Why was that?

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

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

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

- 1 nurse of ward seven. The psychiatrist then reiterated what he had earlier said to me. A
2 conversation between the two men ensued and it was music to my ears to hear the charge
3 nurse say, "I'm sorry, sir, but none of this is true.", "Then where did this report come
4 from?", "I don't know, sir", was the response."
- 5 **Q.** And just for context, David, so I understand this matter that your mother was discuss ing
6 was relating to a report that Murray had returned to a day programme at Kimberley, have
7 I got that right?
- 8 **A.** No, I'm not 100% sure, the day programme was referenced there, but it's obviously a report
9 which the medical superintendent doesn't appear to have verified and wasn't true.
- 10 **Q.** Just have a look at 5.61 on the previous page.
- 11 **A.** Okay. Okay, I beg your pardon, it may be, I'm not sure.
- 12 **Q.** I guess what did you or your mother make of that incident, if you like?
- 13 **A.** I think for mum, it reiterated what was constantly happening for her. The pushback that she
14 continually had with the medical superintendent, but I mean, fortunately she was vindicated
15 by the charge nurse coming in. I mean if he hadn't at that particular point in time then it
16 was mum's word against the superintendent's. But even the fact that this report was written
17 and presented, it just seemed to point to some,-- a cover-up.
- 18 **Q.** Were parents encouraged to go and visit at Kimberley?
- 19 **A.** I understand not. Again, parents, when they left their child at Kimberley, were, you know,
20 were told that "we are the experts, we'll take care of your child" and I understand that
21 generally they weren't encouraged.
- 22 **Q.** You've mentioned earlier the involvement of the official visitor, Anne Thorpe, who a ssisted
23 in relation to Murray's medication, finding out some information about that. Can you talk
24 about a meeting, another meeting with the medical superintendent about that? I can assist
25 you if you like.
- 26 **A.** Thank you.
- 27 **Q.** I guess first, yeah, do you recall that?
- 28 **A.** Only from the point of view of what is written in the book.
- 29 **Q.** Sure. I might ask you to refer to another extract from the book then which is in your
30 statement around paragraph 5.71. Do you want to just have a read of that to yourself and
31 see if that helps?
- 32 **A.** Okay, okay. So yes, so when Anne found out the strength and the dosages of the
33 medication, the doctor, medical professional who told her what they were, said that "if you

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

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

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

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

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

9 **Q.** And was it?

10 **A.** No.

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

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

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

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

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

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

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

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

1 A. Yes please.

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

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

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

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

7 Are you all right David?

8 A. Yes, I am, thank you.

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

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

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

17 A. Yes, yes, correct.

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

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

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

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

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

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

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

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

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

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

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

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

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

18 **A.** Sure.

19 **Q.** So roughly.

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

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

22 **A.** Yes, yes.

23 **Q.** Thank you.

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

31 **QUESTIONING BY MR THOMAS CONTINUED:**

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

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

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

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

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

8 **Q.** What about medication?

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

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

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

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

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

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

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

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

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

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

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

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

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

14 A. Yes, yeah.

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

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

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

20 A. Thank you.

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

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

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

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

1 Paul Milner. He is happy to take the affirmation before we start.

2 **CHAIR:** Thank you for coming and being available to give evidence, we appreciate that. Would
3 you take the affirmation please.

4 **PAUL MARK MILNER (Affirmed)**

5 **QUESTIONING BY MS THOMAS CONTINUED:** Thank you, can you please tell us your full
6 name?

7 A. Paul Mark Milner.

8 **Q.** Is it accurate to say that you are also a failed retiree?

9 A. Completely accurate, Ruth.

10 **Q.** And you have previously been a disability researcher?

11 A. Yes.

12 **Q.** Prior to your work as a researcher at the Donald Beasley Institute, you had been a
13 geographer and you'd taught at the University of Otago and you'd also done some work
14 supporting people who were moving out from Cherry Farm; is that correct?

15 A. That's correct.

16 **Q.** Do you have a memory about one of your first days supporting people leaving Cherry
17 Farm, moving out into the community?

18 A. Sure. So actually I can't remember the dates.

19 **Q.** You don't need to worry about dates.

20 A. No, no, my involvement in the disability sector, I tumbleweeded into it, gosh, when I was
21 quite young, but I had worked for a service that was resettling men and women from
22 Cherry Farm, which is a local institution in Ōtepoti, Dunedin, and on the very first day, as
23 five men who thought they'd played their get--out--of-jail card began to claim their
24 bedrooms, somebody I knew from a former life, they were a mental health service user, was
25 attracted by the furore and came across and leaned into the window and saw a man who
26 was clearly, some might say struggling, but it was part of who he was, who had mania, and
27 he leaned across the fence and he said to me, "Paul, when I look at that man- I see 100%
28 man", and gosh, from,-- I think probably from that date onwards I was always deeply
29 suspicious of places where the prerequisite to entry was that you be at least two standard
30 deviations away from 100% man.

31 So that was my first day in disability service provision.

32 **Q.** So that is a lesson that you've taken with you ever since?

33 A. It is, yeah.

- 1 **Q.** I just do need to ask that both of us speak as clearly and slowly as possible so that the sign
2 interpreters and the stenographer can capture everything.
- 3 **A.** Sure.
- 4 **Q.** And then at some point you did start working as a researcher for the Donald Beasley
5 Institute and you worked there for 17 years. Why did you choose that role?
- 6 **A.** Tumbleweeding is my habit. I think it would be fair to say that I burnt out of service
7 provision, I lasted nine and a half years, which I think is about three times the average.
8 I burnt out, I guess it's kind of inevitable if your engines are fuelled by something of
9 disquiet and the odd moment of outrage, and so I left.
- 10 Yeah, I'm a leaper rather than a looker so I leapt out of services at that point and
11 tumbleweeded into the Donald Beasley Institute thereafter.
- 12 **Q.** You said that you were outraged through your work in the service provision work, what
13 were you outraged about?
- 14 **A.** Perhaps "outraged" is too heavy, but in, -- so the deinstitutionalisation of Cherry Farm came
15 quite early in the deinstitutionalisation process, and I worked in a service that started from
16 scratch, and so it tended to be a heart driven - service, it was led by people who knew and
17 cared deeply about the people who were moving and were determined to make a better life ,
18 a life that they felt they were owed. And then over time the kind of services become bigger
19 and the big decisions about people's lives become made at a distance from a relationship
20 and knowing, and I think, too, that, you know, the kind of, -- over time they became
21 bureaucratised and process driven in a way that it was easy to forget that it was your role to
22 help people to become -self made- men and women, people could become chattels of
23 service delivery moved about, and so, yeah.
- 24 **Q.** So when you first started your role as a researcher, how did you initially feel about that role
25 and did that change over time?
- 26 **A.** So it wasn't an easy fit to start with, I think I had a healthy dose of imposter syndrome in
27 the first place but also given what I said about the 100% man, I worried, I worried
28 that -- about places where the prerequisite to entrance was 100% man, and so I worried that
29 the researchers' gaze was just another form of othering.
- 30 **Q.** Right.
- 31 **A.** But what I came to learn quite quickly is that ethically conducted research and in particular
32 inclusive research can give people with learning disabilities the tools and the information
33 that they need to effect meaningful change. And I think the Donald Beasley Institute

1 pushes the envelope in this respect and they rightfully deserve their reputation as leaders in
2 ethically conducted research.

3 **Q.** Thank you. Through your work as a researcher, you have carried personal stories of
4 people's life experiences with you. Why did you choose to share these stories with the
5 Royal Commission of Inquiry?

6 **A.** A simple explanation, Ruth, might be that most of them, men and women I met at
7 Kimberley have now passed and so we have lost, we've lost their stories without an orator.
8 But that would only be less than half the truth. The real reason I was motivated to meet
9 Thomas and Nathan was because they had,-- the people that I knew had become so
10 acculturated to Kimberley that I don't think they'd have recognised what they experienced
11 as abuse, and so we would have lost their stories that way.

12 **Q.** Right.

13 **A.** I don't think they would have appeared today even if they had have lived.

14 **Q.** Thank you. I'm just going to check whether the pace is okay. Just.

15 In addition to your own recall of your interactions with people at Kimberley, what
16 else have you drawn on as you've worked together with the Commission on your
17 statement?

18 **A.** So my statement is something of an amalgam. As you say, it's in part driven by kind of
19 personal experiences and observations that I made while I was at Kimberley but it's
20 also -- I've tried to contextualise it with some of the formal findings from the research
21 project that we were conducting at the time.

22 So, at the risk of over-spruiking the Donald Beasley Institute, both the long and the
23 short reports are available on the Donald Beasley website.

24 **Q.** And so you've drawn on the research reports which you were one of the authors of. Do you
25 have those reports there just so the Commissioners may see what they look like?

26 **A.** Sure, yeah. So this is the short abbreviated report, a kind of insult to the complexity of an
27 institution.

28 **CHAIR:** What's it called?

29 **A.** So "An outcome of the resettlement of the residents from Kimberley Centre".

30 **Q.** Thank you.

31 **A.** So this is the long report, but both are downloadable from the Donald Beasley website.

32 **QUESTIONING BY MS THOMAS CONTINUED:** When were they published?

33 **A.** 2012, I think. Sorry 2008, 2008, yeah.

1 **Q.** Thank you. So when you first started with the Donald Beasley Institute, you were assigned
2 specifically to work on the Kimberley Project; is that correct?

3 **A.** Yes.

4 **Q.** Can you please outline for us what was the purpose of this project?

5 **A.** So Kimberley was the last of our major institutions to close, and when it shut its kind of
6 doors in 2006 it brought to an end what had been a significant policy shift for the State, it
7 effectively ended the long history of State care of people with learning disability. And so
8 prior to it, it represented our very last opportunity to catch a closed population whose lives
9 were going to be bifurcated by the two dominant models of support. And --

10 **Q.** When you say bifurcated can you just explain what does that mean?

11 **A.** Sure. I think this is going to happen a wee bit.

12 **Q.** It's all right. It's just so we can all grasp your important evidence.

13 **A.** Yeah, sure. So bifurcated means kind of branching in two directions. So at the time
14 Kimberley was closing there were two model, dominant models of care: There was the
15 institution, the total institution, which through the work of the Commission that we know
16 that at certain places in the history, 40% of people with a learning disability found their
17 way to. And then the other model, of course, was-- the dominant model was the
18 community group home.

19 So these were the two models. But interestingly enough, deinstitutionalisation
20 added a third. And so as part of a concession to families that were concerned, we
21 developed an onsite cluster housing at Templeton and offsite cluster housing at Kimberley,
22 and so we added those as a strand in the research as well.

23 **Q.** So there was an option of cluster housing, onsite or just close to Kimberley, onsite for
24 Templeton?

25 **A.** Yeah, for Templeton and for Kimberley.

26 **Q.** And there were community group homes throughout New Zealand?

27 **A.** Yeah, already established. The service that I worked in, of course, had to establish to
28 evacuate Cherry Farm, yeah.

29 **Q.** What were you and your research colleagues aiming to document through this research
30 project into Kimberley?

31 **A.** Okay. So the real purpose of the research was to build as comprehensive a picture as we
32 could of life of Kimberley. To do that, we used a range of both objective and, you know,
33 kind of qualitative and quantitative methods. And so we took into the -- we took into our

1 research a kind of forensic look at people's files, we looked at --we used a quality of life
2 measure, we used a measure of choice making- to determine people's level of self-
3 determination-, we used an adaptive behaviour scale, but perhaps the most potent of the
4 tools that we took in were a running record of observations of what people were doing
5 moment to moment, and also the narratives of people themselves and their, -- the staff who
6 were identified as a key worker and the families of the men and women who lived there.

7 And so the idea was that we replicate, we take the same battery of measure and see
8 what life was like six months and then 12 months after their resettlement.

9 **Q.** Right. So all of that gathering of the data would happen through your observations and
10 work in the Kimberley setting and then you'd do all those same measures again six months
11 later and 12 months later in the community homes that people were then living in?

12 **A.** Yeah, in the vernacular of research it was a mixed method approach, kind of, known - it
13 used a prospective research design. So prospective means -forward-looking-, and so it's
14 one of the very few research,- most research conducted on institutions is retrospective,
15 it's- people going back to reflect. Here we had an opportunity to catch it prior to the move.
16 So yeah, it's unique in that respect.

17 The other unique aspect of it is people became their own measure of change. We
18 were able to see for each individual there what this moment, significant moment in their
19 lives meant.

20 **Q.** During that research and the collection of all of that data, did you see a missed opportunity
21 with some of that data that was collected?

22 **A.** In the context of the work that the Commission is doing, you know, the kind of broad
23 objectives of the research meant that, - and also- the constraints of ethical approval in terms
24 of we could only work with those that we had consent to, meant that we couldn't properly
25 kind of drill down or interrogate, you know, the kind of systemic abuse or the kind of
26 narratives that we heard in place about moments, yeah, about incidents of abuse.

27 **Q.** On a practical level, just so we all understand, can you take us through how did you
28 actually undertake this research project in terms of how often were you visiting Kimberley,
29 how long did you spend there, what was your role in that?

30 **A.** Okay. So the project itself ran I think for just over five years, and so we followed people
31 through -- so we were at Kimberley I think for about three and a half years and when it
32 originally began the intention was to be there for every week, for a week of every month. I
33 think towards the end we may have drifted towards once every two months. But in a sense

1 that gave it a kind of ethnographiquesque attribute too. Whilst we were clearly there as
2 researchers, after two to three years you kind of became part of the landscape of the place
3 itself, we kind of became a little less visible, yeah.

4 **Q.** In your statement you've said that when you arrived at Kimberley there were some chatter
5 or some comments about physical abuse such as hosing downs or the Kimberley cringe.
6 Can you please explain to us what do you mean by those terms?

7 **A.** Sure. I could have,-- jeepers. Those kinds of disclosures kind of punctuate a lot of
8 conversation. They lie just beyond the surface of asking. So I could have chosen any
9 number, but,-- so the hosing down, staff would tell you that their remembrance of people,
10 the fire hydrants being used on people as a form of punishment, and the Kimberley cringe,
11 some didn't know, but there was this kind of common understanding that for some people if
12 you walked up to them really quickly they would cower and cringe, the clear implication
13 being that they had been assaulted previously and in the vernacular of Kimberley this was
14 kind of known as the "Kimberley cringe".

15 **Q.** So you've just described some examples of physical abuse that many New Zealanders
16 might feel shocked by, but in your statement you have said that the overt physical abuse in
17 an institution is just the tip of the iceberg. What do you mean by that?

18 **A.** If I could go backwards to go forwards.

19 **Q.** Sure.

20 **A.** No, that's fine. Like, I think the point about the stories are that they kind of normalise
21 physical abuse as part of the legacy of an institution. You know, they become part of the
22 vernacular and expectations of an institution.

23 In terms of,-- I said tip of the iceberg; that is what I said, isn't it?

24 **Q.** Yes, and then you referred to what you saw as the real insult of the institution.

25 **A.** Yeah. So to me that's a smaller part of the story. To me the real insult of an institution is
26 the kind of depersonalisation, the kind of social construction that people live in, including
27 their seemingly purposeless lives that kind of make the events that we more readily
28 recognise as abuse almost inevitable. It's part of the second layer of that ecology of abuse.
29 We talked before about abuse, the fiction of abuse being just a moment between a
30 perpetrator and a victim, when in reality it's supported by a whole culture and social
31 understanding of people and their rights.

32 So yeah, to me most of the iceberg of human rights violations sit beneath our
33 common understanding of abuse and neglect.

- 1 **Q.** Thank you. When you and your research colleagues first arrived at Kimberley, how were
2 you received? What did the staff think you were doing there?
- 3 **A.** So I must say warmly by management but with deep suspicion by everybody else. So there
4 was a degree of resistance and hostility. We were known there as "The Beastleys" which
5 I kind of love and appropriated. And staff that didn't know us there would kind of
6 habitually ask us if we were there window shopping.
- 7 **Q.** What do you mean by -- what did you understand that to mean, window shopping?
- 8 **A.** There's no ambiguity about it. So staff in villas were used to, at that stage, people from
9 Human Services coming to meet or, in their world view, take residents to populate their
10 houses and, again, in the kind of gallows humour of an institution, this was known as
11 window shopping.
- 12 **Q.** At paragraph 2.14 of your statement you talk about your first impression of a locked
13 women's villa at Kimberley. What were those first impressions?
- 14 **A.** So that villa was the first place I entered to conduct the research. And it would be fair to
15 say that I was completely affronted by it. In walking in most particularly by the way that
16 people in the villa were spoken to, called across the vacuum of the space as they kind of sat,
17 and I,-- I kind of thought that, look, I went in there with a clipboard and dreadlocks and was
18 clearly somebody out of the ordinary and expected therefore somebody to have some
19 degree of curiosity about me and what I was doing, and I was met by nothing, there was an
20 emotional vacuum to the place.
- 21 Whilst I was sitting there somebody, a woman ran through, burst into the room
22 completely naked and nobody flickered an eyelid. She was chaperoned out of the room by
23 one of the other women that lived there to be tidied up.
- 24 And, of course, the villa was locked, and so the kaupapa of the place is that those
25 women needed permission to do absolutely everything. I was a complete fish out of water,
26 I had no template for the context in which these women lived out their lives.
- 27 **Q.** Right. And I will ask you some more questions a bit later in your evidence around the
28 locked villa and some other locked villas that you saw at Kimberley.
- 29 **A.** Yes.
- 30 **Q.** Yesterday we saw some images and some scene-setting videos about Kimberley and its
31 grounds. What were the institutions like Kimberley or other institutions, psychiatric or
32 psychopaedic, what were they supposed to convey to the rest of the world in the way that
33 they were designed?

1 A. So you'll have seen in the -- so Kimberley is a little atypical. My understanding of the
 2 origins of Kimberley is it began as a disused Air Force base after World War II. But the
 3 standard model of institutions were that they were intended to display the kind of attributes
 4 of permanence and authority and professionalism that would quieten families who were in a
 5 place of surrendering their children to the State, the kind of grand gothic architecture that
 6 Templeton, and formerly Seacliff, were kind of the baroque examples of.

7 In its day, Seacliff was the largest building in the southern hemisphere. I remember
 8 reading a report somewhere that said, "In Dunedin we take our institutions seriously."
 9 Yeah. The spires were deliberately built big so they could spot people who were trying to
 10 escape. In Kimberley they resolved this by dressing people in red. It was called runners'
 11 red.

12 Q. Wow. So you've talked about the architecture and the grounds of these places and the
 13 spaciousness of those, what was the reality of life for people living in those buildings or in
 14 those spacious places?

15 A. So the first thing you would notice as a family driving into Kimberley is the kind of wide,
 16 expansive and well-groomed gardens. Families would often talk about it as part of the
 17 important attributes of Kimberley institution, but in reality nobody walked the grounds,
 18 they were completely empty.

19 I mentioned before we did, - the running records we did was randomised and for I
 20 think it -was - 90-% of our 260 randomised observations took place in people's villas, they
 21 were,-- their lives kind of principally unfolded in these settings.

22 Q. I think you mentioned a percentage there, was it even slightly higher than that, 96%?

23 A. 96%, 4% of their time outside of their villa.

24 Q. Within these villas, what spaces were the people that you were observing spending their
 25 time in within the villa?

26 A. So their life space was even more constricted than that. 70% of the time -- of the
 27 observations were conducted in the villa day room or their dorm.

28 **CHAIR:** Could I just ask you about that for a moment. Did you ask people to come to you to be
 29 interviewed or did you just find them where they were and interview them where they
 30 were?

31 A. So our time, in order to make sure that we had a fair sample of, you know, a representative
 32 sample of times and there was nothing biased in our methodology, we randomised the time
 33 that we would conduct the interviews. So they took place at the time that was assigned

1 wherever the person was, yeah.

2 **Q.** Right?

3 **A.** So that was between the hours of 9 and 9. So, you know, like, ordinarily, wakeful hours,
4 yeah.

5 **Q.** So that explains your ability to reach a -- draw an inference about percentage of time in and
6 out?

7 **A.** Correct, yeah. I mean, it won't, as is the case with lies and damned statistics it won't be
8 completely accurate, but like it was a protection against our possible bias, yeah.

9 **Q.** Thank you for that.

10 **QUESTIONING BY MS THOMAS CONTINUED:** Paul, can you describe for us what a
11 typical villa day room looked like?

12 **A.** Yeah. So they were all slightly different, but on the whole the five, again in the vernacular
13 of the institution, the lifestyle villas. So if you were to walk into one what you were most
14 likely to see is all -- so 13 people to a villa, and so most of the time almost all of them
15 would be sitting against the back walls of the villa on second-hand furniture that they kind
16 of proprietarily claimed it was the same seat that they sat on the day before that and almost
17 every other day before that.

18 So people, you'd catch people either sitting or standing or snoozing or trapped in
19 their wheelchair by their tray.

20 **Q.** What were they doing there? So snoozing and sitting, was there any activities being
21 provided?

22 **A.** Yeah. So, yeah, we'll do that, and then we'll go back. I mean, it's important to know that,
23 so the population that I haven't named in there was the staff, and the staff would usually,
24 they were supposed to be -- there were supposed to be two on for every 13 staff [sic]. In
25 reality that often didn't happen, and so staff would sit at a desk and really their kind of role
26 was to moderate what was happening in those places, you know, to kind of keep the kind of
27 quiescence and that kind of stasis or equilibrium that everybody had adjusted to.

