CHAIR: Thank you. We will now take a lunch adjournment and we will resume again at 2.15. Thank you.

Lunch adjournment from 1.00 pm to 2.20 pm

CHAIR: Good afternoon Ms Janes.

MS JANES: Good afternoon Commissioners. Our next witness is Dr Fiona Inkpen from Stand Tū Māia. I call her to the stand.

CHAIR: Thank you.

DR FIONA INKPEN

CHAIR: Good afternoon Dr Inkpen. Before we start would you take the affirmation please? That means listening to me and saying yes if you wish. Do you solemnly, sincerely and truly declare and affirm that the evidence that you will give before this Commission will be the truth, the whole truth and nothing but the truth?

A. I do, thank you very much.

QUESTIONING BY MS JANES:

Q. Your full name is Fiona Anne Inkpen. Can you tell us a little bit about yourself and your background?

A. I would just like to speak the organisational tauparapara as a way to begin. I'd like to stand up to do that if that's okay.

CHAIR: Please do.

A. Kia ora. Ko ngā pou e whiria, ko ngā pou e mārama, tiaho mai i roto, mārama mai i roto, ko ngā pou o tēnei whare, hui te ora, hui te mārama, hui ē, tāiki ē. Ko te Pou Matariki nō Tū Māia, ko au Fiona Inkpen.

[The pou of the whare bind us together, They shine, they shine bright and clear within, The pou of the whare gather with life, gather with light, They bind us together as one. It is done! I am Fiona Inkpen and greetings to you all today.]

COMMISSIONER ERUETI: Kia ora.

COMMISSIONER ALOFIVAE: Kia ora.

A. I'm Fiona Inkpen and I'm Chief Executive of Stand Tū Māia and greetings to you all today. Just a little bit about my background. I have a background working in mental health, Corrections, Health and Disability Services and it's been my privilege for the last 20 years to work alongside whānau and tamariki who live in adverse life circumstances and many of those children have experienced childhood trauma.

QUESTIONING BY MS JANES CONTINUED:

Q. So you're giving evidence today on behalf of Stand Children's Services Tū Māia Whānau

which we will shorten to Stand Tū Māia with your approval. Can you outline the objectives that the organisation has to redress?

A. This is something that we are very passionate about, which is wonderful to have the opportunity to present that. We have, despite our limited resources, developed a redress approach that supports steps towards recovery for those still suffering from the impacts of institutional harm and abuse. It has very much been a journey of discovery and I'm certainly not up here as an expert in any way, but simply to represent the learnings that we've had in journeying with people who are survivors of abuse and neglect.

We hope, by articulating and sharing our approach to redress, that we can influence a trauma-informed approach and a culturally safe way of working with issues for survivors, and we would hope we would be part of collectively designing a redress system that avoids further harm, offers deep respect and provides lasting recovery.

Q. Can you give the Inquiry a brief background of the legal status of Stand Tū Māia and how you became involved in redress?

A. Our history began in 1919 when our ancestors first had the idea of setting up children's health camps. One of our important ancestors was a woman by the name of Elizabeth Gunn. She discovered at the time of the First World War that our young men were not fit enough to go to war and she decided to design a solution that would help young people to become much weller, much more healthier.

So we started life as a health service. Today we are a specialist social service. And that is very much about the fact that we started as a community movement really focussed on the needs of our local community and our general population and we've continued to do that in a way. What was fantastic was that we had a situation where the Act that set up children's health camps in the 1950s as a permanent solution to the health needs of children was actually repealed in 1999 and that enabled us to be much more responsive to the needs of children and families and not be ruled by the Act, and hence our journey to working more with adverse childhood circumstances and trauma.

Q. And you talk at paragraph 2.3 about the statutory liability in transfer under the Children's Health Camps Board Dissolution Act 1999?

A. Yes.

Q. So what did that mean for the organisation post that Act?

A. Primarily it transferred all of the assets and the liabilities to a new charitable trust that was set up. That trust was independent of Government and we designed a new service alongside Government to better meet the needs of children and families. At the time we

were – I joined around that time and the – became Chief Executive in 2001 and helped re-design the service.