28 So your question was what were people doing?

29 **Q.** Mmm.

30 **A.** When we unpacked the running records what we discovered was 50% of the time -- 50% of
31 the time we coded sedentary, sorry, -yeah, sedentary activity, in order -- that category
32 required you either to be sitting doing nothing, standing doing nothing, snoozing, and then
33 if you added on top of that a kind of wandering and self-stimulation, that, -- gosh, I forget,

1 you're the statistics, 70% of the time -- no, 80% of the time they were doing no obviously
2 purposeful activity, 80% of the time.

3 Perhaps it's easiest to do by contrast, actually, Ruth. So to cross the threshold into
4 indoor active activity all you needed to be doing was flicking the top off a bottle, or
5 covering a page in ink with a pen that a staff person had given you until there was no white
6 left in it, these were,-- that would get you across the threshold into indoor active activity.

7 **Q.** Right, so if the residents were doing something like that, then they'd be categorised as
8 having active activity?

9 **A.** Indoor active, yeah.

10 **Q.** But you found from your observations 80% of the people you're observing, their time was
11 spent doing nothing, sedentary, purposeless?

12 **A.** Yeah, yeah. So I haven't included popping the top off a bottle or inking in a page as
13 unobviously purposeful.

14 **Q.** Right.

15 **A.** I think,-- we were talking before about the kaupapa of a villa day room and I think, like
16 I remember reading somewhere that unpacked all institutions, had a look over all
17 institutions to find their defining motif and it seemed to be true of Kimberley too that on a
18 good day nothing happened.

19 **Q.** I'm going to ask you about -- I'm on page 5 of your statement now. At the top of
20 that -- you've mentioned already that there were things that happened beneath the surface at
21 an institution, or what you observed. Would you like to talk to the Commissioners more
22 about that?

23 **A.** Beneath the iceberg?

24 **Q.** Mmm.

25 **A.** And what constitutes a human rights violation or the kind of -- the thing that I think kind of
26 interests me is that in the first place this kind of neglect of someone's human promise or
27 their potential in any other custodial relationship would have been considered grounds for
28 State intervention. If you had been a parent displaying this kind of ambivalence and denial
29 of personhood there would have been a clear case for custodial removal.

30 But to me it's so much more than that. Because you can only imagine what the
31 accumulated weight of this kind of form of social knowing must have had on the people
32 who lived there and the people who worked there. The fact that for some reason that they
33 represented a population for whom it was acceptable for them to live in a locked villa and

1 unable to access the kind of sights and smells and human relationships, and Sir Robert
 2 Martin talked about not being even understanding news, he had no understanding of the All
 3 Blacks despite knowing rugby, that,-- all of which would have been available, readily
 4 accessible if people had just been able to step out of the oppressive quiescence of the villa
 5 they were in.

6 **Q.** In your statement at para 2.24 you've stated the sociologist Erving Goffman?

7 **A.** Yeah.

8 **Q.** Could you read to us what you've said there?

9 **A.** So Goffman was writing in the 1960s, 1961, his book on asylums about American
 10 institutions and he said "the loss of a progressive personal identity through restrained and
 11 regulated circumstance represented the defining attribute of institutional life."

12 So it goes so much deeper. On the surface of it people will tell the Commission that
 13 they had no clothes. At Kimberley when we went they did have their own clothes, but for
 14 almost all of the entire time at Kimberley people didn't, they wore others, except for a pair
 15 that they kept for when parents came, they could dress them up. When we were there,
 16 people had few possessions, they couldn't write themselves into place in the same way that
 17 we do with our homes because their possessions would be stolen or taken. Yeah.

18 Sorry, I've drifted off the --

19 **Q.** No, that's fine.

20 **A.** Yeah.

21 **Q.** I'm going to ask you a question now as we go through your evidence we're about to move
 22 on to some examples of particular individuals that you grow to know. But as we do that,
 23 what would you like the Commissioners and the members of the public to keep in mind and
 24 ask themselves as we go through the examples of people's lives that you'll talk about?

25 **A.** It's a very simple question, and that is that, would this be morally defensible for any other
 26 person? I,-- this question has always framed itself as important for me. In my early days in
 27 service provision, I fell across a poem by Les Murray, an Australian poet, it's called Dog
 28 Fox Field and in the poem there's a line that goes, -- that reads, "Paul who grew large but
 29 giggled small." And Paul,-- so what you learn in the poem is Paul and other people who
 30 have just failed an IQ test in which one of the elements of it was that you were required to
 31 make a sentence that contained the words "dog", "fox" and "field". What you learn about
 32 the van is that it's being used to trial the cyclone gasses that would eventually flood the gas
 33 chambers of Nazi Germany and their T4 euthanasia programme, it is the same eugenic

1 imperative that sat behind the 1911 Mental Defectives Act that saw the construction of
2 institutions and their population by people that the State now had the right to determine
3 were socially defective.

4 So it was that act of carrying your name into places. And part of the, -- and talking
5 about these people that I met at Kimberley today, one of the requirements of ethical
6 approval is that we have to anonymise them and so it's this - potentially the same kind of,
7 arguably, another form of depersonalisation that makes it difficult to imagine you taking
8 your name into Monowai or Rotoiti or Hawea- or Palm Grove, but that's the invitation:
9 Would this be morally defensible for anybody else that carried that name?

10 **Q.** Thank you. So, keeping that in mind, would this be morally defensible for any other
11 person, I'm going to ask you first to start by talking to us a little bit about a person that is
12 referred to in your statement as "P"?

13 **A.** Sure. So much to my embarrassment in my statement I began by saying that P was a
14 nonverbal man, as if that was an appropriate form of introduction. P was a man who had
15 the brightest blue eyes. He was perhaps one of the kindest men I've ever met. P had lived
16 almost his entire life in Kimberley. His story was that his mother, as retold to me, was so
17 stigmatised in the first place possibly by having a son with a learning disability, completely
18 consistent with social construction of the time, but almost certainly as a mother, of having
19 to have given up her son. And so, as a consequence- she hid the fact that she had,-- that she
20 had a son that was living in Levin and so P couldn't get out of Kimberley. His sister who
21 loved him and couldn't fathom how the life of her brother had taken such a radically
22 different trajectory to hers couldn't get him out until his mother died.

23 **Q.** Did P have a nickname?

24 **A.** P's nickname was Hardie.

25 **Q.** Why was he called Hardie?

26 **A.** Because back in the day, maybe it's still true now, they had a building product called a
27 Hardie plank and P was Hardie because he was thick as a plank.

28 **Q.** What did you think about his nickname?

29 **A.** So immediately prior to going- actually, I- don't know, the fictions of life, but at some
30 point, in my time at Kimberley I watched a documentary on how Chinese prisoners were
31 treated by their Japanese captors and so in order to legitimise the kind of treatment of these
32 men they had to have a depersonalising lexicon, and so these Japanese guards would call
33 them "logs", not even human. And so that was my remembrance when I heard the rationale

1 for calling P "Hardie", thick as a plank. It's kind of an understanding of someone's
2 personhood that contributes not just to the way you treat them, but it insulates you from
3 thinking too deeply about it.

4 **Q.** How did you communicate with P?

5 **A.** So, we tried to interview everybody, whether they had words in them or not, and so for
6 some of the time that I was at Kimberley I would sit down, I would sit down with P and
7 look into his electric blue eyes as he tried to look into mine.

8 **Q.** When you sat across from him doing this, what did P do, what did he do sometimes to
9 himself?

10 **A.** So, P was in the habit of hitting himself. So, he'd hit himself in a way that not only must
11 have hurt, but must have,-- in all probability was harming him. So that's the way some of
12 our interviews were transacted, with P hitting himself and me desperate to try to stop him
13 from doing it.

14 **Q.** So, what did you try to,-- what did you do to try and stop him hitting himself?

15 **A.** Naturally I felt complicit, I felt there was something about our interaction that was causing
16 P to strike himself that way, despite the fact that he was kind of intent on knowing me. So,
17 I tried everything, I tried holding his hand down, I tried distracting him, I tried everything
18 I could think of, but in desperation, in absolute desperation, I hit myself the same way that
19 Hardie did.

20 **Q.** Right. So, when you started hitting yourself in the same way, what did Hardie, or P do
21 then?

22 **A.** So, when nobody else moved, P reached out and held my hand and pressed it gently to the
23 table. So, we stayed like that, because I knew for as long as P held my hand, he couldn't hit
24 himself. I think the other thing that's important to know about P is how,-- so P was perhaps
25 hardest to find at Kimberley, because if he wasn't in the villa day room where you expected
26 him, he was outside in a little enclave, which was about 20 by 20 metres I think, it had a
27 fence at the end, and it was grassed except there was a furrow in the grass that was left bare
28 and it took me a little while to realise that this was because P would walk it every day, he
29 did the same circular lap in that groove. He would stop by the carpark and I'm assuming
30 that he'd look for,-- he was waiting to see for somebody who arrived, but,-- so,- and then he
31 would move his circle and go back I think looking for some kind of stimulation - or to
32 escape the gaze or the surveillance of the villa day room.

33 So that's the way P's life unfolded.

- 1 **Q.** At paragraph 2.34 of your statement, you've quoted John O'Brien . Can you tell us who is
2 John O'Brien?
- 3 **A.** John O'Brien was an American, I think, he may be Canadian, but he was a leading
4 disability writer and thinker who's perhaps more than anybody responsible for what we now
5 know as person-centred planning and his five accomplishments that were supposed to be a
6 road map for services, providing services beyond the walls of an institution. John
7 O'Brien -wrote the-- reason I remember him, I once heard him say: Nothing of value
8 happens in productive time, it's most likely to happen in wasted time.
- 9 **Q.** What do you understand to mean by that, what is wasted time?
- 10 **A.** So as a researcher I was afforded the opportunity just to sit with P while he looked inside of
11 me, and I got a chance to inside of him. But the insult of an institution of 13 people lining
12 the walls with one staff person who's maintaining its quiescence is that there's no
13 opportunity to waste time with people; there's no opportunity for discovery; there's no
14 opportunity to be surprised by somebody's capacities or things that you didn't know about
15 somebody; there's no opportunity to contemplate what possibilities might exist in the
16 wasted time that you spend together, the time that we all discover new things about our
17 children and our neighbours and ourselves in the process.
- 18 **Q.** If it's all right with, you Paul, just in terms of where we're moving on your brief now,
19 I might ask you to talk to us first about the person referred to as "B" and then we'll see
20 where we get to in terms of our timeframes, if that's all right?
- 21 **A.** Sure. Could you tell me the page?
- 22 **Q.** Page 10 on your current version.
- 23 **CHAIR:** We don't have those page numbers; can you give us the para number?
- 24 **MS THOMAS:** Absolutely, the paragraph number for B.
- 25 **CHAIR:** I found it, 2.68?
- 26 **MS THOMAS:** Yes, that's correct, thank you.
- 27 **CHAIR:** Just to reassure you that although we are skipping, we have the full brief of evidence and
28 have read it already.
- 29 **A.** Yes, okay.
- 30 **Q.** So, we're not missing everything, except your dulcet tones.
- 31 **QUESTIONING BY MS THOMAS CONTINUED:** Depending how we go with the next part of
32 your evidence; I may well come back to another person's story as well.
- 33 **A.** Here's the curse of anonymising, they're not just "B" and "D", they've become page

- 1 numbers. Sorry, I'm struggling to with-- my alphabet. So, page 10?
- 2 **Q.** Bottom of page 10 on your version.
- 3 **A.** Sure.
- 4 **Q.** Okay. So, I'm going to ask you some questions about B who lived at Palm Grove villa.
- 5 **A.** Yes.
- 6 **Q.** Now, is this one of the villas that was also a locked villa?
- 7 **A.** Yeah, yes.
- 8 **Q.** Can I just ask you to describe to the Commissioners what does that mean, what is a locked
9 villa?
- 10 **A.** So, I think from memory there were four locked villas at Kimberley, so one was a women's
11 locked villa and the other three were, were set aside for men. A locked villa means that
12 even your egress from the building required you to ask permission of a staff person simply
13 to get out, yeah. Yeah, so these lives were highly routine and highly policed, yeah.
- 14 **Q.** Just can you describe for us visually what did this Palm villa look like?
- 15 **A.** Again, the ironies of an institution, my daughter Meg used to think I had the best job in the
16 world because once every month I'd catch an aeroplane and I'd go to Palm Grove. Palm
17 Grove was an abomination. I remember it as concrete, double locked doors, all of the
18 windows had glass mesh that meant even if you broke the window there was no escape, the
19 men in there were dishevelled- in a way that would not communicate to a mother any form
20 of love and care. Even in the lounge room, - even in the lounge there wasn't enough chairs
21 for the men to sit on. A good part of the windows were above eyesight. The television of
22 course was up high as well to save it from being ripped.
- 23 It was a place of real machismo. I was terrified of it and so were the people that
24 lived there. Palm Grove was used as a place of punishment for people who lived at
25 Kimberley.
- 26 **Q.** Do you have a particular memory about B, who was one of the people in this Palm Grove
27 villa, one day some staff asking you to come and see what he was doing when a trades
28 person was coming to enter the villa?
- 29 **A.** Yeah, sure, it actually isn't in my evidence, but whilst I was sitting doing, -waiting to do
30 one of the running record observations, one of the staff hurriedly called me over to come
31 and look at this, come and look at this. This tradie- was coming to do work inside of the
32 villa and what they were anticipating was the fact that B would rush them, he'd been kind
33 of socialised into this kind of unpredictable violence, and so exactly what they foretold

1 happened. He did, he rushed them and wheeled away laughing, much to the amusement of
2 the staff that were there.

3 **Q.** So, the staff had asked you to witness this, and they were amused by this?

4 **A.** Yes, yeah, it's,-- they saw it as part of the law, or yeah, it was just the culture of the place.

5 **Q.** You wrote a sentence and, Paul, I'm just at the very top of page 11 of your amended brief
6 here, you wrote a sentence in the Kimberley report that says, "A pervasive acceptance of
7 the reality that many residents had entered Kimberley speaking but would leave silent
8 represented a quiet but distressing everyday denial of personhood".

9 Can you tell us why you wrote that sentence in the report?

10 **A.** It's reflecting back conversations that I had with some of B's staff, and in particular when
11 I talked to his mum, she said that when B first went into Kimberley, he spoke but when he
12 came out, he didn't.

13 **Q.** What did B's mum tell you about B's life before he entered Kimberley?

14 **A.** So, I never really got a sense of it in the way that I could with others, but what she did say
15 to me was that he used to drive their tractor on the farm, that they'd weight down the
16 accelerator pedal, and they would throw hay bales off the back while B stared, yeah.

17 **Q.** What did you think about this change in B, the fact that he entered Kimberley able to drive
18 a tractor and speaking, but then he left Kimberley silent, and his behaviour had changed
19 significantly, what did you think about that?

20 **A.** It naturally struck me as a great injustice that the boy that entered Kimberley speaking and
21 could steer a tractor would ultimately live beyond the kind of intimate and ordinary
22 relationships out of State care. So, as I was saying, in addition to not being able to speak,
23 his proclivity for rushing people and frightening them and tearing off their glasses meant
24 that he was effectively estranged from relationships when he came out.

25 **Q.** What were your thoughts about the fact that B lost his language and no longer spoke?

26 **A.** I can't imagine the deprivations that would lead you to think that your language, - you had
27 no use for language. Actually, I- think you probably know the statistics better than I do,
28 Ruth, but we did have a look at a communication, so as part of the running records you
29 recorded when people were spoken to. People were seldom spoken to at Kimberley. The
30 average length of a conversation,-- they never,- most, the uncontrollable women spoke to
31 each other, but almost nobody else. And so, when we looked at the communication
32 events,- you'll-- know the number.

33 **Q.** I think,-- was it 63%?

- 1 A. 63% of conversations never lasted longer than two minutes. Moreover, they were almost
2 always initiated by staff and all of the, -- and most of the communicative intent was
3 instructive. There was never any invitation to deeper dialogue or something that would
4 lead you to a deeper knowing of somebody's personhood. Yeah, these were silent places.
- 5 **Q.** Further in relation to B, at the time that you were getting to know him at Palm Grove, what
6 was on the news that you considered to be relevant to the living situation that B was in and
7 any other people in this locked villa?
- 8 A. So Epuni old boy Arthur Taylor had just taken a case against Corrections, because of the
9 inhumane conditions that prisoners were experiencing. I think from memory it related to
10 either not being able to get outside to exercise enough or some of the facilities that were
11 missing in his cell. And like most of the cases that Arthur Taylor took, he won, and yet at
12 the same time I was sitting in Palm Grove with men who had nothing to do, who had done
13 nothing wrong other than to be born with a learning disability. These were men who spent,
14 in the case of Palm Grove, 90% of their time sitting in a room without windows and
15 without enough furniture. These were men whose liberty had already been taken from
16 them.
- 17 **Q.** Paul, if it's all right with you and bearing in mind that I can reassure you t he
18 Commissioners have read everything in your statement --
- 19 A. It's okay.
- 20 **Q.** - we might move now to page 12 and go through some of your concluding remarks.
21 So,- this is paragraphs 3.1 onwards in the statement.
- 22 A. Yeah, sure.
- 23 **Q.** What were the main conclusions that you had drawn from the Kimberley research?
- 24 A. So perhaps not surprisingly we found the kind of quality-of-life indicators or the kind of
25 battery of measures that we took in evidenced an improvement in people's life quality, but
26 what surprised us was that the single most important predictor was how close people had
27 moved to their welfare guardian.
- 28 It's important to say about that perhaps. In a way I'm kind of aware I'm dribbling
29 away time, but the people who lived at Kimberley, there was a decision by the State to give
30 blanket welfare guardianship and so rather than getting to know people and askin g them
31 and coming to an understanding of what they might like in terms of this critical juncture in
32 their lives, they were made by people some of whom had been estranged from their son and
33 daughter for decades, yeah.

1 **Q.** So, in terms of the factors that you observed that explained differences between how some
2 people's adaptive behaviours improved, and others did not, what was the surprise in terms
3 of your research there?

4 **A.** So, it's important to say, firstly, that across all of the indicators on the adaptive behaviour
5 scale that the men and women at Kimberley performed so much more poorly against their
6 normalised peers, the other people with learning disability in the community across all of
7 those competencies. Jeppers. And so, when they moved into homes the kind of adaptive
8 behaviour began to flourish because it was so much more easy for them to demonstrate
9 latent competence or for staff to recognise and build upon skills and capacity.

10 So, this was a finding that we kind of expected to happen, but what we didn't anticipate,
11 when most people kind of modelled or looked for these kinds of changes, they would
12 always look for elements of service provision or they would look for the personal attributes
13 of the person. But what we found almost by incidentally-, we put the distance that
14 somebody had moved, the geographic distance somebody had moved to their relative and
15 what the nature of the relative was, and the variables that explained almost all of - the
16 variations in these improvements was how close you moved to your family member and
17 whether that family member was your mum or dad.

18 **Q.** What did these findings mean in terms of support services design? So --

19 **A.** No, no, that's fine, I'm okay, I'm with you.

20 **Q.** -- I'm on page 13 now.

21 **A.** Yeah, okay. Two things. In the first place they will often get in the habit of distancing
22 family and that was the experience at Kimberley. Maybe we'll have time to talk about that
23 in a second, maybe not. But the worry is that services don't think deeply enough about how
24 to proximate the attributes of familial care, families can remain on the edges of service
25 delivery, but also, we don't work hard enough to find people who can carry into the
26 relationships a family's love and aspiration. Kaupapa Māori services get a lot better, but
27 yeah.

28 **Q.** Right. And in your statement at para 3.6 you've said that the staff at Kimberley, that "They
29 did love the residents for sure, but in their own institutional way, where the horizons of care
30 barely crept off the floor of Maslow's hierarchy"?

31 **A.** Yeah.

32 **Q.** I'm actually just going to ask for a diagram of Maslow's hierarchy to be put up on the
33 screen for you to explain what you mean by this.

1 Just so everyone is able to understand what we've put up on the screen there, it's a
2 triangle with five levels and, Paul, if you're happy to, would you mind reading out the
3 words that we can see on those five levels, possibly starting at the bottom moving upwards?

4 **A.** Sure, I'm not a psychologist, I'm somewhat a little out of my depth. However, the thing to
5 know about Maslow's hierarchy of needs, it had origins in, I think, Piaget's stage theory.
6 So, the way that it works is in order to progress up, in terms of the kind of complete
7 composite of needs, you need to have lower order needs satisfied in order to progress to
8 higher needs. And so, the most basic of all human needs are physical, are physiological
9 needs that we're fed and watered and that we're warm and we have a place -to a-- roof over
10 our head, and then --

11 **Q.** So, are they on the bottom level?

12 **A.** Yeah.

13 **Q.** Level 1 of this triangle?

14 **A.** Yeah. So moving upwards, once satisfied, people need their safety needs met in terms of
15 security and safety; and moving up are needs for a sense of belonging and love and
16 intimacy in relationships; and beyond that are esteem needs, the kind of prestige and the
17 things that we wish to communicate, you know, kind of the things that we want to
18 communicate about ourselves and then self-actualising, I'm not sure what that means,
19 I haven't made it that far yet.

20 So that's Maslow's hierarchy of needs. In the report we wrote that people loved
21 people- love people in the sense they would bring bottles with caps to pop, and they would
22 surrender their pen in order that somebody could ink in a page. So,- they saw them in that
23 respect, but,-- and their instrumental care I think probably you could say was exemplary,
24 but they fell at the very next hurdle in terms of meeting people's safety needs. People
25 weren't always safe at Kimberley.

26 **Q.** Right. So institutional life may have met the basic needs at level 1, food, water, warmth,
27 rest, but never really progressed above to the next level that it's essential to get through to
28 be able to,-- so you need security and safety before you can get to level 3, which is that
29 sense of relationship and belonging?

30 **A.** On a good day nothing happened, Ruth.

31 **Q.** And in terms of what you know about contemporary care settings, where would you say
32 they're at on this level?

33 **A.** That's the thing about models, they never capture life exactly, do they? I mean do- you

1 mean in our current -community-based- services?

2 **Q.** In our current community based.

3 **A.** Every now and again we'll fail at the most instrumental of services, we don't actually know
4 how often, just because we haven't got surveillance in any way adequate. I think you could
5 say that on the whole people's physiological needs are well met, community group homes
6 are safer but not always safer.

7 But in terms of progressing much further up the ladder, the kind of evidence is quite
8 damning. So, beyond family and staff, services still struggle to realise the importance of
9 supporting people into relationships of where-- their needs for belonging and where their
10 needs for love and intimacy can be met. So, I would say we fall at the second hurdle.

11 **Q.** Thank you. If we can take that diagram down now.

12 Just before I come to your very final concluding remarks, just another question
13 about the research work when you did attend to visit the people who had been resettled 12
14 months later. This is at the bottom of your page 13. What did you observe about the
15 residents 12 months later, because you've said previously that things flourished straight out
16 of Kimberley, was that maintained?

17 **A.** So, no. So, what we saw 12 months later was there was still a small increase in adaptive
18 behaviour gain and the rest of it, but pretty much it had stalled, it had stopped, it had
19 plateaued. Once we found it, we went looking, and other people had found a similar level
20 of plateauing. One explanation for it is because people had kind of slipped into patterns
21 where it was no longer possible to,-- for them to demonstrate or staff to continue to build on
22 evolving competence and all the rest of it. But there are two other possible explanations
23 that are more relationally bound.

24 The first is that when we went back families had already begun to report that they
25 felt marginalised, increasingly marginalised. They'd made this one important decision in
26 people's lives and --

27 **CHAIR:** Don't feel as though there's a race to the clock, we will listen to you, please feel, -- take
28 your time. You don't have to rush.

29 **A.** Okay.

30 **QUESTIONING BY MS THOMAS CONTINUED:** If you could take us through those two
31 other main factors.

32 **A.** Sure. Remember I said before that the thing that surprised us was how close you were to a
33 family member and the way that we began to theorise that was that people came within the

1 ambit of their, particularly their parents' love and aspiration. And so, what had happened
2 with the marginalised family, they reported to us that they had to manage their presence in
3 a way that, - they were managing the perception that somehow, they were intruding on what
4 was now -service led- care, yeah.

5 **Q.** Right.

6 **A.** And so, the effect of that was to kind of weaken their kind of access to familial love and
7 aspiration. And also, perhaps monitoring. You know, the fact that people coming into
8 these settings could monitor and hold services to account.

9 But the other reason had to do with a change that we saw in the disposition of staff.
10 So, when people first moved out of the institutions, the people who moved and the people
11 who met them in services met as strangers, and the kind of Kaupapa of that meeting was
12 that the relationship seemed to be enveloped by this Kaupapa of discovery. It was hugely
13 rewarding to staff to begin to see people, they were hugely excited by seeing the way that
14 they could restore their personhood. But when we came back 12 years later --

15 **Q.** 12 months later?

16 **A.** Sorry, 12 months. What did I say, 12 weeks?

17 **Q.** 12 years.

18 **A.** 12 years we-- need to.

19 **Q.** Yeah.

20 **A.** There was this almost antithetical care. People, - this ethic of discovery had been replaced
21 by an almost antithetical ethic of knowing people. So, knowing, predicting, managing. So,
22 residents had -reacculturated- to their role of the kind of passive recipients of knowing care
23 that was moderated by their staff. This, I think it's an under -explored attribute of the
24 impact of those two conflicting ethics of relational ethics, yeah.

25 **Q.** Paul, on page 15, your page 15 of your statement, at the top there, I'd like to ask you what
26 do New Zealanders who have been listening to your evidence today need to do or ask
27 themselves, in your opinion?

28 **A.** Jeez, we've missed a bit, haven't we? Gosh, without being flippant, I think the challenge
29 for all New Zealanders is, as I've stated before, to decide whether all of those deprivations
30 and displacements that survivors experience would be normally defensible for anybody else
31 that carried that name, but more than that. If it's not, why might we ever have thought so.

32 **Q.** What do you think the State needs to do or reflect on as a result of listening to all the
33 evidence from yourself and the other evidence that's coming through this Royal

1 Commission?

2 A. I might drift towards eyes down because it's important to get it right.

3 Q. Absolutely.

4 A. I love the Kaupapa of the Commission. I think it's,- and in particular its- ethic of fulfilling
5 the promise of restoring people to their full personhood. And I think it's to be particularly
6 applauded for the fact that it's not just for those who endured institutions, it's for all those
7 who continue to live in the long shadow of that set of beliefs that originally led to their
8 construction.

9 So, we know, for example, that many people with learning disabilities continue to
10 live in services and their lives almost entirely unfold in services, this time with the social
11 construction of consumer or service user or client, rather than patient. But as a
12 consequence, in terms of,-- we were just talking about Maslow's hierarchy of needs, they
13 can become equally displaced from community relationships that transcend mere knowing.

14 So, the real dangers of an institution are twofold. In the first place they normalise
15 othering, something different than the other, and then the second is at the same time they
16 put people, as Sir Robert Martin so accurately said, beyond sight.

17 And so, for me the State needs to consider whether the instruments that it uses to
18 determine whether the human rights of those who are most at risk and in their care are
19 sufficient to put people and their lives into plain and self-authored sight. We only need to
20 step outside this door and talk to Catherine to realise that Catherine with her cloth
21 swaddling sculptures that if you've experienced abuse and that you're met with, at best,
22 silence but, at worst, punishment, you keep your secrets, and that the prerequisites to
23 disclosure that might keep you and definitely the people that live beyond you safe is trust.

24 And so to this very day, we audit services, rather than come to a clear understanding
25 of how people live and how they experience their lives, as they look for us the way that as I
26 was afforded the opportunity looking into [GRO-B]'s eyes as he looked back trying to see
27 me, and so in this respect the Code of Health and Disability Rights and its models of
28 retrospective advocacy are almost completely useless to people with learning disability.

29 It would be difficult for them in the first place to even find their way, equally
30 difficult for them to see how a code of abstract rights might find expression in the
31 complexities of their lives, and certainly next to impossible for them to have the vocabulary
32 and to be able to communicate with any understanding how the culture of the places where
33 they are often still required to live in spite of Article 19 or have their vocational support, it's

1 impossible to make them transparent without those relationships of trust.

2 And, finally, I think rather than a single apology, I think we all need to own our
3 eugenic history and its impact by placing R and D and B, and all the alphabet we never got
4 to, not just that, the accumulated weight of all the stories that are going to be exposed
5 through the Commission's work in full sight of tomorrow's generation.

6 Having a sense of moral outrage that I described at the start is a prerequisite to, if
7 we're not going to build alternative versions of Kimberley, the first step is that we acquire a
8 sense of moral outrage about what happened. But it's insufficient by its own. We actually
9 need a sense of complicity, the same kind of complicity that I experienced when I went and
10 visited the women in the villa that I first went to and I had the sun on my back and I knew
11 all the personalities in the room, and I could predict what was happening and I noticed that
12 I'd stopped being outraged. Or the kind of complicity that we never got to, -- I forget his
13 alphabet attribute, but the man who I thought had locked in syndrome who completely
14 destabilised me on the last day of being there by shooting me a look that said,
15 "You- absolute arsehole, you've seen,-- I've revealed something of myself, and you just
16 walked away." That is the habit of institutional care, and it ought not to be a habit, the
17 knowing but walking away. Yeah.

18 **Q.** Thank you so much, Paul.

19 **A.** It's a pleasure.

20 **Q.** Thank you. If you could just remain there and I'll see,-- the Commissioners may well have
21 some questions for you.

22 **COMMISSIONER GIBSON:** Thanks, Paul. Commissioner Shaw, would you like to ask any
23 questions?

24 **CHAIR:** No, I wouldn't even start to try and ask you some more questions, Paul. Just know that I
25 have read carefully, listened carefully and will be watching, I also want to read that report
26 of yours, so thank you very much.

27 **COMMISSIONER GIBSON:** Commissioner Steenson.

28 **COMMISSIONER STEENSON:** Yes, I have a question. Tēnā koe, thank you for your
29 statement today. So just a clarification firstly. You're saying that your research found that
30 there was a correlation between whānau connection and flourishing competence, and you
31 briefly said that kaupapa Māori gets that very well and actually yes, mātauranga Māori has
32 always known that whānau centric improves.

33 **A.** Yeah.

- 1 **Q.** It was interesting that you showed the Maslow's, talked about the Maslow's needs. Would
 2 you say that the basic level, the physiological level, that the institutions were pretty much
 3 just focused on that bottom scale, providing that bottom scale?
- 4 **A.** I think the people that lived there got there because of a biomedical understanding of their
 5 personhood, that was the reason why they ended up in Kimberley, and I think the institution
 6 responded to that biomedical construction. And so instrumental care in terms of, well, it
 7 was always it-- was never so-- an institution beats to the rhythm of its own historical pattern
 8 and so it would have had systems in place to monitor and, - and- so those instrumental- care
 9 would have been built into that, do you know what I mean? So,- people would have been
 10 changed at appointed times, showered at appointed times, and medicated at appointed
 11 times, and there was a degree of, I think, surveillance about people's physiological needs in
 12 the institution.
- 13 **Q.** Yeah, we've heard from other witnesses that there is a need for consistency with the care.
- 14 **A.** Yeah.
- 15 **Q.** But there's clearly a fine line between what becomes regulation versus consistency, I think.
- 16 **A.** Yeah, yeah. It was most obvious, I mean, the nicest villas to be in were what they called
 17 the multis villa. They were multis, because people had multiple conditions. So, they were
 18 the nicest places to be because people understood their role as, they kind of interpreted their
 19 role as being attendant care whereas it gets more complicated.
- 20 When you think about somebody's personhood rising up that scale of Maslow's
 21 hierarchy of needs, you have to meet a whole lot more than their instrumental care. And so,
 22 in those villas, people, I think it would be fair to say, would be reasonably well looked to.
- 23 But I don't know. It was such a broad scope to our study; it was difficult to drill
 24 down into any one aspect of care.
- 25 **Q.** Okay. So, I guess I'd like to understand whether or not you'd agree that your research
 26 supports somewhat that a whānaucentric model, I'm not sure if you're familiar with Māori
 27 models of care, would improve from that kind of foundation thinking.
- 28 **A.** So, it's not unique to Te Ao Māori, so other cultures as well, so in Italy the model of care is
 29 familial as well.
- 30 **Q.** But for New Zealand, I'm talking about, Aotearoa.
- 31 **A.** Yeah, for New Zealand, yeah, yeah, no. I think being poorest anyone, it always confuses
 32 me why services kind of, to me, have a sense that they have to meet all people's needs by
 33 themselves rather than inviting the community in. The best place to begin with is family.

1 You know, it won't always be the case, but I think they are much safer repositories of
2 someone's care and,-- yeah.

3 **Q.** Okay, thank you very much, tēnā koe.

4 **A.** It's okay.

5 **COMMISSIONER GIBSON:** Thank you, Paul, a few questions from me. First, this happened
6 recently, this century you're talking about, we're not talking about back in the earlier days
7 of institutionalisation. And thinking about, you talked about the long shadow of
8 institutionalisation of eugenics and that ecological model. How do we change not just the
9 direct service, that support environment, but that background shadow of ableism, of the
10 attitudes that provide the basis for care as we still know it today?

11 **A.** We were talking before coming in about how the New Zealand Government is about to
12 introduce into the school curriculum, Paul, introduce to tomorrow's generation to the impact
13 of colonisation on Māori, and the parallels between Māori and people with learning
14 disability are somewhat striking, they were othered in similar ways and the difference for
15 people with learning disability, Paul, is that they were colonised by the medical profession
16 and the biomedical understandings of learning disability, that was their form of othering.
17 And I don't know the answer to you, Paul, but I do think that, you know, if the minds of our
18 next generation are introduced to the injustices that are so clearly obvious might be a really
19 good place to start.

20 **Q.** The histories of Kimberley and Cherry Farm should be taught in Levin and Dunedin and --

21 **A.** It's history, how this came to be, how a century's worth of institutionalised came to be, what
22 were the beliefs that understood it, and do they would- -they do-- they stand the scrutiny or
23 the light of a human rights focus.

24 **Q.** Another question. You talked at the time, in the early 2000s, about the two models
25 institutional versus the group home and we've briefly touched on how things have evolved,
26 the family role, person-centred planning, where do you see support, how it connects with
27 family in the future?

28 **A.** If it's jeepers-- So, I've stopped being I'm- the failed retiree, Paul. So, I worry a little
29 about families in terms -of I-- think enabling good lives is inherently safer by trying to
30 invert the professional gift model of support by empowering people and their families to
31 make important decisions about their lives. I worry about the load on families if that's what
32 you if-- that's where you're going, Paul.

33 The thing,-- gosh. When we looked at what precipitated the decision of families to

1 surrender their children to State care, one of the legacies of the Aitken Report was that
 2 there was no available support for families, and so the path to the institution always had a
 3 predictable trajectory. The only thing that was offered was respite care and the only place
 4 to get it was the institution.

5 And so, people had no alternative but to seek care from those places that didn't have
 6 the same kind of social knowing that they shared of their sons or daughters. Gosh, I'm
 7 drifting away.

8 I do worry about the need to throw support not just around a person but around the
 9 people who care for people. In answer to your question, I think of the rhizome, I think of
 10 we- say it takes a community to raise a child, and yet the lives of people with learning
 11 disability are so insulated from all of the other places that they might more legitimately
 12 receive support or, you know, satisfy all of the rungs of Maslow's hierarchy. They still kind
 13 of live quite-,- many just live quite siloed lives. Yeah. So, - it's a waste. You know, like
 14 drawing on the connectivity of family and, -- jeepers, the kind of liminal or in between
 15 spaces or the communities that connect, the infinite number of communities th at each
 16 connect, they still are so, I think, so, -- we don't find them in those places.

17 **Q.** Can I also ask, you went further than most people to actually deeply connect to people who
 18 otherwise had little connection. What is the role, what is the priority for communication in
 19 that sense? What should this Inquiry be learning and thinking about communication?

20 **A.** In terms of how to communicate? The cruel irony is those people who's, I -- always
 21 remember Byron's paradox, Paul. The people whose stories that we most need to learn
 22 from or hear are always those that are most difficult to access. It's having a real
 23 commitment to understanding that our real change agents in New Zealand are those people
 24 who most depend on others in terms of the realisation of their human rights, right?

25 So, it's a real, -- some of it comes from the wasted time, Paul, you know, the time
 26 and having a genuine commitment to people's, -- we still don't do alternative and assisted
 27 communication well in service settings, you know, staff aren't orientated to it.

28 I don't know, Paul. Yeah.

29 **Q.** You are sharing more you know so much and guiding us. One final question, I'm not quite
 30 quoting you right but it's almost like a question other than for the disability is this morally
 31 defensible, is this service setup morally defensible, would I want to be living in these
 32 places? Do you think people designing services, people working in Government
 33 departments are asking those questions and are, is the community capable of asking those

1 questions of itself? Are what we doing to people in care at the moment, is it morally
2 defensible, would we want to be there ourselves?

3 A. The short answer is no, isn't it, you know? Jeepers. In the same way that I was talking
4 about the man who carried, you know, the man who carried my name into the back of the
5 van couldn't be more distanced from my life, but the impact of that, -- just that one poem,
6 you know, like beginning by, - jeepers. So, I am doing some work with survivors, - and
7 I deliberately introduce them to my son, Levi, and I do that because that's a shortcut to
8 crystallising whether it would be in any way acceptable for these young people to, -- for me
9 to place my son and the richness and diversity of his life into one of those care settings.
10 Yeah.

11 Q. It's left to me to thank you, Paul, and can I thank you for teaching me now and for teaching
12 me over the years in the various reports and conversations we've had, which have been a
13 large part of leading to this Inquiry, and to thinking back to those who have taught you
14 inside Kimberley, inside Cherry Farm and other places, we owe them a debt as well, thank
15 you so much.

16 A. Pleasure, thank you.

17 **COMMISSIONER GIBSON:** It's now lunchtime. Just checking on a time to return. We're
18 scheduled for 2.15 or is that --

19 **MS THOMAS:** If that is possible -is- 2.15 suitable? We'll come back at 2.15.

20 **COMMISSIONER GIBSON:** Thank you.

21 **Lunch adjournment from 1.21 pm to 2.13 pm**

22 **COMMISSIONER GIBSON:** Thank you. Ms Basire.

23 **MS BASIRE:** Thank you, sir.

24 Our next witness is going to be Tony Ryder but before we introduce, before
25 I introduce Tony Ryder, we have a Templeton video which is just for one minute and
26 Madam Chair, because Mr Ryder's evidence has been pre-recorded, his affirmation process
27 was done prior to that, so we don't need to go through that process.

28 **CHAIR:** Thank you.

29 **MS BASIRE:** So, we'll just play the Templeton video now and then Mr Ryder will come up on
30 the screens and I will introduce him and his prerecord. **[Video played].** Tony Ryder is
31 watching from Christchurch with his friends Olive and Carol, and they've just come up on
32 the screen now.

33 Tony will be giving his evidence by way of a pre-recorded interview. He will speak

1 about his time in care in a children's home where he experienced physical and sexual abuse
2 as well as neglect.

3 At Tony's request, the name of the children's home and certain details of his time at
4 that home have been covered by audio bleeps during the recording.

5 Tony will also tell us about spending approximately 15 years at Templeton Hospital
6 where he experienced physical and sexual abuse, medical abuse, and neglect. But he will
7 tell us how his life has improved, and he will tell us about his thoughts for the future.

8 Before we play his interview, I want to acknowledge the importance of this day to
9 Tony. Today is the day he finally gets to tell the country his story and is the day he's been
10 very much looking forward to.

11 Thank you, if we can play the video now.

12 **[Video played]**

13 "Tony is dressed in a dark grey suit while sitting comfortably in a light grey chair.
14 Behind him is a cream and green coloured wall. You can also see a piano in the
15 background. Tony is speaking to an interviewer who is behind the camera."

16 **Q.** Can you tell us your full name?

17 **A.** Tony Anthony Edward Ryder.

18 **Q.** And where were you born, Tony?

19 **A.** I was born in Timaru.

20 **Q.** And where do you live now?

21 **A.** Templeton.

22 **Q.** And what sort of residence is that who looks after you?

23 **A.** I look after myself, there's about six people.

24 **Q.** And who runs the house?

25 **A.** Carol Peach(?).

26 **Q.** And who are they employed by?

27 **A.** New Zealand Care.

28 **Q.** I understand you have a learning disability.

29 **A.** Yes.

30 **Q.** Can you remember what year you were born?

31 **A.** 6/63.

32 **Q.** 6/63?

33 **A.** Yeah.

- 1 **Q.** June 1963?
- 2 **A.** Yeah.
- 3 **Q.** That's great. And tell us about your parents.
- 4 **A.** Me father used to own a --work at the Timaru freezing works-- the chook, where they used
5 to put chooks, hens down, used to get Tegel.
- 6 **Q.** Right. And what was his name?
- 7 **A.** John Ryder.
- 8 **Q.** And what's your mum's name?
- 9 **A.** Lorraine.
- 10 **Q.** Lorraine.
- 11 **A.** She died.
- 12 **Q.** How long ago did she die?
- 13 **A.** She died ages ago.
- 14 **Q.** I understand that you're one of eight children?
- 15 **A.** Yes.
- 16 **Q.** Two sisters and five brothers?
- 17 **A.** Yes.
- 18 **Q.** Wow, that's a big family.
- 19 **A.** It is, right?
- 20 **Q.** Yeah. You said your dad used to work at the freezing works?
- 21 **A.** Yeah.
- 22 **Q.** And tell us about what you remember about going to visit him at work?
- 23 **A.** We used to get free saveloys from them and used to eat them, and then we used to go down
24 fishing and used to eat mussels off the rocks.
- 25 **Q.** Can you remember what you used to do in the school holidays?
- 26 **A.** Used to, on school holidays we used to go to Waipara and visit our aunties, like Nana Port,
27 Granddad Port.
- 28 **Q.** Did you enjoy that?
- 29 **A.** Yeah. And me mother said there's a guy you want to meet, Donald Port, and she said not
30 Donald Port, Donald Duck, so when we got there we called him Donald Duck.
- 31 **Q.** Is that your uncle?
- 32 **A.** Yeah.
- 33 **Q.** So last time you told me about after a while it was too hard for mum to look after you?