We were blithely unaware at that time that we'd also inherited the liabilities of historic harm and so of course that – although the services itself that we continue to deliver were funded, the redress process for historic harm has not been funded and still is not funded today.

Q. So just to summarise in your evidence you talk about the transfer of the assets and the liabilities and at that stage unbeknownst to you the claims were part of the liability part of the balance sheet?

A. That's correct.

Q. And the health camps previously were administered, there was Ministry of Health involvement and also associated health camp schools. Can you just give us a little brief background about how those two intersected with your observations?

A. The children's – the Ministry of Health, we were effectively a quango of the Ministry of Health and they gave us a grant and we provided services nationally, very much along, you know – sorry, I'm just trying to think. The Ministry of Health funded our services, but they didn't fund the health camp schools, the Ministry of Education funded those and the Ministry of Education were the employers for the teachers who worked in the health camp schools.

So there was a dual governance structure which was actually quite complex right through until 2011. And that prevented us from agreeing, if you like, what would be the standards of care, or what would be the practices that we would uphold for children, families. We made a lot of progress under that dual governance model, but it was a big relief to us in 2011 when we could move to one governance structure and agree one set of standards.

Q. What brought that change about in 2011?

A. It was as a result of quite a large review that was conducted by the Ministry of Education and the Minister, the then Minister of Education, Anne Tolley, made the decision to change the health camp schools and give us a contract to provide education services.

Q. And just looking at paragraph 2.6 of your evidence, you talk about the funding that Stand Tū Māia operates under. Can you just describe how you're funded?

A. We're funded to deliver services to, both to families and to children. That's via contracts with Government where we provide both evidence of how much work we've done and how effective and also the quality of what we've done.

Importantly our funding does not include funding for redress processes. But I do have a board who take very seriously our history and take the responsibility of that very seriously. So, they provide funds from the long-term investments which are actually part of our property investment fund which was developed by them. I'm very lucky, I have a very entrepreneurial board who made the most of our assets in terms of them being handed to us in order that we can address the needs of people that have been harmed by our organisation in the past.

Q. Thank you. And Commissioners, we won't go to it, but appendix 1 has a much more detailed outline of the history and purpose and functions. So moving from there, can you tell us about the nature and state of the records of the health camps that you inherited and what you had to work with?

A. Yes. When I took over in 2001 I remember doing a calculation to imagine how many children had actually experienced a health camp stay since their inception in 1919. And I think I came out with it was close on 230,000, something like that.

Back from the start children would come to stay for six weeks at a time, sometimes children had repeat stays, you know, in different years, but not all that often. And the records were very sparse was what I discovered. They primarily were held right up until the 1990s in large registers, so there were great big books like this and each child had a line in the register. So you had the child's name, their address, their date of birth, who their parents were, where they came from, what school they went to, any diagnosed conditions, who referred them, and the reason for referral.

So – and at the end of a child's stay you would see a comment that – about the child's stay, usually written by the matron. And the really important point, their height and weight at the start of a stay and their height and weight at the end of a stay. It was very much a one size fits all solution for children. You know, the idea that they would attend six weeks, you kind of, you have to excuse me, I used to call it sheep dipping sort of model where sort of like you put a child through this experience and then come out the other side and somehow they'd be better for it.

So they weren't really delving into what was happening for a child or what their life was like or really what the child's view of being there or anything like that. It was just this is it, children will profit from going through this process and will believe that.

Q. So in terms of any incidents or changes in behaviour, would they have been captured in those records?

A. Occasionally you could see something in the final comment, you could read into that final

comment that something had not gone right, or a view had been formed about a child. Yeah, so there were the odd comments, you know, I've read those that still exist, those registers. There is the odd comment that you think today that person would no longer work for us quite frankly if they'd written that about a child. So that probably gives you a little bit of a red flag about something not right happened here for this child.

Q. And you talk at paragraph 2.17 about the 1990s and destruction of records. Can you just talk about what records were available and what records are now available and the changes?

A. Yes. Staff records we've always only kept as per the requirement under law, so we normally keep staff records for seven years. And that's with the same as in the past. So the policy for children's paper files up until the Royal Commission moratorium was that we would destroy paper files after 10 years, and that was just because we were effectively governed by the Health Retention Records Act and so we lived according to that.