- 1 A. Yeah.
- 2 Q. And do you remember the home that you went to in [GRO-C]?
- 3 A. It used to be the children's home.
- 4 Q. Used to be the children's home. Can you remember how old you were when you went
5 there?
- 6 A. About, I think I was about 12.
- 7 Q. Right. And --
- 8 A. We used to have good times.
- 9 Q. So, when you first went to [GRO-C] the--- first day, what can you remember about that first
10 day?
- 11 A. The first day when I got there used to get the strap. Did bad things. I used to go on the
12 flying fox and then let go of the flying fox and fell in the creek and got out and got told off
13 for it.
- 14 Q. Right. So is that your first memory, is being on the flying fox --
- 15 A. Yeah.
- 16 Q. -- Falling off and then getting told off?
- 17 A. Yeah, used to sneak inside and change and they caught me, "Where's your clothes?" And
18 I said, "I went through the creek, got dirty."
- 19 Q. Why did you go through the creek?
- 20 A. I just let go of the flying fox and went straight into the creek and just drove in the mud and
21 got covered in crap and everything.
- 22 Q. Right. And so [GRO-C-1] unhappy--- with you?
- 23 A. Yeah.
- 24 Q. What can you remember that he said or did?
- 25 A. He said, "If you do it again you won't be allowed to go outside or won't be able to do
26 anything or shopping."
- 27 Q. You talked about getting the strap?
- 28 A. Yeah.
- 29 Q. What can you remember about the strap?
- 30 A. Whacking me on the arse and everything.
- 31 Q. What did the strap look like?
- 32 A. It was like a long, like a same- long as that but it was like a cane. Then I
33 was -in they-- said, "Are you going to cry?" I said, "No." So, I fixed them, I put a cushion

- 1 down my butt and said, "Whack me" and didn't get any bruising. And after I took it out,
2 they gave me another strap and I had bruises.
- 3 **Q.** Right. So, they made you take the cushion out?
- 4 **A.** Mmm.
- 5 **Q.** So, when you lived at [GRO-C] was--- there girls and boys?
- 6 **A.** Yeah, upstairs there was girls and downstairs the boys.
- 7 **Q.** Can you remember like how many children were at [GRO-C] at the time?
- 8 **A.** I think, I don't know how many, there was heaps.
- 9 **Q.** Yeah. What did the buildings look like at [GRO-C]?
- 10 **A.** They were different.
- 11 **Q.** It was different?
- 12 **A.** Yeah.
- 13 **Q.** Different from home?
- 14 **A.** Yeah.
- 15 **Q.** How many buildings were there?
- 16 **A.** I think they put in, on the [GRO-C] they--- put a wing on it for the old people, so that's
17 where they are.
- 18 **Q.** Right. Okay. So, the girls slept upstairs, and the boys slept downstairs?
- 19 **A.** Yeah.
- 20 **Q.** Did you have your own bedroom?
- 21 **A.** Yeah.
- 22 **Q.** Or --
- 23 **A.** Used to be a dormitory with the boys.
- 24 **Q.** Right, so all the boys slept together?
- 25 **A.** Yeah.
- 26 **Q.** And --
- 27 **A.** And they had a fire exit door and I used to go down and find out where that wind was
28 blown and they had trees coming down, I wasn't supposed to, but I went down the ramp and
29 then went back up, it was too cold. That's when they had gale force winds.
- 30 **Q.** So, did you have to do jobs or chores at [GRO-C]?
- 31 **A.** Yeah.
- 32 **Q.** What did you have to do?
- 33 **A.** Used to go and do the chooks and feed the pigs.

- 1 **Q.** Did you like doing that?
- 2 **A.** Yeah. And then drive the tractor. Mowing lawns and then at the end I got sick of it, so
3 they had the other guy's vintage car, used to get a tow rope, pull it back and then nudge it
4 into the wall and pranged it. That was fun.
- 5 **Q.** Did you get into trouble for that?
- 6 **A.** No, didn't tell them.
- 7 **Q.** Now, I understand that sometimes you'd get pocket money?
- 8 **A.** Yeah.
- 9 **Q.** And what would you spend your pocket money on?
- 10 **A.** Lollies. And then I used to go shopping buy a Trumpet for all the guys at [GRO-C].
- 11 **Q.** Was that [GRO-C]?
- 12 **A.** Yeah.
- 13 **Q.** And when you were a bit older, I understand that you used to sometimes use your money to
14 buy cigarettes?
- 15 **A.** Yes.
- 16 **Q.** Was that allowed?
- 17 **A.** No, used to go behind the trees, hide and then smoke and then bury it.
- 18 **Q.** Bury the butts?
- 19 **A.** No, the smoke, the tobacco, not like- -tailor-mades-. Then they smelt your breath, "Have
20 you been smoking?" "No, just had a big bonfire lit", bullshit, didn't tell them the truth.
- 21 **Q.** When you were living [GRO-C] did--- you go to school?
- 22 **A.** Yeah.
- 23 **Q.** What school did you go to?
- 24 **A.** Used to go to Timaru and then from Timaru used to go to Marchwiell High School.
- 25 **Q.** Was that in [GRO-C]?
- 26 **A.** That's in Timaru.
- 27 **Q.** In Timaru?
- 28 **A.** Yeah.
- 29 **Q.** How did you get to school?
- 30 **A.** Used to walk.
- 31 **Q.** Right. Did you sometimes used to bike?
- 32 **A.** Yeah, once I did. I used to catch the bus, used to leave the bike at the [GRO-
33 C]-- and- locked it up.

- 1 Q. What did you learn at school?
- 2 A. Not much. Used to remember my other teacher's name Mr Eggleton. That was at
3 Marchwiel School, and it was when I was in the special class, room 4.
- 4 Q. So, you were in a special class?
- 5 A. Yeah.
- 6 Q. And were the teachers nice?
- 7 A. Yeah.
- 8 Q. That's good. When were you --[GRO-C] were-- you ever made to go to church?
- 9 A. Yeah.
- 10 Q. Which church where you made to go to?
- 11 A. The one in [GRO-C].
- 12 Q. Did you like going to church?
- 13 A. No. They said, "What do you think of church?" I said, "It's bible bashers", so I upset her, I
14 didn't like church, so I stayed at home. And used to go fishing there too and catch eels.
- 15 Q. At the church?
- 16 A. At the children's home. They said, "Do you want to go to church?" "No." So, I stayed
17 there and went fishing, kept fishing eels.
- 18 Q. Now, you told me about getting the strap --
- 19 A. Yeah.
- 20 Q. [GRO-C-1] do-- any other hitting?
- 21 A. No. But they had a chair brought in and they got the guys to sit on it, and said, "Try." And
22 it was like an electrocuted chair, and you'd sit on it, and they'd turn the power on and give
23 you, like, zaps from it. And I think they've still got it there, i t's in the gymnasium part.
- 24 Q. Can you remember how many times that happened?
- 25 A. About six.
- 26 Q. What did the chair look like?
- 27 A. It was, like, tall.
- 28 Q. A tall chair?
- 29 A. [Nods]. And the part where I'm sitting, that was electrified, and it was in the gy mnasium,
30 the gymnasium part and that's when they had all the games and all that and that's when
31 I thought I'll be able to sit down, and they turned it on, and I copped it. So, I didn't like it.
- 32 Q. Can you remember why you had to sit in the chair?
- 33 A. [GRO-C-1] chair- to sit on and that's when -I he-- said, "It's a nice chair, you'll like it", and

- 1 he switched it on and says just enjoy the seat, and I copped it.
- 2 **Q.** When I was talking to you last time you remembered that sometimes [GRO-C-1]
3 would--- smack you around the ear?
- 4 **A.** Yeah.
- 5 **Q.** Do you want to tell the camera about [GRO-C-1] doing--- that?
- 6 **A.** Yeah, [GRO-C-1] used--- to smack us around the ear when we did something wrong, and
7 I laughed and he got a bit upset he said, "No more of it. If you do it a gain, you'll be in the
8 shit."
- 9 **Q.** Now, when you were about 14 --
- 10 **A.** Yeah.
- 11 **Q.** - something happened between --[GRO-C] that--- was very bad.
- 12 **A.** Yeah.
- 13 **Q.** And it was just you [GRO-C] are--- you okay to tell us about what happened?
- 14 **A.** He caught me going up to the ladies upstairs- where the ladies slept and asked me to turn
15 the electric blanket on, so I did that, and about an hour later she said she couldn't get into
16 the room, so they said climb through the room, and I got caught. And they said, "What are
17 you doing up there?" I said --[GRO-C] lady-- told me to turn the -heater - the sleeping
18 thing on and after a while we had a -fire [GRO-C]--.
- 19 **Q.** So, you got asked to turn the electric blanket on?
- 20 **A.** Yeah, that's what the lady said, and that's when we had the fire.
- 21 **Q.** And the electric blanket caused a fire?
- 22 **A.** Yeah, it was somewhere some-- kids were jumping on it.
- 23 **Q.** And what happened to you because of the fire?
- 24 **A.** They told them [GRO-C] and-- it was his day off, so I banged on the door,- and he said,
25 "What's wrong?" "There's a fire up in the staff room." He said, "How did it happen?"
26 I said, "The lady told me to turn the sleeping thing on, I did that, and then an hour later
27 some kids went up there and jumped on it and caused the fire" and bla med it on me and
28 I got beaten up.
- 29 **Q.** Yeah. Now last time you talked about being put in the basement --
- 30 **A.** Yeah.
- 31 **Q.** -- because of the lighting of the fire?
- 32 **A.** Yeah.
- 33 **Q.** Can you tell us about what --

- 1 A. They locked me in there.
- 2 Q. Right. And in the basement, was there a bed?
- 3 A. No.
- 4 Q. Was there any toilet?
- 5 A. No, it was just cold room.
- 6 Q. Were you allowed any food?
- 7 A. No.
- 8 Q. Can you remember how long you were in the basement?
- 9 A. 24 hours.
- 10 Q. And how did that feel?
- 11 A. Bloody disgusting.
- 12 Q. Last time we were talking you told us about a time with you [GRO-C-1] where [GRO-C-1]
- 13 tied----- you to a bed?
- 14 A. Yeah.
- 15 Q. And I understand that happened in the boys' dormitory?
- 16 A. Yeah.
- 17 Q. And everybody else was at school?
- 18 A. Yeah.
- 19 Q. Can you tell us what happened that time?
- 20 A. He was going to kill me, electrocute me. That's all I remember.
- 21 Q. Right.
- 22 A. I screamed.
- 23 Q. Right. Did he do anything sexually to you that time?
- 24 A. He was playing around with me.
- 25 Q. Right. I know it's hard to talk about --
- 26 A. Yeah.
- 27 Q. -- but can you remember what he did?
- 28 A. He was playing with the bits and pieces on me and the back end --
- 29 Q. Right.
- 30 A. - shoving things in. And it was when I was really upset and I wanted to run away, so that's
- 31 what I was -planning that's-- what I did and that's when he sent the Police out looking for
- 32 me.
- 33 Q. Right. When he was doing those things to you on the bed, what did you say to him?

- 1 A. I said, "Don't put your hands on there." I didn't like it.
- 2 Q. Where was he putting his hands?
- 3 A. On the front of me and the back end.
- 4 Q. Right. And when you said he was trying to put things in the back end, can you remember
5 what it was?
- 6 A. The butt.
- 7 Q. Your butt?
- 8 A. Mmm.
- 9 Q. And what body part of his?
- 10 A. He was trying to feel me up and all that.
- 11 Q. Right. And so, you said you ran away after that?
- 12 A. Yeah.
- 13 Q. And where did you go?
- 14 A. I buggered off out of [GRO-C] and--- hid under one of the bridges.
- 15 Q. And how long were you away for?
- 16 A. For 24 hours, all night, didn't come back until the next day.
- 17 Q. And did anything happen after that?
- 18 A. No, he got told off by the Police after I reported him.
- 19 Q. Were there any other bad things that happened at [GRO-C]?
- 20 A. What else happened? He got when- he punished me,- he said, "You're going to go down to
21 the cellar and do the walnuts" and I said, "It will be cold." He said, "No, it's warm." I went
22 and did all the walnuts, and I ate some of them, and he went off for eating them.
- 23 Q. When you were at [GRO-C] did--- you see your family?
- 24 A. Only once, when they had the open day.
- 25 Q. And how did it feel not seeing your family?
- 26 A. A bit upset. I used to go in the trees and cry.
- 27 Q. I know you told me last time that sometimes you switched out [GRO-C] into-- some
28 homes?-
- 29 A. Yeah.
- 30 Q. And there were some nice ones, like, run by the [GRO-C]?
- 31 A. Yeah, I know them. [GRO-C] used- to get on well with when they used to come home and
32 I used to go out with them like shopping and visit people, and they were good to us. They
33 used to shout me ice creams. "If you're good we'll get you something." So, I enjoyed going

- 1 out –[GRO-C] like--- when I did, I used to wash their cars and do the gardening for them.
- 2 **Q.** Can you remember how long you stayed with them?
- 3 **A.** A long time.
- 4 **Q.** Was that after [GRO-C]?
- 5 **A.** Yeah.
- 6 **Q.** And then what about [GRO-C]?
- 7 **A.** Yes. I used to get on well with them too.
- 8 **Q.** And that was another home that you lived in?
- 9 **A.** Yeah.
- 10 **Q.** Okay. So, you said something before about pills?
- 11 **A.** Yeah.
- 12 **Q.** Just focusing on [GRO-C] home [GRO-C] did----- they ever give you pills?
- 13 **A.** Yeah.
- 14 **Q.** What sort of pills were they?
- 15 **A.** They were Veractil 25s, they slowed me down.
- 16 **Q.** Right.
- 17 **A.** And they asked me, "Have you taken them?" I said, "Yes", put them under my tongue and
18 went to the toilet and spat them out.
- 19 **Q.** How was [GRO-C] involved--- in you going to Templeton?
- 20 **A.** He arranged it because they couldn't cope. My mother couldn't cope with us, so they
21 transferred me to Templeton, they said, "Where would you like to go?" I said, "One of the
22 hospitals", and they commit me to Rowan House.
- 23 **Q.** So [GRO-C] was--- your --
- 24 **A.** Social Welfare.
- 25 **Q.** -- Social Welfare person?
- 26 **A.** Yeah.
- 27 **Q.** Was he how- often did you see him when you were -at [GRO-C]?
- 28 **A.** I used to go to the Social Welfare and see him.
- 29 **Q.** And was he the person who was supposed to be looking after your interests?
- 30 **A.** Yeah. And they've got [GRO-C] got--- my account under the Social Welfare and I haven't
31 heard if I got it, and I think it's under his name, I've got to find out where it is and get the
32 money back.
- 33 **Q.** Is that a bank account?

- 1 A. Yeah, with my name, and there was money in it.
- 2 Q. Now, that day that he drove you to Templeton?
- 3 A. Yeah.
- 4 Q. What's your first memory of that first day of Templeton?
- 5 A. When I was in Rowan House I used to be in tears, wanted to go home.
- 6 Q. In Rowan House how many men were there with you?
- 7 A. Quite oh-, heaps. There was- dormitories too.
- 8 Q. Dormitories?
- 9 A. Yeah.
- 10 Q. Can you remember how old you were when you went to Templeton?
- 11 A. I think I was about 13.
- 12 Q. Right. If the records show that you were at [GRO-C] until--- you were 14 --
- 13 A. Yeah.
- 14 Q. --do you think maybe you went to Templeton when you were 15?
- 15 A. Yeah.
- 16 Q. Would that be right?
- 17 A. Yeah, that's correct.
- 18 Q. Okay. And so how long can you remember that you stayed at Rowan House?
- 19 A. Until I asked him for a transfer to another like- another, like, Templeton apartment, like
- 20 Beech, and went from Beech to Puriri and then Puriri, and then after Puriri - then to Rimu,
- 21 and then from Rimu to Maple and then from Maple out, and then I went and lived with
- 22 Effie.
- 23 Q. That's a good memory.
- 24 A. Mmm.
- 25 Q. Yeah, so that first few days that you were in Templeton --
- 26 A. Yeah.
- 27 Q. - do you remember ringing --[GRO-C] and--- talking to him about being in Templeton?
- 28 A. Yeah.
- 29 Q. What did you say [GRO-C]?
- 30 A. I just didn't bloody like the place, and I said I used to get beaten up by staff in Rowan
- 31 House and all the other villas.
- 32 Q. What did he say to that?
- 33 A. He said he'll deal with it; he'd deal with it and have a case on to it.

- 1 Q. Did he ever deal with it?
- 2 A. Yeah.
- 3 Q. What did he do?
- 4 A. He ripped into them and said, "I'll have to take him out of there."
- 5 Q. But did he take you out of there?
- 6 A. Yes.
- 7 Q. And you moved to where?
- 8 A. To his house.
- 9 Q. How long did you stay with [GRO-C]?
- 10 A. For a long time.
- 11 Q. Tell me about the hitting in Rowan House, who hit you?
- 12 A. The staff.
- 13 Q. Right. And why did they hit you?
- 14 A. When I used to swear at them.
- 15 Q. So, you'd swear at them?
- 16 A. Yeah, and told them I hoped they die.
- 17 Q. So, you'd swear at them and say you hoped they'd die?
- 18 A. Yeah.
- 19 Q. And their reaction would be to hit you?
- 20 A. Yeah.
- 21 Q. Whereabouts on your body did they hit you?
- 22 A. They used to smack me around the ear hard.
- 23 Q. So, what was the house that you went to after Rowan House at Templeton?
- 24 A. I went to Beech.
- 25 Q. Beech?
- 26 A. Yeah.
- 27 Q. What was Beech House like?
- 28 A. Quite nice, used to get up and have coffees and that and breakfast with the other guys.
- 29 Q. So, we know that there was work that you did at Templeton?
- 30 A. Yeah.
- 31 Q. Can you tell us about when you went to the training centre, what would you do at the
32 training centre?
- 33 A. I used to help them out.

- 1 **Q.** Right. And what would you do?
- 2 **A.** Used to do the toilets, and wash dishes and all that.
- 3 **Q.** And you told me last time about pushing the food trolley?
- 4 **A.** Yeah.
- 5 **Q.** Tell the camera about the food trolley.
- 6 **A.** When they wanted someone to do the food trolley at Templeton, Pine to Kōwhai, I used to
7 do the trolleys from Kōwhai, then from Kōwhai up to Kauri, then used to take it up to
8 Brian, and used to stop behind the trees, used to nick a bit of bacon, have a feed and then
9 pushed it back (inaudible). They didn't know who did it. So, I pinched some bacon, I was
10 hungry.
- 11 **Q.** Were you often hungry at Templeton?
- 12 **A.** Yeah.
- 13 **Q.** Why were you hungry at Templeton?
- 14 **A.** Because they didn't do very much meals.
- 15 **Q.** And the food trolley, was that taking food from, like, a depot to the villas?
- 16 **A.** Yeah. I enjoyed it.
- 17 **Q.** Tell us about the work that you did with Effie Deans at the riding school?
- 18 **A.** I was working at the Bottle store, and they had somebody - wanted someone to work for the
19 riding and I said, "I'll take it." So,- I worked with Effie for 40 years, that's what
20 I remember. And Effie said, "There's a group coming over", she told me, I said, "I'll muck
21 out the paddocks", and after I mucked out, I said I'll lead the horses, I led them. And then I
22 competed for the Special Olympics.
- 23 **Q.** Oh, yes, we have the records. That was in 1985?
- 24 **A.** And they only entered me Effie-- only entered me in four, and Peter McMillan, who's an
25 electrician says, "We'll enter you in another lot", like five more, and I won the whole lot,
26 everyone down in the south said, "You won't win", and I thrashed everyone, they were
27 shitty. So, I came home with all the medals.
- 28 **Q.** Can you remember where it was that you went for the Special Olympics?
- 29 **A.** It was up in Wellington.
- 30 **Q.** Yes. And what events can you remember doing?
- 31 **A.** Doing dressage figure of 8s and doing show jumping.
- 32 **Q.** Wow, that's cool, isn't it?
- 33 **A.** Yeah, and I enjoyed them. And when I got back, and I told them I'm going to use the

- 1 medals for sinkers.
- 2 **Q.** The medals you got, you used for sinkers?
- 3 **A.** Yeah, for fishing. Olive's got the sinkers the-- medals here.
- 4 **Q.** Would you go every day to work with Effie?
- 5 **A.** Yeah.
- 6 **Q.** And what sort of things did you do?
- 7 **A.** I used to scrub out the water troughs and all that. I used to keep them nice and clean for
8 her, and then when she was (inaudible) I used to Hoover out the office and clean the toilet
9 blocks and do the horse feed.
- 10 **Q.** And did the other residents at Templeton go and have rides on the horses?
- 11 **A.** Yeah.
- 12 **Q.** And what about the horse and cart?
- 13 **A.** That's when she got someone to come in to set up the cart and then after they set it up, she
14 said, "We can take the guys around the block in the paddock." I said, "Yeah, cool." And
15 then I got it, then the horses took some carrying and all the other fellas for a ride. At the
16 end the horse some- bright person got like string, pulled the cart out with string and the
17 horse bolted and smashed the cart. I said to the staff -(inaudible), you're not coming back
18 here.
- 19 **Q.** Talk to me what it was like living in Rimu Villa?
- 20 **A.** Bloody awful. Like a hole.
- 21 **Q.** Why was Rimu Villa so bad?
- 22 **A.** Because the staff used to hit the clients and beat them up and chuck them inside rooms.
- 23 **Q.** What was the charge nurse at Rimu, what was his name?
- 24 **A.** [GRO-B].
- 25 **Q.** So, you said that the staff used to hit the residents?
- 26 **A.** Yeah.
- 27 **Q.** Now [GRO-B] did--- he have a walking stick?
- 28 **A.** Yes.
- 29 **Q.** Tell us about what he would do with the walking stick?
- 30 **A.** He used to smack you on the head. One of the guys called [GRO-B] got-- smacked on the
31 head and he had a lump, and he says who did it -[GRO-B] so--- that's what he was like, he
32 was mean.
- 33 **Q.** So [GRO-B] was--- mean?

- 1 A. Yeah, and I used to go down to the side room, and they had a staff called [GRO-B]
2 he--- used to come to work and used to drink alcohol and then he ripped [GRO-B]
3 and--- used to [GRO-B] so--- I bolted outside and ran up to the head Superintendent Dr
4 Marshall and told him what happened, and then [GRO-C] and--- I told him, and said,
5 "What's wrong?" I said, "You better get me outside, I need to let rip", I said, "I have been
6 hit by [GRO-B] and--- he said, "what happened?" "He's bowled him over and I've got a
7 complaint", I want him out of the site, I want (inaudible) because [GRO-B] not--- very
8 well. Then after a while [GRO-B] got--- smacked [GRO-B] said--, "I think he's been
9 drinking beer." So, - he got taken out of there and put in where the alcohol apartment was.
- 10 Q. You've mentioned "side room".
- 11 A. Yes.
- 12 Q. Can you describe for me what was the side room?
- 13 A. Dark. It had bars on it.
- 14 Q. Where was the side room in Rimu?
- 15 A. It was on the right-- in the corridor.
- 16 Q. And what was the side room used for?
- 17 A. For locking people up.
- 18 Q. And why did the staff at Rimu lock the residents up?
- 19 A. And they had big master keys.
- 20 Q. But do you know why they locked them up?
- 21 A. No.
- 22 Q. Did you ever get locked up in the side room?
- 23 A. Yeah.
- 24 Q. And what was in the side room?
- 25 A. Just a cold bed.
- 26 Q. Cold bed. And was there any windows?
- 27 A. Yeah.
- 28 Q. And --
- 29 A. I used to climb out of it.
- 30 Q. Right. And so, can you remember a specific time that you got put in the side room, like just
31 one time in your memory?
- 32 A. Yeah.
- 33 Q. And how long would you have been in the room for?

- 1 A. For they'd-- kick me in there about 12 o'clock and they used to bring out the lunch. They
2 said, "You know the side room, you can have your own freedom, or you can go in the
3 dormitory, in the people's lounge", I said, "No, I want to go in the big boys' room", and
4 that's where I went.
- 5 **Q.** Right. So --
- 6 A. And I remember another thing too, they had two guys called [GRO-B] and--- they wanted
7 to know how they can get out so I said, "I'll go and tell the staff you need to go to toilet", so
8 by the boys' dormitory [GRO-B] off--- and said, "Get out" and they took off [GRO-B]
9 and-- I said, "I don't you know", I wouldn't tell them. So, I let them out of the boys'
10 dormitory out to the end of the door and I locked in, - and I didn't tell them I let them out.
- 11 **Q.** So, you got sometimes locked in the side room?
- 12 A. Yeah.
- 13 **Q.** Sometimes locked in the dormitory.
- 14 A. Yeah.
- 15 **Q.** And sometimes you were let out of the side room.
- 16 A. [Nods].
- 17 **Q.** Was it a punishment to go into the side room?
- 18 A. Yeah.
- 19 **Q.** If you'd done something bad?
- 20 A. Yeah.
- 21 **Q.** So, before he had that accident, did [GRO-B] used--- to do anything to the residents that
22 wasn't very nice?
- 23 A. Used to beat them up.
- 24 **Q.** And where did he take them to beat them up?
- 25 A. In the side room.
- 26 **Q.** Can you remember times where the staff at Rimu hit you?
- 27 A. Yes, I remember they used to kick me in the stomach and everything. And kick me up the
28 arse for being smart.
- 29 **Q.** Were you smart sometimes?
- 30 A. Mmm. And I used to swear at [GRO-B], told him he stunk, and he blew me up for saying
31 it.
- 32 **Q.** Right. So sometimes you used to call the staff names?
- 33 A. Yeah.

- 1 **Q.** But did the staff sometimes call you names?
- 2 **A.** They used to call me queer and all that.
- 3 **Q.** Right. They called you queer?
- 4 **A.** Yeah.
- 5 **Q.** Can you remember other words that they used that weren't nice?
- 6 **A.** They called me f'ing C.
- 7 **Q.** F'ing C?
- 8 **A.** And (inaudible) spastic.
- 9 **Q.** So "f'ing C" means fucking cunt?
- 10 **A.** Yeah.
- 11 **Q.** Yeah.
- 12 **A.** That was my favourite word, that I enjoyed saying that to them.
- 13 **Q.** You can say it to the camera what they said to you.
- 14 **A.** Templeton used to call me "f'ing bloody fucking little cunt" and what a wanker I was being
- 15 smart. So, I used to piss them off and I used to pull knives to the staff. They used to call
- 16 me retarded and spastic and a queer bastard and all that, and they said I'm going into a right
- 17 place like a stupid little arsehole, that's what they used to call me.
- 18 **Q.** Now, I want to talk about something that happened at Templeton.
- 19 **A.** Yep.
- 20 **Q.** I think it was not long before you left Templeton?
- 21 **A.** Yeah.
- 22 **Q.** And it's the one really bad thing that happened at Templeton with John van der Pol?
- 23 **A.** Oh yeah. He used to call the guys into, not (inaudible) but industry department and got the
- 24 girls in there, into the toilet block where the toilet was, and he had a cold mattress, he used
- 25 to play with the girls and he used get on top of them and do all the business, and he'd try it
- 26 on me too.
- 27 **Q.** Yeah. Okay. So, he was a training officer?
- 28 **A.** Yes.
- 29 **Q.** And he worked at the training centre?
- 30 **A.** Yeah.
- 31 **Q.** Can you describe what the training centre looked like for us?
- 32 **A.** It's a big workshop, where the guys used to do plugs and all that, and boxes, the box they
- 33 used to do is mushroom ones.

- 1 **Q.** Slow down for a minute. So, the guys used to do boxes?
- 2 **A.** Yeah.
- 3 **Q.** Can you explain what that means?
- 4 **A.** Boxes like mushrooms, where they put mushrooms in, and they used to take them to the
5 supermarkets.
- 6 **Q.** They used to make cardboard boxes?
- 7 **A.** Yeah, for the mushroom factory.
- 8 **Q.** So, residents would go to the workshop and work in the workshop?
- 9 **A.** Yeah.
- 10 **Q.** And in the workshop was there a room with a mattress in it?
- 11 **A.** Yeah.
- 12 **Q.** And where was that room?
- 13 **A.** In the staff toilet.
- 14 **Q.** Okay, in the staff toilet?
- 15 **A.** Yeah. Not a wee room, it was big.
- 16 **Q.** It was a big room?
- 17 **A.** With a shower and all that in there.
- 18 **Q.** What was in the room?
- 19 **A.** There was a mattress and toilets.
- 20 **Q.** And you said that you knew that he took girls in there?
- 21 **A.** Yeah.
- 22 **Q.** How did you know that?
- 23 **A.** I used to creep on the edge of the toilet where the door was and used to look in, and then
24 I reported him.
- 25 **Q.** I just want to talk to you about the time he did it to you?
- 26 **A.** Yeah.
- 27 **Q.** Okay. Was there anyone else at the training centre when that happened, or was it just you
28 and him there?
- 29 **A.** Yeah, it was there-- was guys there.
- 30 **Q.** Right. And how was it that you ended up in the toilet?
- 31 **A.** He just grabbed me by the arm and says, "I want to show you something", then he dropped
32 me on the floor and put his thing up my butt.
- 33 **Q.** What did he say to you when did he that?

- 1 A. He said, "I'm going to fuck you."
- 2 Q. And what did you say to him?
- 3 A. I said, "No, don't do that to me."
- 4 Q. Right. And did he do that to you?
- 5 A. He tried, but I just got out of there quick.
- 6 Q. Right. How long were you in there for?
- 7 A. A good hour.
- 8 Q. Right?
- 9 A. It was at lunchtime, about 12.
- 10 Q. Right. Last time you told me about him taking photos, was that right?
- 11 A. Yeah.
- 12 Q. Can you tell us about that?
- 13 A. He took photos and I think he sent it to his friend.
- 14 Q. What makes you think he sent it to his friend?
- 15 A. He's got a friend that knows about it, and he was like that too.
- 16 Q. Right. When you say, "like that", what do you mean?
- 17 A. He used to let him look at the photos what he was doing to me.
- 18 Q. I understand that you ran away from the training centre that day?
- 19 A. Mmm.
- 20 Q. How long was it before you told anyone about it?
- 21 A. I told the Superintendent about it and said, "I'm not going back there." "Why? You've got
22 to." I said, "No, I need to make an appointment with the head boss in Templeton." So, I
23 rung the office and told them. And they said, "Who?" I said, "John van der Pol done this
24 to me and the guys."
- 25 Q. Is that [GRO-C]?
- 26 A. Yeah.
- 27 Q. Before you talked to [GRO-C] who-- is the first other person that you spoke to- about it?
28 Was it [GRO-C]?
- 29 A. Yeah, and [GRO-C] what--- happened.
- 30 Q. Right.
- 31 A. I told him that "John van der Pol's putting things up my butt." When John van der Pol
32 picked me up from Templeton and said, "We're going to pull down the shed", and they had
33 the shed down, he says, "I'll give you \$100" and I didn't get the money. And that's when –

- 1 [GRO-C]- - they shut Beech down and then they said, "There's money there." I didn't get
2 the money -[GRO-C] I--- think they spent it.
- 3 **Q.** Okay, slow down, I don't understand this bit. So, after that happened?
- 4 **A.** Yeah.
- 5 **Q.** You were supposed to go to John van der Pol's house --
- 6 **A.** Yes.
- 7 **Q.** - to help him pull a shed down?-
- 8 **A.** Yeah, and he said, "I'll pay you."
- 9 **Q.** How long was this after this thing that he did to you?
- 10 **A.** He did after me, after he did that, he did it to me at his house, and his wife heard me
11 scream.
- 12 **Q.** Okay, so you went to his house?
- 13 **A.** Yes.
- 14 **Q.** To pull a shed down?
- 15 **A.** Yeah.
- 16 **Q.** And where did he do it to you?
- 17 **A.** Right in the back end.
- 18 **Q.** Right. In the shed?
- 19 **A.** In the house.
- 20 **Q.** In the house?
- 21 **A.** The wife heard me.
- 22 **Q.** Right.
- 23 **A.** She when- he went out,- I told her, I told her, "You better split up, John's done this."
- 24 **Q.** So how many times did John do these things to you?
- 25 **A.** About six times.
- 26 **Q.** In different places?
- 27 **A.** Yeah, between the front, from the front to the back, between the legs.
- 28 **Q.** Was that just on two occasions, the time at the toilets and the time at his house?
- 29 **A.** Yeah.
- 30 **Q.** Okay.
- 31 **A.** It was in Papanui.
- 32 **Q.** The house was in Papanui?
- 33 **A.** Yeah. He's built a new house, a big storey house, and he sold it.

- 1 Q. So, you can remember have a having a meeting and [GRO-C] was-- there and --[GRO-C]
2 was--- there?
- 3 A. Yeah, I remember that.
- 4 Q. But the Police weren't called, were they?
- 5 A. No, I was going to ring them.
- 6 Q. Can you remember a nurse called [GRO-C]?
- 7 A. Yes.
- 8 Q. Yeah.
- 9 A. I know her.
- 10 Q. Tell us about her involvement with this thing with John van der Pol, what can you
11 remember about [GRO-C]?
- 12 A. She said she can't take care of it, and she said I had to let the [GRO-C] (---inaudible) be
13 able to say why? I said, "I've been molested by John van der Pol", and I said, "I want
14 something done, if you don't, I'm going to have to get Social Welfare to move me out of
15 here." And I told them what happened.
- 16 Q. And what did [GRO-C] do---?
- 17 A. She didn't do anything about it.
- 18 Q. Did she try and help you?
- 19 A. The first time she did.
- 20 Q. Right. Did she know about the second time?
- 21 A. Second time, she knew.
- 22 Q. Right.
- 23 A. I think she was a good sort for helping me out.
- 24 Q. I know that you were at Templeton for about 15 years.
- 25 A. Yeah.
- 26 Q. That's about, right?
- 27 A. Yeah.
- 28 Q. I just want to talk to you about medication that they might have given you?
- 29 A. Yeah.
- 30 Q. I'm not sure which villa this was in, but --
- 31 A. Rimu.
- 32 Q. In Rimu, was it?
- 33 A. Yeah.

- 1 **Q.** So, who would give you drugs in Rimu?
- 2 **A.** The staff.
- 3 **Q.** Right. Do you know what the drugs were?
- 4 **A.** Veractil 25, it slows you down.
- 5 **Q.** And how did you know that they were drugs to slow you down?
- 6 **A.** They said it helps you.
- 7 **Q.** Right.
- 8 **A.** I used to dribble too from it.
- 9 **Q.** Was that when you were first in Templeton or later?
- 10 **A.** I was in there the first.
- 11 **Q.** When you were first in Templeton?
- 12 **A.** Mmm.
- 13 **Q.** So, when would the staff give you the pills?
- 14 **A.** They used to give it at breakfast time and teatime and lunchtime.
- 15 **Q.** And how did those pills make you feel?
- 16 **A.** Like slow. I used to run, and it slow me down.
- 17 **Q.** You talked about dribbling?
- 18 **A.** Yeah.
- 19 **Q.** So, the drugs would make you dribble?
- 20 **A.** Yeah.
- 21 **Q.** And --
- 22 **A.** And makes you sick too.
- 23 **Q.** Make you feel sick?
- 24 **A.** Mmm.
- 25 **Q.** In the day room did you notice other people being given the drugs?
- 26 **A.** Yeah.
- 27 **Q.** And what did it make the other people look like?
- 28 **A.** Like gaga, they used to have their head on the knee, and they were like zonked out.
- 29 **Q.** So, what did you do about those pills?
- 30 **A.** I told Dr Lee I didn't like the pills and I made an appointment with him and said, "These
31 pills make me go gaga."
- 32 **Q.** And then what happened?
- 33 **A.** He took me off.

- 1 **Q.** The day rooms, residents who didn't go off to the training centre or to riding, what
2 happened to them in the day rooms?
- 3 **A.** They stay there.
- 4 **Q.** Were they locked in the day rooms?
- 5 **A.** Yes, they do sometimes, they used to bring cups of tea into the guys and pour cups in them.
- 6 **Q.** So, they'd just drink pots of tea?
- 7 **A.** Yeah.
- 8 **Q.** Did staff take them to the toilet?
- 9 **A.** Yeah, they used to, they don't now. They used to piss on the floor.
- 10 **Q.** Right. So --
- 11 **A.** After they pissed on the floor, they mopped it up and said, "We need something done." So,
12 I said, "I'll polish the floor", so I went and polished the whole floor.
- 13 **Q.** Right. The residents who didn't go to the training centre or go and do a job, they'd just stay
14 in the day room?
- 15 **A.** Yeah.
- 16 **Q.** Did you ever see those residents put in the side rooms?
- 17 **A.** Yeah.
- 18 **Q.** And why would they be put in the side rooms?
- 19 **A.** For being naughty and pissing on the floor.
- 20 **Q.** Right. So, then the staff would put them in, lock them in the side room?
- 21 **A.** Yeah, and they'd lock the window so they can't get out.
- 22 **Q.** Right.
- 23 **A.** And they screamed.
- 24 **Q.** What would the staff do when something like a radio would go missing or a tape deck?
- 25 **A.** They used to round them up ask them where they put it, and they gave it to me, gave it
26 back, and then a week later they took it again and hid it.
- 27 **Q.** And how did you feel about that?
- 28 **A.** Pissed off.
- 29 **Q.** When you were working at Templeton, did they pay you any money?
- 30 **A.** Only about \$15, that wasn't enough.
- 31 **Q.** How many hours a week were you working when you got paid \$15 a week?
- 32 **A.** I was only doing spuds and veggies and all that. I used to do Kauri and Pine.
- 33 **Q.** Were you working every day?

- 1 A. Yeah, and weekends as well.
- 2 Q. But you only got paid \$15?
- 3 A. Yeah.
- 4 Q. The bad villas, what were they named? You've told us about Rimu, what were the other
5 bad villas?
- 6 A. Was Pine and Pine--, yeah, Pine, Rimu and Rowan House, they're all a pain.
- 7 Q. And what made them bad villas?
- 8 A. And Rata.
- 9 Q. And Rata?
- 10 A. Yeah.
- 11 Q. What made them bad villas?
- 12 A. They used to hit the guys there.
- 13 Q. The staff used to hit people?
- 14 A. Yeah.
- 15 Q. We know that you then went and lived at Effie's.
- 16 A. Yeah.
- 17 Q. Can you remember how it is that you came to be living at Effie's?
- 18 A. Effie had a talk to Steve about me moving in with her, on trial.
- 19 Q. On trial?
- 20 A. Yeah. And then I did some jobs for her, and she says I- did some painting, we haven't got
21 paint, get some diesel. So, I used to go out and said I'll paint half of this and then I painted
22 the whole post,- and she came back after 9 o'clock and the posts were finished. It's teatime.
23 Don't worry, I'll be back in an hour. So, the posts were all finished, came back, how was it,
24 finished all the posts. And that's when she had a fire in her place.
- 25 Q. So, Effie lived close to Templeton, is that right?
- 26 A. Yeah, Adams Road.
- 27 Q. So, you lived with Effie for a long time after that?
- 28 A. Yeah, yeah.
- 29 Q. How did you feel about living at Effie's compared to living at Templeton?
- 30 A. Pretty bloody good. Then I got a job for removals international.
- 31 Q. Was that with Grace Brothers?
- 32 A. Yes, not-- Grace, it was called Movement International, they changed it to Grace Brot hers.
- 33 Q. Tell us about your job at Movement International?

- 1 A. Used to go out, and they said, "We're going to go out and do some work. Do you want to
2 do some jobs?" "Yes." We didn't get home until after about 10 o'clock. And I rung Effie
3 and said, "We're going to be out late, me and removals are going to do packing." We did
4 the packing. He said, "What's all this?" I told him, and named it, and he says, okay, what
5 is it? Jewellery, girls' knickers, put those in the box, taped it all up, it was all ready to put
6 in the container when we got back, boxes, and then unloaded containers, like the
7 (inaudible).
- 8 Q. How much money did they pay you at Movements International?
- 9 A. About \$12, a 10 and a 2.
- 10 Q. \$12 an hour?
- 11 A. Yeah.
- 12 Q. So that was a lot more money than Templeton?
- 13 A. Yeah.
- 14 Q. How did that make you feel?
- 15 A. Felt good, and used to spend it, buy lunch.
- 16 Q. And how did you get to work when you went there?
- 17 A. Used to bike.
- 18 Q. And I understand after a while you had enough money to buy yourself a scooter?
- 19 A. Yeah.
- 20 Q. Was that right?
- 21 A. Yeah.
- 22 Q. When you lived at Effie's --
- 23 A. Yeah.
- 24 Q. -- how was that different to living in Templeton?
- 25 A. Bloody good, peaceful.
- 26 Q. Peaceful?
- 27 A. Yeah.
- 28 Q. When you say peaceful, what was it like living in the dormitories with all those other men?
- 29 A. It was like shit.
- 30 Q. Since you've been living under New Zealand Care, do you know what I mean by "under"
31 New Zealand Care?
- 32 A. Yes.
- 33 Q. Like sort of under their umbrella, can you describe the house that you now live in?

- 1 A. Much better.
- 2 Q. Much better?
- 3 A. Yeah.
- 4 Q. So how many bedrooms in the house?
- 5 A. About seven.
- 6 Q. Right. And where's your bedroom?
- 7 A. By the kitchen.
- 8 Q. By the kitchen?
- 9 A. [Nods].
- 10 Q. And do you have to go into the house to get to your bedroom or have you got a door to the
11 outside?
- 12 A. I've got a door outside.
- 13 Q. Right. Why have you got a door to the outside?
- 14 A. So, I can go out and have a smoke out the front. But you don't smoke where the drive is,
15 you've got to have a smoking area. So, I'm going to get a notice put on the by-- my room
16 and say smoking is just there by the water feature.
- 17 Q. So, did you want an outside door on your room?
- 18 A. Yeah.
- 19 Q. And why did you want an outside door?
- 20 A. So, I can go out the door and then I can go bike riding.
- 21 Q. And why do you like going bike riding?
- 22 A. I can go anywhere I want to go with the people I- get -people's when- people -say I-- get the
23 papers for them and they say number 5, number 2, so I take the papers up to the people's
24 drive and put it down there and go back to the house and have a coffee and feed the
25 cockatiels.
- 26 Q. So, in the house you're living at now, do you have freedom to do what you want?
- 27 A. Yeah.
- 28 Q. Is that important to you?
- 29 A. Yeah. They don't run my life, I just go out -- if I want to go fishing, but I haven't been
30 fishing for a long time, been busy working with horses, I had to let them know, I have to
31 finish this two weeks from today, but they don't run my life, I like going out visiting people
32 like Derek and Rebecca, sometimes I go out to Lyttelton and from Lyttelton to Diamond
33 Harbour, and then out to Quail Island.

- 1 **Q.** And did you have that freedom at Templeton?
- 2 **A.** No.
- 3 **Q.** How does it make you feel to have that freedom?
- 4 **A.** It's just perfect, how I want it.
- 5 **Q.** So, if you look back at your time at [GRO-C]-- --
- 6 **A.** Yeah.
- 7 **Q.** -- and at Templeton --
- 8 **A.** Yes.
- 9 **Q.** -- what do you think the impact has been on you, what are the bad things you still carry
10 with you from that time?
- 11 **A.** It gives me bad memories of it.
- 12 **Q.** Okay, so you have bad memories?
- 13 **A.** Yeah. And stress, putting up with it.
- 14 **Q.** Stress, tell me about the stress?
- 15 **A.** When I'm asleep and I always think about [GRO-C] and--- all that, and Templeton, it's like
16 a shit place.
- 17 **Q.** Yeah. So, at night time?
- 18 **A.** Mmm.
- 19 **Q.** Does it stop you sleeping sometimes?
- 20 **A.** Yeah.
- 21 **Q.** If you get a bad temper now, what do you do?
- 22 **A.** Just go for a bike ride, cool down.
- 23 **Q.** Right, that's good. And do you sometimes smash up your own things?
- 24 **A.** Sometimes I do, yeah.
- 25 **Q.** Why do you think you do that?
- 26 **A.** Because I get pissed off with them and I think I'll smash something, then after I smash it I'll
27 go out for a walk.
- 28 **Q.** Right, yeah. Those bad feelings --
- 29 **A.** Yeah.
- 30 **Q.** -- or bad temper --
- 31 **A.** Yeah.
- 32 **Q.** -- are they more now or less now since you've left Templeton?
- 33 **A.** It's less.

- 1 **Q.** Less?
- 2 **A.** Yeah.
- 3 **Q.** So, you feel better now?
- 4 **A.** Yeah.
- 5 **Q.** Right. All those bad things that happened at [GRO-C] and-- Templeton.-
- 6 **A.** Yeah.
- 7 **Q.** Nobody's ever apologised, have they?
- 8 **A.** No.
- 9 **Q.** And nobody's ever given you any money?
- 10 **A.** No. There's only one staff I like, it's Chris Connor, he's one of the good staff.
- 11 **Q.** Was that at New Zealand Care?
- 12 **A.** At Templeton.
- 13 **Q.** What do you think should happen now that people understand that bad things happened at
14 Templeton, what do you think should happen?
- 15 **A.** I think the person that causes it should be put in jail for the rest of their life. And I think it's
16 a bloody good place, I don't want to see them.
- 17 **Q.** What do you think the Government should do to make sure things like this don't happen
18 again?
- 19 **A.** They can tell them that they are not allowed to see where I am and find where I'm going.
20 I just don't want to see their faces.
- 21 **Q.** Do you mean the people who used to work at Templeton?
- 22 **A.** Yeah.
- 23 **Q.** Some of the people who hurt you at Templeton, are they have-- they since died?
- 24 **A.** I think he has; I don't see him now. But I said to the staff I hope they die.
- 25 **Q.** Right. If you could sit in a room with the people who hurt you, what would you say to
26 them?
- 27 **A.** I'd just tell them to stop doing things to people like molesting them and getting into their
28 pants and touching them up.
- 29 **Q.** Would it make you feel better if you could tell them that?
- 30 **A.** Yeah.
- 31 **Q.** What do you think the Government should do?
- 32 **A.** The Beehive should tell those people to pull their fingers out their arses, buck their ideas up
33 and do a better job themselves, because I don't want nothing to do with them.

- 1 **Q.** People who are looking after people who have got learning disabilities like you?
- 2 **A.** Yeah.
- 3 **Q.** How should they be treating people like you?
- 4 **A.** They treat me like shit.
- 5 **Q.** They do treat you like shit, but how should they treat people like you?
- 6 **A.** They should treat them normally.
- 7 **Q.** When you say, "treat them normally", what do you mean?
- 8 **A.** Help them out.
- 9 **Q.** Help them out?
- 10 **A.** And be kind to them.
- 11 **Q.** And be kind. What else helps?
- 12 **A.** They should take them out for a drive and shout them an ice cream and all that.
- 13 **Q.** Take them out for a drive, shout them an ice cream?
- 14 **A.** Yeah, and milkshake.
- 15 **Q.** Tony, are you telling us that you want to be treated just like anyone else --
- 16 **A.** Yeah.
- 17 **Q.** -- in New Zealand?
- 18 **A.** Yeah, that's right. And just be myself.
- 19 **Q.** You want to be yourself?
- 20 **A.** Yeah.
- 21 **Q.** Do you want the people who care for you to understand that Tony Ryder wants to be
- 22 himself?
- 23 **A.** Yeah. That's my favourite thing, and I like doing other things for people just like gardening
- 24 and all that, that's my favourite job, they asked me to do New Zealand Care, I said, "No."
- 25 **Q.** Do you have a job now that you're living at New Zealand Care house?
- 26 **A.** Yeah.
- 27 **Q.** Who do you work for?
- 28 **A.** I work for Treena Jordan and Marguerite and John Boyd.
- 29 **Q.** And what do you do?
- 30 **A.** I do the cleaning- out the stables and then I do -the wash-- out the water and then when they
- 31 come back in, around the track six times, I tie the horse up. And you got to be careful with
- 32 horses, if you don't, they can kick you. I've already had my toe broken two times.
- 33 **Q.** You got your broken tooth from it?

- 1 A. No, broken toe.
- 2 Q. Oh, broken toe.
- 3 A. They stood on it with a horseshoe.
- 4 Q. In your spare time what do you like doing?
- 5 A. I like, in my spare time I like going fishing. Not Brighton or Sumner, I go over towards
6 Lyttelton, before there's a place like the marae, I go fishing there. And there's graveyards.
- 7 Q. Do you go fishing as much as you would like?
- 8 A. Mmm.
- 9 Q. Is there sometimes a problem with going fishing because you don't have money?
- 10 A. Yeah.
- 11 Q. Yeah.
- 12 A. I need money to go fishing, I catch the bus. Sometimes I catch the bus, sometimes I bike
13 up the bridle path to the top and then go down to Lyttelton and go to the shop and then head
14 around and do fish, I buy bait.
- 15 Q. If you had more money from the Government, would you go fishing more?
- 16 A. Yeah.
- 17 Q. Would that help you?
- 18 A. Yeah.
- 19 Q. Is there anything else you would like to say on camera --
- 20 A. Yeah.
- 21 Q. -- about your life experience, particularly at Templeton?
- 22 A. It's like a hole, a hole of a place. I wouldn't even dare go there because it's like a place that
23 they can pick on you and upset you or whack you and then punch you in the stomach, and
24 all that, and give you black eyes, because I already copped that then I had a broken arm out
25 of it from Templeton and I hated it, one bit of it.
- 26 Q. And is there anything else you'd like to say?
- 27 A. I just don't want nothing to do with Templeton staff anymore, I want my own I've-- got my
28 own life to run, and I feel different, I enjoy it, thank you.
- 29 Q. Tony, why is it that you wanted to tell your story to the Commission?
- 30 A. I think that the Commission should do something about [GRO-C] and [GRO-C]
31 Templeton---- and [GRO-C] I-- think that should be put on TV to let everyone see it, and
32 do something about it, and deal with those staff they can call them in and talk to them why
33 they done that at Templeton and- been that long."

- 1 **MS BASIRE:** So that's the end of the pre-record and Mr Ryder is happy to take questions.
- 2 **COMMISSIONER GIBSON:** Thank you, Tony. It's such a honour to hear your story, it's great
3 that New Zealand's getting to hear your story, you're still good for us to ask you some
4 questions?
- 5 A. Yes.
- 6 **Q.** Okay, Commissioner Shaw, would you like to ask?
- 7 **CHAIR:** Hello, Tony.
- 8 A. Hello.
- 9 **Q.** Thank you for that story that you've told us, it just held us all spellbound and you've just
10 taught us a great deal today. I've just got one question. And it's to do with the impact on
11 you of the terrible things that happened to you while you were in care. And you've told us
12 that you feel have- bad memories and that sometimes you can't sleep, - or you think about it
13 when you're asleep. Is that right?
- 14 A. Yeah, exactly right.
- 15 **Q.** So, I'm just wondering, have you ever had a chance to talk to somebody about this impact,
16 like a counsellor or anybody to talk about the stress that you've suffered from those bad
17 things?
- 18 A. No, I haven't, not yet I haven't, I need to speak to someone.
- 19 **Q.** Yeah, yes. Would you like to talk to somebody to try and help you deal with that stress that
20 you're feeling?
- 21 A. Yes, please.
- 22 **Q.** Okay. Well, look, I haven't got any other questions. Thank you very much again.
- 23 A. Thank you.
- 24 **COMMISSIONER GIBSON:** Questions from me, Tony. You like biking and you like fishing.
- 25 A. Yes.
- 26 **Q.** Did you get to do any biking around Templeton?
- 27 A. Yeah, I enjoyed every bit.
- 28 **Q.** When you were in Templeton you were allowed to bike as well, were you?
- 29 A. Yeah.
- 30 **Q.** That's good to hear.
- 31 A. I used to bike from the bottom end to the top end, around the villas, and I used to go fast.
- 32 **Q.** If you were getting some counselling, somebody to help you sleep better and do other
33 things that help you recover from what happened to you --

- 1 A. Yeah.
- 2 Q. -- what kind of person would it be, would you like somebody who would go fishing with
3 you, or how would that make you want to do that, help tell what happened?
- 4 A. I like going fishing with a guy called Derek who works out at (inaudible), we went down
5 south, and we enjoyed it. That's my favourite, I like catching salmon.
- 6 Q. I like salmon.
- 7 A. Yes.
- 8 Q. Do you sleep better, do you feel much better after you've been fishing with Derek?
- 9 A. Yeah, we have a great time.
- 10 Q. Maybe we should maybe-- the Government should make sure you get more chances to do
11 that, do you think?
- 12 A. Yeah, I agree.
- 13 Q. Yeah, it's so good to hear, Tony. I'll ask Commissioner Steenson if she has any questions.
- 14 A. Yeah.
- 15 **COMMISSIONER STEENSON:** Hello, Tony. Nice to meet you.
- 16 A. Good to meet you too.
- 17 Q. I just have one question for you.
- 18 A. Yes.
- 19 Q. It's really encouraging to hear that you're enjoying your freedom and the life you've got
20 now.
- 21 A. Yeah.
- 22 Q. Can you tell us a little bit more about how you might be even more supported?
- 23 A. Supported yeah-, I just want to have my own (inaudible) plan to go fishing, I haven't been
24 for a long time, used to fish at Lyttelton-, but I miss that. But I've still got my rods and
25 I plan on going out maybe on Saturday when it's fine, there's a bus out there, then I'll take
26 my bike.
- 27 Q. Great, that's great. Thank you. Well, I just want to, on behalf of the Royal Commission
28 say thank you to you, Tony. Thank you for your statement and speaking about your
29 experiences of abuse in the homes and institutions that you stayed in. Thank you for your
30 courage in speaking about it at this hearing and telling us about your thoughts for the future
31 and what the Government should do. Thank you so much.
- 32 A. Yeah.
- 33 Q. We understand that you're going to have a bit of a celebration now; is that right?

1 A. Yes.

2 Q. That's great.

3 A. Too right, yeah.

4 Q. You have a wonderful time and thank you again, all the best, take care.

5 A. Thank you. Thank you very much. Cheers.

6 **COMMISSIONER GIBSON:** Thanks, Tony, you deserve that celebration.

7 A. Thank you.

8 **COMMISSIONER GIBSON:** Now afternoon teatime. Ms Basire, can I just check on what time
9 we need to be back?

10 **MS BASIRE:** We have enough time to take 15 minutes, quarter to 4 actually, 20 minutes.

11 **COMMISSIONER GIBSON:** Thank you.

12 **Adjournment from 3.24 pm to 3.47 pm**

13 **COMMISSIONER GIBSON:** Thank you, Mr Thomas.

14 **MR THOMAS:** Thank you, Commissioners. So, we have Sheree Briggs here to give evidence.

15 Madam Chair or Commissioner Gibson, did you want to take the affirmation.

16 **CHAIR:** I'll do the affirmation.

17 Good afternoon, thank you for coming and I appreciate you've had a difficult
18 journey up here, weather and aeroplanes permitting, so we're grateful for the effort you've
19 made, and very pleased to see you in person. Can I just get you to take the affirmation
20 please.

21 **SHEREE BRIGGS (Affirmed)**

22 **MR THOMAS:** Just by way of introduction, Sheree's here to give evidence about her time as a
23 psychopaedic training officer at Māngere Hospital in the 1980s. She's happy to take
24 questions during her evidence.

25 Sheree, we can just start right in if you like. I guess, firstly, can you tell us like a bit
26 about your background and professional training?

27 **CHAIR:** Sorry, before you do, are you going to show the video?

28 **MR THOMAS:** Oh, beg your pardon. Thank you for the reminder, Madam Chair. We've got a
29 short video scene setting to play for Māngere, one minute. **[Video played]**. Thank you,
30 Madam Chair.

31 **QUESTIONING BY MR THOMAS CONTINUED:** Sheree, I'll try that again. If I could just
32 get you to start with telling us about your background, professional background.

33 A. Sure. I worked at Māngere from 1979 to about 1984 and prior to that I had worked for

1 IDEA Services, which was then known as IHC, doing part-time residential care work when
2 I heard about Māngere and the opportunity to do training as a psychopaedic training officer,
3 so I made a pathway to that over a few years and started there, yeah, in '79 and completed
4 the training a training officer over that time.

5 **Q.** How long did that training take?

6 **A.** About three and a half years, yeah.

7 **Q.** That was on-the-job training, as I understand?

8 **A.** Yes, yeah.

9 **Q.** Working at Māngere?

10 **A.** Yes, yeah.

11 **Q.** This is jumping ahead a bit, but you later did some further training?

12 **A.** Yes, after I left there and went away overseas and worked, went over to Australia worked
13 in similar -type settings over there, I came back to New Zealand and they had started the
14 deinstitutionalisation process, and the Māngere clients were being transferred into
15 community settings, into -- under Spectrum Care, so I worked for them for a while, and
16 then while I was also training doing -- well, wasn't training, studying, doing an undergrad
17 and then postgrad in psychology, and then once I'd finished and trained as a psychologist
18 I continued to work for Spectrum Care until 2007 and then I left and worked for another
19 organisation with children with autism.

20 **Q.** Thank you. Can you describe what the sort of a- little bit about what the -on-the-
21 job- training was like as a psychopaedic training officer at Māngere?

22 **A.** It was a mixture of working alongside other trained training officers and some theoretical
23 work that you had to do and classes that you did on site, and then a period of six months we
24 went down to Kimberley Hospital and stayed in Levin and did six months theoretical and
25 practical training, but mostly theoretical. Mostly around sort of it- was a medical model, so
26 there was some parallels with the psychopaedic nurses but it was also a large component of
27 what was then called behaviour modification. So, a lot around
28 learning -the around-- different types of teaching techniques, prompting, reinforcing,
29 reductive techniques.

30 **Q.** Thank you. We'll come to talk about some of those techniques in more detail shortly,
31 particularly the aversive therapy.

32 I guess, can you just tell us when you started at Māngere, I guess a bit about what it
33 was like at that institution, just to give everyone an idea of, I guess, the size of it, how many

1 residents, how it was laid out?

2 A. I think it was physically-- it was about 10 or so acres on the main site. There was another
3 site in Papatoetoe that was in an old orphanage, I think, and there was a large workshop
4 there for more capable and older people who could do some manual work, and I worked
5 there for a little while, but I mainly worked at Māngere. And then in the middle of the sort
6 of grounds was a training centre and it had classrooms and other facilities in there and
7 people from the units, they were called some- of them came up for training and some
8 people from outside came into- the training centre as well.

9 There would have been about, I think about 13 units or so on site and there was one
10 other one, a smaller one in a residential house around the corner with about 600 people
11 living there, I think.

12 **CHAIR:** Do you mind if I ask a clarification question. We're using the word training in about
13 three different ways here. So, you were training to be a training officer?

14 A. Yes.

15 **Q.** And so how many people were at Māngere when you were doing that, how many people
16 were in your situation?

17 A. Psychopaedic training officers? That's a good question. Probably 15 to 20.

18 **Q.** Quite a number.

19 A. Yeah, yeah.

20 **Q.** That's one sort of training?

21 A. Mmm-hmm.

22 **Q.** Then you went off and you did your own training --

23 A. Yes, yeah.

24 **Q.** -- which was to become a psychologist?

25 A. Yes.

26 **Q.** Then you're talking about a place in Māngere at the centre where --

27 A. Where children came, yeah.

28 **Q.** Who are you talking about coming to training at that? Are you talking about the residents
29 or are you talking about the people training to be training officers?

30 A. So, the children came there, and they were taught, so we taught the children.

31 **Q.** Shall we say teaching the children?

32 A. Yeah.

33 **Q.** Would that be helpful just to get rid of this train wreck-- of training?

1 A. Sure, yeah. We were kind of schooled not to use that because we weren't teachers, we
2 weren't under the teaching profession, we were a qualification alongside the psychopaedic
3 nurses that were specifically for those children who lived in the institution, so we couldn't
4 teach or work outside of the institution.

5 Q. So "training" is the right word really, I don't want you to change your evidence, but just so
6 we're quite clear about all of that.

7 A. Yeah.

8 Q. Now we understand. So, what you've just been talking about in the centre there, training
9 places where residents, children came to be trained?

10 A. Yes, in the main training centre they were children, predominantly children, and there was
11 another little building next to that that had older people, and then the more, the more senior
12 and more capable were in Papatoetoe.

13 Q. Thank you.

14 Sorry to interrupt, Mr Thomas. I think I certainly understand it a bit better now,
15 thank you.

16 **QUESTIONING BY MR THOMAS CONTINUED:** Not a problem, Madam Chair. At risk of
17 further confusing the matter, I'll ask: How many trainers were training the training officers,
18 if you like, would you say?

19 A. So, there were none, none specifically, so it was like a mentoring type programme, really.
20 You worked alongside another training officer for a period of time in their classroom with
21 children in their classroom, and you did kind of a little rotation and then you, I think it
22 would have only been three months after I started there I had my own class, and in the class
23 was me and about five or six children and then one or two nurses who worked in the units
24 where the children came from also came up with the children and worked in the classroom
25 with us, because the children weren't in the units anymore, so they came up with them.

26 But there was only there-- were three training officers who taught us that were
27 based at Kimberley, and that's all they did. They didn't work with children.

28 Q. Thank you.

29 I won't ask any more questions along those lines, Madam Chair.

30 And I guess from this point forward we'll be mainly talking about the training centre
31 and the children attending that, or largely children.

32 A. Mmm-hmm.

33 Q. I guess on that, yeah, can you you've-- already given us a pretty good description of

- 1 Māngere. The training centre itself, like how many residents were attending that?
- 2 A. 30 or 40 out of the 600 or so. So, they were only seven or eight classes, small, and they
- 3 only had five or six children in each class, so, yeah, not many, considering how many
- 4 people lived at Māngere.
- 5 Q. I guess, what opportunities were there for the remaining residents that weren't attending the
- 6 training centre?
- 7 A. None.
- 8 Q. In your statement you talk about children arriving and families bringing their children to
- 9 Māngere. Do you want to discuss that briefly?
- 10 A. Yeah, I became more aware of that when I left Māngere and started working for Spectrum
- 11 Care because there were some reconnection with families there, so I heard the stories about
- 12 that once a child was diagnosed with a disability, in particular one parent I talked to, she
- 13 had twins that at around 18 months, two years, it became very evident that they had quite a
- 14 significant disability, and she took them to Māngere and was advised to place them there
- 15 and to move forward and have more children or do something else, and forget that she'd
- 16 had these other children, and she didn't come and see them, I think perhaps three or four
- 17 times came out to Māngere and saw them and found it so distressing that she never went
- 18 back, so she didn't reconnect with her two sons until they were in their 30s and in
- 19 residential care, in the community, and that was common.
- 20 Q. I was going to ask, was that a typical scenario?
- 21 A. Yeah.
- 22 Q. So, were family visits and connections encouraged or discouraged?
- 23 A. No, well, yeah, I don't know if they were discouraged, but they weren't they- didn't occur
- 24 very- -- with any frequency and we certainly never saw any parents at the training centre
- 25 where the children were being taught, yeah, only the ones who came in for day stays, but
- 26 otherwise I didn't meet any of the parents.
- 27 Q. What about if someone did come, was there anywhere they could go to meet their child?
- 28 A. No, that was one of the things that this parent in particular talked about being a problem,
- 29 she just had to put them in the car and then drive them around and then drop them back
- 30 again.
- 31 Q. Sure.
- 32 A. Yeah, and she found that quite problematic, and a not very valuing visit.
- 33 Q. Can we move to talk about I guess day-to-day- life and care -- sorry, I have just been asked

1 if you could move that mic a little bit closer to you.

2 Sorry, I was just going to ask, can you describe a bit more about what it was like,
3 I guess, day-to-day life in Māngere and, yeah, the residential unit?

4 A. When I first went for a job interview there, or like an orientation visit, we went around all
5 of the units and were shown and met people who lived in there, and I was told afterwards it
6 was a bit of a, like an exercise to see if you could stick it and if you had the ability to sort of
7 cope with that, then you could work there. It was I'd-- never seen anything like it before in
8 my life, and they took you to the units where the most disabled people, physically and
9 intellectually, were living and it was barren, there were people crawling on the floor, there
10 was one person who had a stand-up frame to walk in but he wasn't placed in it and so he
11 was sort of bottom shuffling, pulling it along. There was nothing in the re, it was just a
12 vinyl floor and high windows.

13 And then we went to another unit where there were more mobile people who were
14 older, bigger males and there was a lot of aggression between them while we were there.
15 Yeah, it was quite confronting and quiet, yeah, it wasn't there-- wasn't anything for them to
16 do, yeah.

17 Q. Was that sort of like an orientation, if you like, for you, like to the --

18 A. There were three of us, two didn't come back, mmm.

19 **COMMISSIONER STEENSON:** Can I just ask a question. So, do you think that the things that
20 were going on there was the reason why they discouraged family and parents not to visit
21 and not have contact? Or was there another reason that they --

22 A. Possibly. I think possibly that and possibly an ideological or philosophical sort of
23 pervasiveness of the time was that if you had a child with a disability it went into an
24 institution and you got on with your life, so I think that had a role to play.

25 But yeah, I didn't ever see any parents in the units and when they took their children
26 out, they took them out in the car, so they didn't stay in the day room with them or spend
27 any time in the homes that they or-- in the places they lived.

28 Q. Thank you.

29 **QUESTIONING BY MR THOMAS CONTINUED:** How were the units or residents living in
30 these units, were they grouped together by level of disability, or how did that work?

31 A. There was a couple of units that were gender, so one unit, unit 3, had females only who
32 were mobile and capable. And yeah, I could go through them one by one, but there were
33 some that were people with high physical disabilities, you know, extreme physical

1 disabilities and high medical needs. There was another one there -- were a couple of males
2 only, there was one that was for smaller children, yeah, up to eight or nine. So, they were
3 kind of grouped for different reasons, but the ones that came to the training centre to be
4 taught came from specific units only.

5 **Q.** And what were they, just to help us understand?

6 **A.** The one that had children that were under eight, the one, unit 3 with the females that were
7 more capable, and there was also a classroom that had people with mainly physical
8 disabilities, so they came from one of those units.

9 **Q.** How young were the children in the youngest ward, if you like, sorry youngest unit?

10 **A.** Three to four was the youngest, three to four years old, but they didn't come to the school
11 until they were five.

12 **Q.** If it's possible to, can you describe the staff and resident relationship at Māngere?

13 **A.** It varied. I mentioned that I felt the staff that were working at the training centre
14 demonstrated more compassion and care for the wellbeing of the people that they were
15 working with. There were some, definitely some - nurses as well that were good sorts and
16 there was a whole bunch of nurses and nurse aides that weren't and did not
17 demonstrate they-- were cruel and unkind.

18 **Q.** Was there an overall sort of ethos amongst the staff or was that only with some staff?

19 **A.** It was more it- was -more there-- were more staff that were unkind and cruel than there
20 were that were nice.

21 **Q.** Can you tell us about, I guess, the difference in activities for residents attending the training
22 centre versus those that were not, I think you've already touched on it but...

23 **A.** Mmm. So, for the children that came into the training centre, we had a curriculum that we
24 assessed them against to see where their skills were and then identified specific skills to be
25 taught and use the techniques that we were learning to teach those. They also had some
26 time outside in the playground area, and day trips out, as well, and the people who lived in
27 the units didn't. So, they went for walks around the grounds occasionally up to there- was a
28 gym that was based on the top of the hill,- and they sometimes went in there. There was a
29 pool that some people got to go in. But in the units, there was no programmed activity or
30 equipment or, yes, any recreational toys or objects or anything.

31 **Q.** The residents that were attending the training centre, how often would they be attending,
32 every day?

33 **A.** Yeah, Monday to Friday they went back to the units for lunch and then came back after

1 lunch and had an afternoon session.

2 **Q.** Would it be fair to say, then, there were a lot more opportunities for those residents than
3 anyone else?

4 **A.** Mmm, yeah, we took them once- a year we took them camping to Kauaeranga Valley and
5 we also took them out to the Beach House, which is a house out at Maraetai- that I think
6 was under a family trust I think for people to go to.

7 **Q.** I am going to move on to ask you about aversion therapy and different aversion techniques
8 that you witnessed at Māngere.

9 **A.** Mmm-hmm.

10 **Q.** Before I get into the specific techniques, I understand you're aware from your professional
11 training that the Commission has heard some evidence from a Dr Parsonson about aversion
12 therapy and minimum requirements, if you like, for a practice to be regarded as aversion
13 therapy, such as an appropriately qualified therapist, an assessment process to determine
14 whether a certain behaviour is sufficient to justify an aversive therapy. I guess, can you tell
15 us whether those requirements or minimum standards, if you like, were applied then at
16 Māngere?

17 **A.** I know they most likely are applied now but they weren't applied when I was working at
18 Māngere, there was no there- was no looking at the least restrictive alternative in terms of if
19 a behaviour was identified as problematic, then punishment was a quick and effective
20 technique that was suggested to reduce problematic behaviour. And the training would be:
21 This is how you do it, rather than this is why- it's needed or what else, you know, what's the
22 procedures for the withdrawal of the punishment, what are the procedures for, you know,
23 what alternative approaches could we consider, what alternative behaviour are we going to
24 teach to meet that same need, looking at why they're doing what they're doing.

25 There was not it- -was that's-- the difference between science now and the science
26 then, it was behaviour modification which was to increase or decrease with whatever
27 techniques you had rather than looking at analysing why behaviour is occurring.

28 **Q.** Thank you. I guess, would you need any sort of sign off from anyone to apply Aversive
29 Therapy or technique?

30 **A.** Not then, no. There was one situation where a wee girl that was in my class left the
31 premise, left the facility quite frequently, and left the unit on one occasion and ended up in
32 the mangroves behind her unit and it was proposed that we use electric shock therapy
33 to -- electric shock to -- contingent on her crossing a line, which was determined as the

1 front doors of the training centre, and I was to be delivering that, monitoring her and setting
2 the situation up so that it could happen, and then use the remote to deliver the shock.

3 **Q.** And did you?

4 **A.** No, no.

5 **Q.** What was the how-- was the shock to be administered?

6 **A.** She was wearing, the belt, she wasn't wearing it, but I was shown a belt that she would be
7 wearing around her waist.

8 **Q.** I guess, did you witness that happening?

9 **A.** No, it wasn't implemented because she was in my class and --

10 **Q.** What happened when you refused to administer that?

11 **A.** We came up with some other techniques that were less aversive, yeah, mostly close
12 supervision and then we also moved her into a different class where there were less
13 children and it was more of a play-based class, mmm.

14 **Q.** Thank you. At paragraph 2.11 of your statement there's some different aversive practices
15 that you mention, and I'm just going to take a little bit of time to ask you about each of
16 these.

17 You've just mentioned an example of electric shocks. Perhaps the next one,
18 ammonia capsules; do you have any examples that you can recall of that being used?

19 **A.** For self-injurious behaviours. They were snapped under a person's nose for aggression
20 towards others.

21 **Q.** Sorry, just to go back one step, just to clarify on the shock belt that you mentioned, it was
22 the case that you didn't see that being used --

23 **A.** No, no.

24 **Q.** -- by any other staff?

25 **A.** No.

26 **Q.** Thank you. What about, how was medication used?

27 **A.** As a restraint, as a chemical restraint, there were also medication trials that occurred where
28 a researcher asked for participants in different medications and we were taking data on,
29 blindly, on effects of that medication, but there's a lot of, well, yeah, a typical psychotic
30 medication, you know, that's not used now but was used then that were quite, I suppose
31 frequently and overly administered and prescribed.

32 **Q.** Are you thinking of a particular medication?

33 **A.** Haloperidol was one that was used a lot, Risperidone and the other sort of less dirty

- 1 anti-psychotics weren't available then, so there was a very, just medication that was used
2 for behaviour rather than any mental unwellness.
- 3 **Q.** Did you observe were-- there any adverse effects of Haloperidol for example?
- 4 **A.** Yeah, tardive dyskinesia.
- 5 **Q.** Did you see that happening?
- 6 **A.** Yeah.
- 7 **Q.** What about other medications like Paraldehyde?
- 8 **A.** Yeah.
- 9 **Q.** How was that used?
- 10 **A.** Injected, yeah. I didn't see, that but I knew of it.
- 11 **Q.** In what sort of situations might that be used?
- 12 **A.** For escalations of behaviour. So, if, particularly at St John's, if a person's behaviour
13 escalated there was minimal staff available there and they were taken back to their
14 residential place and, yeah, we'd find out what had happened.
- 15 **Q.** And was the medication administered back at the residential unit?
- 16 **A.** Yeah, we didn't administer any, that was the nurse, yeah, that was the nurse's role.
- 17 **Q.** Was there anything else on medication you wanted to mention?
- 18 **A.** Well, it was overused and not reviewed frequently, and not removed if it was causing other
19 problems.
- 20 **Q.** Was it used as a form of control?
- 21 **A.** Mmm, mmm, yeah.
- 22 **CHAIR:** Before we leave medication, do you mind if I just ask a question about this. You refer to
23 research trials.
- 24 **A.** Mmm.
- 25 **Q.** Who conducted those?
- 26 **A.** Am I allowed to name who?
- 27 **Q.** I'll just check. When I say who, did they come from within Māngere or were they from an
28 external organisation?
- 29 **A.** An external researcher who approached Māngere and the psychiatrists, I suppose, at
30 Māngere and the paediatricians to identify participants.
- 31 **Q.** We'll just leave at that: An external researcher came in, with the permission of the
32 Superintendent or medical officers, and conducted the research?
- 33 **A.** Mmm-hmm.

- 1 **Q.** Was there any question of any consent being given by the parents of these children?
- 2 **A.** Or the people who were giving getting-- the medication, some of them were adults.
- 3 **Q.** The first one is the parents.
- 4 **A.** Yeah no.--
- 5 **Q.** And secondly the I- mean, it could be either, I'm not doing it in order of priority but -just
- 6 what-- about the children or the people receiving this research?
- 7 **A.** Not that I was aware of.
- 8 **Q.** Were you aware of any protocols that surrounded that research?
- 9 **A.** Only the procedures that we were given on how to record the behaviour, nothing else. We
- 10 weren't giving the medications, but we were doing the recording.
- 11 **Q.** You were asked to record the behaviours after the medication was given?
- 12 **A.** Yeah.
- 13 **Q.** Who administered the medication?
- 14 **A.** The nursing staff.
- 15 **Q.** At the direction of the researcher?
- 16 **A.** Yeah.
- 17 **Q.** And did this go on all the time or was it just occasionally or how often?
- 18 **A.** There were at least three trials that I can recall during the four years, three and a half years I
- 19 was there.
- 20 **Q.** And you and your colleagues would write up the results, would write up your observations,
- 21 give that back to the researcher?
- 22 **A.** Yeah, it was quantitative data so there were specific things they were looking for. So, there
- 23 might be side-effects, ticks or some specific behaviours -or and-- they were predominantly
- 24 around addressing behaviours of concern, so the people that were identified as participants
- 25 were people that had been identified as having some problematic behaviour. So, they
- 26 were --
- 27 **Q.** So they were being tested out to see if whatever they were given was --
- 28 **A.** Yeah.
- 29 **Q.** -- made a difference?
- 30 **A.** Yes.
- 31 **Q.** Do you have any idea what the drugs were that were being trialled on these people?
- 32 **A.** No. Only that they were anti-psychotics, but I don't know the names of them specifically,
- 33 or placebo.

- 1 **Q.** Thank you.
- 2 **COMMISSIONER GIBSON:** Can I also just check what was the age range of the participants in
3 these trials?
- 4 **A.** The last one I can recall was at St John's, so the people would have been in their 20s and
5 upwards, but prior to that it was at the training centre, so they would have been children
6 down to the age of five.
- 7 **CHAIR:** Thank you.
- 8 **COMMISSIONER GIBSON:** Thanks.
- 9 **CHAIR:** While we're still asking questions, in your brief of evidence on the electric shocks it says
10 primarily through belts but also through helmets.
- 11 **A.** Mmm.
- 12 **Q.** I think we better just explore that a little bit too.
- 13 **A.** Yeah, I never saw them in action, but they were something that I knew was in the literature
14 and had been discussed as the possibility of being there-- was a technician that worked at
15 Māngere who developed all these things specifically, and he was building or making
16 (inaudible) helmets, but they were never used at the training centre.
- 17 **Q.** They weren't used?
- 18 **A.** No.
- 19 **COMMISSIONER GIBSON:** Were they ever trialled? How were they known to work?
- 20 **A.** In terms of?
- 21 **Q.** Helmets and belts?
- 22 **A.** Whether the effect reduced the behaviour?
- 23 **Q.** Or whether they gave the effect of a shock or anything like that?
- 24 **A.** Oh, right. I think by the reaction of the person they put it on.
- 25 **Q.** So, was that staff or the technician themselves or perhaps residents?
- 26 **A.** It would have been the technician - no-, not the staff, the technician would have worked
27 alongside the staff and asked them to place the belt on and then see if there was a reaction
28 when a certain shock was given. I don't know about the helmets, but I did know that
29 happened with the belts.
- 30 **Q.** Thanks.
- 31 **CHAIR:** Thank you.
- 32 **QUESTIONING BY MR THOMAS CONTINUED:** Just one further question picking up on the
33 Commissioner's questions about the trial of the drugs. Was there any involvement of a

- 1 medical practitioner?
- 2 A. Yeah, there was a paediatrician based at the hospital on staff.
- 3 Q. Was that person directly involved?
- 4 A. Yes, he was one of the authors of the research.
- 5 Q. We might move on to another technique that - I'll- come back to time-out boxes and
6 seclusion, but and-- deal with that shortly, but you mention cold showers and fire hoses
7 being used. Can you give any examples of that?
- 8 A. They were used if particularly-- if a person was incontinent, they were typically the go -to
9 to for- staff, nursing staff in the units. So that's where I saw it happening. It was
10 never -used we- didn't have showers at the training centre, -but yeah--.
- 11 Q. So, fire hoses being used on residents to clean them, how would you describe it?
- 12 A. As a punishment, yeah, for being incontinent, mmm.
- 13 Q. Was that a common occurrence.
- 14 A. Yes.
- 15 Q. On different aged residents?
- 16 A. Mostly older residents, yeah. The unit that had the younger children in was run by a charge
17 nurse who was one of the better charge nurses, I never saw any aversive procedures being
18 used in that unit, and it was a very open unit, you could come and go.
- 19 Q. So, the practice may vary between units?
- 20 A. Absolutely.
- 21 Q. What about the spraying of water to the face, can you give us an example of that, how that
22 was used?
- 23 A. Just from a spray bottle as --
- 24 Q. To discourage a behaviour or?
- 25 A. To respond to a behaviour, an unwanted behaviour.
- 26 Q. Any specific examples that come to mind?
- 27 A. Regurgitation was one.
- 28 Q. Removing attention, you mentioned was a practice?
- 29 A. Mmm.
- 30 Q. How was that carried out?
- 31 A. Usually by removing the person from the environment outside or in a day room. It was
32 used at the training centre as well.
- 33 Q. So, taking a person out of a situation?

- 1 A. Mmm, mmm.
- 2 Q. I'll come back now to time-out boxes and seclusion.
- 3 A. Mmm-hmm.
- 4 Q. I just wanted to know if you could give a bit of a description, I guess, firstly, of the time-out
5 boxes, like, yeah, what were they like?
- 6 A. They were built they- were in the training centre, I -don't they- did have them in the units as
7 well, in two that I can think of, but we had two at the training centre, and they were small,
8 square boxes that had no roof on them and were just built into a corner with a lock on the
9 outside and- were made of a plywood or something like that.
- 10 Q. Can you give us an idea of how the-- height of these boxes, roughly?
- 11 A. They didn't reach the ceiling, I don't know how in- a normal building what the pitch, what
12 the height is, but they were about sort of that far off the ceiling, so -over a-- person of my
13 height could put their hand up and put their hand-over the top, but only just, you couldn't
14 climb out of them.
- 15 Q. There was no roof on them, if you like, or top?
- 16 A. No, no.
- 17 Q. But they were locked from the outside?
- 18 A. Yeah.
- 19 Q. And how were these used?
- 20 A. They were part of a behaviour programme typically for response to aggressive behaviour,
21 sometimes self-injurious behaviour and a person when they engaged in this specific
22 identified behaviour were restrained and taken down to the timeout box and placed in there
23 until they were calm.
- 24 **CHAIR:** Restrained how?
- 25 A. By physical restraint. So, one of the nurses the-- nurses that were in the room with the
26 training officer, and the training officer, would take the person down.
- 27 Q. By holding them physically?
- 28 A. Yeah, moving them.
- 29 Q. Not tied or?
- 30 A. No, no, no.
- 31 Q. Thank you.
- 32 **QUESTIONING BY MR THOMAS CONTINUED:** You mentioned they could remain in there
33 until they'd calmed down, so I take it was there no set time?

- 1 A. No.
- 2 Q. And were they able to move in the boxes?
- 3 A. Minimally.
- 4 Q. Could they - they- could stand and sit?
- 5 A. They could sit, but yeah, most sometimes- when they calmed,- they sat, but most of the
6 time they would stand and smash against the wall or bang their heads against the walls and
7 scream.
- 8 Q. I guess what's the longest period of time that you're aware of, of a resident being in one of
9 these boxes?
- 10 A. Over an hour with one young boy for-- biting.
- 11 Q. I guess, are you aware of any other accounts of residents being in there longer than that?
- 12 A. Not at the training centre, no.
- 13 Q. Was there any separate use of seclusion or would you say that was the form of seclusion
14 that was used?
- 15 A. No, people could be locked in a day room, locked in another area to separate them out from
16 others. Not, yeah, down in the units that happened frequently.
- 17 Q. And would that have been a specific seclusion room or?
- 18 A. No, I don't recall there being specific rooms that weren't used for something else as well.
- 19 Q. So just locked in another room away?
- 20 A. Mmm.
- 21 Q. Any, like, indication of how long they might be in a seclusion room?
- 22 A. A long time.
- 23 Q. Hours?
- 24 A. Mmm, I would yeah--.
- 25 Q. How would they get out?
- 26 A. When the staff unlocked the door. The staff all had master keys, so the doors
27 were they- had -a some-- of them had a window or a double Perspex, but when the staff let
28 them out.
- 29 Q. Was it based on whether they'd calmed down or not or was it variable?
- 30 A. In some occasions they were used as somewhat of a supervision, so if the staff were low in
31 numbers or it was a tea break and there was a person, two particular people who didn't get
32 on, one would go in there and the staff would be with the other person with the rest of the
33 group.

- 1 **Q.** Was that due to lack of, sort of, staff numbers, what do you put that down to?
- 2 **A.** Well, yeah, they weren't ideally staffed, so in the units there might be 10 or 15 people in a
3 day room and two staff and one's got to go for a break.
- 4 **Q.** Moving on to physical abuse that you witnessed, particularly between residents you
5 describe, can you talk about that?
- 6 **A.** I never saw a staff member hit a client or resident, I had it reported to me from them that
7 they'd been hit by a staff member. But there was a lot of aggression between the people
8 who lived there, and it did it-- seemed to be encouraged or a bit of a sport for some staff to
9 allow that to happen, or to provoke it to happen. Yeah.
- 10 **Q.** What about biting?
- 11 **A.** Yeah, there was lots of different types of aggression, but biting commonly occurred with
12 some people. And I think I mentioned in my statement that there were, it was well-known
13 that if a person was -a the- biting was difficult -to was-- entrenched and sort of difficult to
14 avoid or to prevent, they would have their teeth pulled out and the twins that I talked about
15 were two that that happened to.
- 16 In fact, in one of the houses I worked in for Spectrum Care there were five men and
17 four of them had no teeth and they were in their 30s.
- 18 **Q.** So, all of their teeth removed?
- 19 **A.** Mmm.
- 20 **Q.** By a dentist?
- 21 **A.** Yes, there was a dental clinic at Māngere Hospital.
- 22 **Q.** Sorry, going back to the assaults I guess, or aggression between residents, how can-- you
23 give us an idea of how serious these could be?
- 24 **A.** There was blood and there was one incident of a young man who I didn't know about,
25 I found out about it later when I worked at Spectrum, he was living in one of the homes,
26 and he had been kicked in the head by a person in his unit. The two were known not to get
27 on, and not to tolerate each other very well, and he was kicked in the head repeatedly and
28 lost his sight as a result. And I find it difficult to believe that that couldn't have been
29 stopped before it got to that extent.
- 30 **Q.** With that particular incident, were staff aware of it?
- 31 **A.** Yes, I heard from yeah--, I heard that they were watching it.
- 32 **Q.** And could have intervened?
- 33 **A.** Mmm.

1 Q. But didn't?

2 A. No.

3 Q. Moving to sexual abuse at Māngere, yeah, what were you aware of in that regard?

4 A. I was -- the most-- the areas that I had the most knowledge of were the teasing and
5 ridiculing of two particular residents of St John's who were engaged in a sexual relationship
6 and staff would constantly wind them up about it, particular staff, and tease one of them
7 to -- or insinuate that there were other people that were interested in the person that he was
8 having a relationship with to make him jealous and upset, and he would escalate, his
9 behaviour would escalate quite rapidly and get really upset about it. So that was a frequent
10 occurrence.

11 Q. Any comment on why they might have done that?

12 A. Probably because they were both males.

13 Q. Was there any, I guess, sexual abuse that you witnessed between staff and residents?

14 A. Not that I witnessed, but I suspected, there was one person who was physically and
15 sexually abused, I believe by one of the staff nurses and he if- you asked him and said
16 something, "Did so and so", he would shut down and refuse to talk about it and ask you not
17 to say anything, -and yeah--.

18 Q. You talk about staff sometimes taunting residents and mentioned a particular example
19 relating to trucks. Can you tell us about that?

20 A. The same person who used to wind up these two gentlemen also used there- was one person
21 who was obsessed about the trucks that came in to -the into-- St John's with the work for
22 them to do, and he knew all the names of the different trucks and he knew the drivers and
23 he got very excited when they turned up. And this person would say, "The truck's coming,
24 I can hear it", so he would go flying down the driveway and there'd be no truck, and he'd
25 come back, and this staff member would laugh and have a grand time at his distress.

26 Q. Changing topic slightly, you talk about Depo Provera being used --

27 A. Mmm.

28 Q. -- as a form the of contraception. How widely used was that?

29 A. I think it was more used as a means to prevent menstruation and it was most of the females
30 of that age.

31 Q. Did they consent to that?

32 A. Not that I'm aware of. Many of them would have found it difficult to give informed
33 consent, but those that could, I doubt were asked. In fact, yeah, I've seen it being

- 1 administered without consent, where the person's actively resisting.
- 2 **Q.** We've talked about some forms of psychological abuse already, but you do mention
3 punishment tactics being used by staff. Is there anything else you wanted to say about that?
- 4 **A.** Other than what I've already talked about?
- 5 **Q.** I think, yeah, you may have already covered it. At para 2.23, when you talk about the use
6 of fire hoses or cold showers?
- 7 **A.** Mmm.
- 8 **Q.** You've covered that?
- 9 **A.** Mmm.
- 10 **Q.** Moving on to neglect and the different forms that took, privacy, was there privacy for
11 residents?
- 12 **A.** No. No, there were no units that had their own bedroom space or areas that would
13 there- were sometimes curtains between them, and no -ability I- think in all of- the units all
14 the toilets were open, the showers were open. They didn't have their own personal
15 belongings or personal clothes. There were no doors on the toilets at the training centres
16 either.
- 17 **Q.** What about if residents needed to change their clothes, could they do that?
- 18 **A.** No. No, the clothes came out in a big bag at the beginning of the day, in a big white linen
19 bag and they were pulled out of there. Each unit had a colour t-shirt so when you saw them
20 walking around the grounds you knew which unit it was by their colour t-shirt.
- 21 **Q.** Okay?
- 22 **A.** The one unit they had their own clothes was unit 11 with the children in it, they had clothes
23 that they seemed to wear again and again, so I assume they had their own there.
- 24 **Q.** Would they have those clothes for the day, like you mentioned, they'd have the ir colour for
25 the unit and that was it for the day?
- 26 **A.** Yes, yeah.
- 27 **Q.** Any other personal effects that residents had or were allowed?
- 28 **A.** Infrequently there'd be one or two people that would carry a particular object, and one
29 person I worked with later in the community, he had that, he had a ring like a, I can't
30 remember the name of the game, quoits, he had a quoits ring and when I met him again in
31 the community, he still had that. So, he had that for 10, 15 years, but that was unusual.
- 32 **Q.** What about other stimulation or entertainment, or activities, was that available to residents?
- 33 **A.** Not within the units. There were no, yeah, no toys available or no equipment outside. The

1 grassed areas were fenced and there was nothing in the grassed area, you'd often see them
2 walking, pacing out there, there was nothing no-- balls or toys or equipment that older
3 people could use.

4 **Q.** You mention one particular instance of seeing in-- relation to toys, can you tell us about
5 that?

6 **A.** Yeah, in the afternoon we would take the children back to the units and open up the back
7 door and put them in the big day room and I had the job of, one day, of dropping a couple
8 of people off and they had - I'd seen them before, they had toys pinned up above the sort of
9 top, yeah, high up above the walls and, for whatever reason, that day I decided to get some
10 down and give them to the people that I'd brought back, and then left. And then I got called
11 in to my boss's office the next day and told there'd been a report that I'd done that, and then
12 I -got had-- to go and see the chief, whatever he was, doctor somebody, and was told, yeah,
13 was disciplined for it and told I wasn't to go back to that unit, that the charge nurse had
14 banned me.

15 **Q.** Would you know why the toys would have been pinned to the walls like that?

16 **A.** They were inaccessible there, it kind of looked nice, but they were decoration and
17 inaccessible to anyone.

18 **Q.** What sort of was- it- children in this area?

19 **A.** They were mid-teens and older, or people who were nonverbal and quite severely
20 intellectually disabled.

21 **Q.** Was there a reason for them to be pinned up on the wall?

22 **A.** So, they wouldn't be ruined.

23 **Q.** So, they could see them but not use them?

24 **A.** Mmm, mmm.

25 **Q.** How did you feel about getting a complaint about that?

26 **A.** A little probably-- rebellious, bitter, but, yeah, I would have done it again if I'd had the
27 chance.

28 **Q.** Talking about cultural neglect now, is there anything in the way of recognition of culture at
29 Māngere?

30 **A.** No. There was, yeah, a wide range of people from different ethnicities that lived there, and
31 there was never there- was- never any attempt to make any connections for them with their
32 ethnic backgrounds or provide any cultural activities.

33 **Q.** Were there celebrations for special events, birthdays, that sort of thing?

1 A. Not that no--, not that I can recall.

2 **MR THOMAS:** Madam Chair, sorry, I'm just conscious that I'm running over time slightly, I'd
3 expect...

4 **CHAIR:** I think we should carry on.

5 **QUESTIONING BY MR THOMAS CONTINUED:** Thank you. I'm nearly on to the final
6 couple of pages. I wouldn't expect to be too much longer.

7 What about in terms of medical care, was that available at Māngere?

8 A. That was all in-house, so the nurses were all trained medically. The doctors, there
9 were the-- main boss was a doctor, he was a paediatrician, I think, and there was one of her
10 paediatrician that I'm aware of, but they weren't there-- wasn't the level of care they- never
11 got outside care, so -no one- was ever taken to a hospital that I'm aware of.

12 And there were lots of situations where people were clearly medically neglect ed.
13 There was one man I worked with in the community later, who I didn't know at the
14 hospital, he was actually one of the people who I'd seen on my first visit and he was very
15 physically disabled, and he -- and lots of contractures and he'd had his two legs amputated
16 because his contractures had developed where the skin was not able to get any air, they'd
17 developed quite significant wounds and sores and he wasn't -- and he was one of the people
18 that went to Māngere as a young child, so he wouldn't have been that bad when he first got
19 there, but because he hadn't been given proper physiotherapy and other treatment, his legs
20 were amputated.

21 **Q.** You mention another example of a resident who was ingesting items, can you tell us about
22 that?

23 A. Yeah, it was well-known- that she would ingest non-nutritive items such as bandages and
24 plasters, other bits of cloth, and it was assumed that she did it because -she it-- was a
25 behaviour that she enjoyed, and she died, and it was later found out that she'd died from
26 ulcers, she had a perforated ulcer. So, she was possibly ingesting them to try and reduce
27 the symptoms of the ulcer.

28 **Q.** I take it that was an undiagnosed ulcer?

29 A. Mmm-hmm.

30 **Q.** Stomach ulcer?

31 A. Mmm.

32 **Q.** You mention that some units were perhaps better than others --

33 A. Mmm.

- 1 **Q.** -- within Māngere. Was that down to who was running the unit?
- 2 **A.** Yeah, and then which staff were attracted to work there because of the person running the
3 unit. So specific types of people liked to work in specific types of units and that particular
4 one had some really amazing nurses and had a close relationship with the training centre.
5 So, they would come up frequently and we would go down and, as I said, it was quite an
6 open-door policy. And he that-- charge nurse came away with us when we took the kids
7 camping. He was the only one who did.
- 8 **Q.** What were the residents like within that unit?
- 9 **A.** They were young, the younger children, and all the day stay children not -- day stay, sorry,
10 respite children that came in for a break and then went home to their parents again.
- 11 **Q.** Was deaf culture catered for at Māngere?
- 12 **A.** Not until later. There were some residents who signed amongst themselves and some of it
13 was iconic sort of signs that they had developed, but later when they lived in the
14 community there was a connection with Kelston and some deaf staff were employed into
15 the homes, but not at Māngere.
- 16 **Q.** That must have presented particular challenges for those residents, I would imagine?
- 17 **A.** Mmm. Yeah, they were treated, unfortunately, the same as a person who was non-vocally
18 verbal, and yet they were quite capable.
- 19 **Q.** Moving to complaints, was there a complaints process at Māngere?
- 20 **A.** Against for-- the staff?
- 21 **Q.** I guess, for both, for residents --
- 22 **A.** No.
- 23 **Q.** -- firstly?
- 24 **A.** No. No, there was no process. There was nothing to stop you making a complaint as a
25 staff against a staff, and parents complaining, I think that occurred occasionally, but there
26 was no complaints process or complaints procedure to follow up and resolution for
27 anything that was brought forward.
- 28 **Q.** Would people, would staff feel that they could complain, in your view?
- 29 **A.** No, no.
- 30 **Q.** Why is that?
- 31 **A.** I think there were too many staff that were, the weight or -- the majority was the people who
32 were in the role that shouldn't have been in the role and so the culture was more, ignore it,
33 move on, than standing up for people's rights.

- 1 **Q.** Would you face repercussions if you did complain?
- 2 **A.** I'm not sure, apart from ostracising, being ostracised, I don't know if there'd be complaints
3 that were, yeah, sort of more serious like being put on nightshifts on a frequent basis or
4 being put into a unit you didn't like working in.
- 5 **Q.** But you might be ostracised amongst other staff members if you complained --
- 6 **A.** Definitely.
- 7 **Q.** -- about staff?
- 8 **A.** Yeah.
- 9 **Q.** What about a complaints process for residents, could they make a complaint?
- 10 **A.** No, well, there was no process; certainly, no encouragement to do so.
- 11 **Q.** Non-verbal residents?
- 12 **A.** No. Most people who didn't have families connected also didn't have any welfare
13 guardians or other advocates, except for the staff that might like them.
- 14 **Q.** Was there any ability for a resident to complain externally, say to the Police or another
15 agency?
- 16 **A.** I think the only I- can't think of any opportunity for them to have access to anything to be
17 able to do that or- leave the premises to be able to do that. All the units mostly were
18 locked, and access wasn't, or egress wasn't available without staff. It was a long way down
19 the driveway to the road.
- 20 **Q.** Moving, perhaps, to the final part of your statement now, what would you like to see done
21 better in the future?
- 22 **A.** That's a big question.
- 23 **Q.** In your statement you mention things such as financial barriers, funding limitations. Do
24 you think anything should change there?
- 25 **A.** Yeah, and specifically sort of for the personnel that are supporting people who need
26 support, the training, appropriate training and mentoring and supervision. But yeah, money
27 would make a difference. I don't --
- 28 **Q.** Better pay as well?
- 29 **A.** Yeah, I mean, the people who live in residential care now, many of them live in, not all of
30 them, but many of them that have to live in residential care are in homes of people they
31 don't know, that they haven't chosen to live with, and living in numbers because it's more
32 economical to do that. So, yeah, if there was more money then that wouldn't necessarily
33 have to happen.

- 1 **Q.** You mention evidence-based care. Can you expand on that?
- 2 **A.** Yeah, I mean everybody can learn skills if the right approaches are used, and if the right
3 environment and context is provided. So, the evidence is really clear that if we get in early
4 with children who have been identified as at risk of developing a disability or have a
5 disability, that we've got a good chance of improving their skills, so they are more
6 independent and more able to function without needing as much care and support. But we
7 don't do that, we wait until it's a problem and then we offer cursory or, not cursory, but
8 limited support.
- 9 **Q.** What about special schools, any comment on how they operate, or could - how- you'd like
10 to see them operate?
- 11 **A.** Using that same approach, the evidence-based approach to teach people, not just have them
12 in a setting because they can't manage them in a main stream setting or manage their
13 behaviour or adapt the curriculum. The special schools that we have that I have been in and
14 around in the last few years have hallmarks of Māngere and other places I've worked in
15 where there's limited individualised treatments and approaches.
- 16 **Q.** You mention you'd like to see purpose-built homes where possible?
- 17 **A.** Mmm.
- 18 **Q.** Do you want to expand on that?
- 19 **A.** Yeah, the difficulty yeah-, people who I worked with that had quite significant physical
20 disabilities and needs, it was often not set up for them and so they -were - people- were
21 trying to care for them in a situation where, yeah, they couldn't even bath or shower them
22 properly, they didn't have all the equipment they required. There are some improvements
23 in there, but there is still a long way to go.
- 24 **Q.** Just on that, a final question. Looking back on it during your time at Māngere in the 1980s,
25 is it any better now for people with a disability, as you see it?
- 26 **A.** If you were just to compare that environment to what we've got now, there is improvement,
27 it's not ideal, it's not we're-- not there. But there's certainly more there's-- more focus on
28 providing appropriate care, but there's still huge deficits in the care that is provided.
- 29 **Q.** Thank you. I'll just pass you over to the Commissioners for any further questions.
- 30 **COMMISSIONER GIBSON:** Thank you, Sheree, I'll start off with some questions. What
31 training practices from back in the day, back in the 80s seem to work, do you think, or
32 seemed to work at the time?
- 33 **A.** Focusing on specific skills, so the curriculum that we had where we were able to assess a

1 child or an older person, up to a certain age, and work out what specific communication
2 needs they needed, what letter skills they needed, what social skills, what functional motor
3 skills. So, targeting those skills and working in those systematically was effective and it
4 was, yeah, only that-- was the one good thing about the training centres was that there was
5 a focus on teaching skills.

6 **Q.** And today in schools, schools and other environments, what are the evidence-based
7 practices that we know of that are working and what are the ones which we should leave
8 behind?

9 **A.** I think there is still I- think there's a massive gap in understanding why unwanted behaviour
10 occurs still and there's not a careful analysis done of why somebody might engage in
11 something that is either aggression, you know, topographically unwanted, and working out
12 what an alternative behaviour is. That is still not occurring. And there is not appropriate
13 curriculum adaptation for the people who are in the schools. So there's an approach, -one
14 size- -fits -all kind of approach. I don't see individualised plans, yeah.

15 **Q.** Do you think we have, if I were to broadly call this a behaviour support workforce in
16 schools, do we have the right training, the right capacity and capability, enough people
17 doing this kind of work, is it available to schools and families ?

18 **A.** I don't think there's enough, it is available, but there's long, long wait times, for families in
19 particular. And there are, in terms of schools, it's a very consultative model, so there's not
20 enough going in, and enough training for teachers who are at the coal face basically.

21 So, the teachers that work in specialist schools are not necessarily engaged in
22 further training or have often come out of mainstream and straight into that setting and it's a
23 completely different need in those settings.

24 **Q.** Thanks.

25 Commissioner Steenson, do you have any questions?

26 **COMMISSIONER STEENSON:** Yeah, I just have one question. Kia ora.

27 **A.** Kia ora.

28 **Q.** You talked about the at-- Māngere there were 660 residents living in 11 units and Baker
29 House?

30 **A.** Mmm.

31 **Q.** Can you just give us a sense of the demographics or the majority demographics?

32 **A.** So, they ranged in age from four to five right through to elderly and they were in - some
33 cases in units based on their age but in some cases the older people were more

1 based -in were-- in units based on their need, their functional need. So, people who had
2 physical disabilities were in specific units that were more set up for them than others.

3 **Q.** So, it was quite a spread age wise?

4 **A.** Yes.

5 **Q.** There was no specific age group?

6 **A.** No, no.

7 **Q.** And what about ethnicities, the majority ethnicities?

8 **A.** The majority would have been Pākehā, but there were a substantial number of Pacific
9 Islanders and Māori and Asian, Indian, some other European ethnicities, mmm.

10 **Q.** Okay, thank you.

11 **COMMISSIONER GIBSON:** Commissioner Shaw.

12 **CHAIR:** Sheree, this has been extremely interesting evidence and I think shocking in many
13 regards. I use that word advisedly. I have two particular questions. The first is about your
14 training, just to go back to where I started.

15 **A.** Mmm-hmm.

16 **Q.** Who was responsible for your training, who was employing you? Was it Education or was
17 it Health or who was it? Which Department?

18 **A.** It was Health. So, it was the Area Health Board which and-- then became the District
19 Board or the other way around, the same as what we're doing now, from one to the other.

20 **Q.** Whatever they were, let's just call it Health.

21 **A.** It was Health, yes.

22 **Q.** So, Health made the decision to have its own training programmes?

23 **A.** Mmm-hmm.

24 **Q.** And I take it were- there- other educational facilities at Māngere?

25 **A.** No.

26 **Q.** So, the Education Department, for example, didn't have any role --

27 **A.** No.

28 **Q.** -- in education of any sort at that residence?

29 **A.** No, there was a special school down the road, and I can recall in the time I was there that
30 maybe two of the people who lived at Māngere, three, went from Māngere and to the
31 special school, but the rest came to the training centre, or stayed in the units.

32 **Q.** Right. So apart from your training there was no education provided at Māngere?

33 **A.** No.

- 1 **Q.** Thank you. And my second question arises from your evidence about unit 11, which you
2 describe as being a unit that was well-run, a good charge nurse who understood and took
3 care.
- 4 **A.** Mmm.
- 5 **Q.** And there was a very nice environment and very nice culture there in that place.
- 6 **A.** Better than the rest.
- 7 **Q.** All right, perhaps I've overstated it, better than the rest, but a contrast between that and
8 other places where you've described behaviours and practices that are obviously less than
9 acceptable?
- 10 **A.** Mmm.
- 11 **Q.** As somebody who was in there but not part of all those units, did you have a sense that
12 there was anybody who was part of that management that kept an overall view of the
13 standards and the cultures and the behaviours in each of the units?
- 14 **A.** No. It was very much a the-- charge nurse runs it the way they want to run it, and the
15 charge nurses of those units, their culture, their personality was very evident in the way that
16 the units were being run. And there wasn't much change in terms of the people running
17 them either, they stayed in those positions for a long time.
- 18 **Q.** Right.
- 19 **A.** So, there were supervising sisters above them, typically, but they had very hands-off
20 approach, there was no unifying sort of level of code of conduct or standards.
- 21 **Q.** Yes, that's what I'm really going to, you're right, and consistent standards of --
- 22 **A.** Yeah.
- 23 **Q.** -- care, consistent values, nothing like that at all?
- 24 **A.** No, no, no.
- 25 **Q.** So, each of these charge nurses was pretty well, a law unto themselves?
- 26 **A.** Yes, yeah. And it was -- that was, yeah, very evident if you looked at a place like Baker
27 House which was also run very well, they were very medically fragile children there, and it
28 had a nice feel and sense about it, and unit 11, and then you walked into unit 8 or unit 9, it
29 was like -- it was disgusting, there were people that weren't changed, they had no - they
30 were just walking around with filthy clothes on. And they were clearly also not fed
31 sufficiently, when the food truck came there was a massive sort of, like, in those places
32 particularly, onslaught to the door, yeah. In some units people were underweight - and in
33 other units they weren't.

- 1 Q. So, the next question this-- goes to the systems at play there.
- 2 A. Mmm.
- 3 Q. There was a Medical Superintendent or was there an overall person in charge?
- 4 A. There was.
- 5 Q. And do you know what role that person had in all of this?
- 6 A. I never saw him in the units, he was in the - the- photo that you showed of the doors, he
7 was in there, in the office at the end and I never saw him leave there.
- 8 Q. And we will, of course, look at the lines of responsibility and who was responsible for
9 overall care there.
- 10 A. Mmm.
- 11 Q. And there is one question that's just occurred to me. You talked about medical neglect, and
12 there were nurses and doctors on site, was there a hospital wing or a hospital place where
13 people with illnesses would be placed to care for them?
- 14 A. No, no, it was all care in the unit. The only other separate unit was the dental unit.
- 15 Q. That would be just to go and have your teeth attended to or removed or whatever?
- 16 A. Yeah, they did general anaesthetics there too.
- 17 Q. There was no residential place where an ill person could go, be treated in a hospital like
18 environment before being returned to the unit?
- 19 A. No, and I'm unaware of anyone ever going to a general hospital that lived there. They did
20 when they were in the community, but yeah.
- 21 Q. Thank you. I think we've asked you quite sufficient questions for today, but I'm just going
22 to ask you, would you be prepared, should we need further information, to be available for
23 questions, offline not in public, would that be all right?
- 24 A. Sure. Yes, yeah.
- 25 Q. Very grateful for that. So just a massive thanks from the Commission to you for the
26 contribution you've made, you've put a lot of work into your brief, we can see that, and the
27 evidence you've given today, as I have said, is in some regards quite revelatory and very,
28 very important to the work of the Commission, and for that we thank you very much
29 indeed. So, you're now free to go. Thank you.

30 **COMMISSIONER GIBSON:** Thank you, Sheree.

31 Now, to close off for the day, can I hand over to the kaikarakia.

32 **Karakia mutunga and waiata He Hōnore by Ngāti Whātua Ōrākei**

33 **Hearing adjourned at 5.15 pm to Wednesday, 13 July 2022 at 9.30 am**

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