Since 2001, not consciously because we want records of what we've done, but since 2001 we've always considered in the new service design and delivery that a child's story belongs to them, and so we value that story and for that reason we've always kept those records electronically and those records are kept in perpetuity, they are archived when we close a file but they can easily be opened if somebody makes an inquiry.

Q. And we will return to that as part of the redress process a little bit later. Just moving now, can you tell us about what Stand Tū Māia looks like and how it operates today and what its purpose is?

A. First we are a charity, we operate independent of Government and so we have our own mission statement. Our mission is very much focused around two kupu that we hold very, very dear, tāmatatia and tiakanga, and that is restoration of the child's safety and well-being and preservation of the whānau.

We have a trauma-informed approach that enables us to recognise the vulnerabilities of people who have experienced trauma, because that is the population that we focus on delivering services to. We have about 320 staff who, if we make a comparison with the past when we were governed by the Act, we had a largely professional workforce, we now have a largely professional workforce who are well trained to do the particular work that we focus on.

We have a very strong governance structure which honours the Treaty, so we have our Pou Tuārongo and we have our Pou Tokumanawa. Our Pou Tuārongo are elected according to the needs of the board, our Pou Tokomanawa are elected by iwi and the mana-

whenua where our villages are sited. They represent the Te Ao Māori view both in terms of our policy and our practices. And that structure for a Chief Executive, I have to say in Aotearoa, gives me great strength and tremendous amount of learning.

I think one of the important things for Stand Tū Māia is we recognise the impact of trauma as a public health issue first and foremost. Science has confirmed without doubt the long-term negative consequences of abuse and maltreatment of children. And these children have an increased risk of severe mental and physical health problems, including post-traumatic stress syndrome, depression, suicide, substance abuse, heart disease, pulmonary disease and liver disease.

CHAIR: Just remember we have signers here who are translating and a stenographer who's typing every word, we must be mindful of them.

QUESTIONING BY MS JANES CONTINUED:

Q. Sorry to stop the flow. We were talking –

A. Yeah, so we were just talking about all of the impacts of childhood trauma in terms of it being a public health issue. I think the most important point to finish with there is that many of the children who've been – the people who I've journeyed with in terms of historic harm have often had multiple adverse circumstances in their lives and significant cumulative effect of trauma over time. And one of the things that I've certainly noticed is that how unaddressed trauma does pass from one generation to the next and that is something that we really do need to address if we're going to heal people.

Q. At paragraph 2.12 you actually have a statement where you quote from Dr William Bell. Could you read that out?

A. "You are driving down a road, there is a stream running alongside it. As you glance out the window, you see a baby floating down the stream. So you immediately pull over, you run down the bank, you wade in, you pick the baby up and you place it on a bank. But then another baby comes floating past, so you wade in and you pick that one up too. But then another one comes past. At which point do you go upstream and find out why they keep coming?".

Q. And why is that so important in terms of your mission statement and philosophy?

A. We strongly believe that in Aotearoa there is the possibility of preventing childhood harm and maltreatment. We have great examples from our indigenous population, we have great guidance from our indigenous population as to how children should be revered and how they should be treated. We have great lessons from science, we know what is needed to stop this terrible thing from happening. We know how we need to change our institutions

to stop harm. We need to do it and I guess why we're here right now is hopefully to find a way that we can stop the generational impact of trauma on future generations. We consider that hugely important.

Q. Thank you. And at appendix 2 you've set out Stand Tū Māia's annual report results for 2018 and 2019. Is there anything in that document that you'd particularly like to highlight for the Commissioners?

A. Probably just that since 2001 we introduced ways of talking to clients to ascertain their experience of our service and that was very importantly part of understanding whether or not we'd done any harm. So we do talk to children at the end of service, we talk to their parents, we talk to their teachers and we talk to the person who referred them to find out whether they are satisfied with the journey that they've been on with us.

So we ask questions about have we communicated well with you, we ask questions about were you involved in decision-making, were you involved in planning? Did you get a real useful response from us, did we feel culturally safe, did we feel culturally responsive, and finally did you get what you wanted out of it, you know, are you really satisfied with the outcomes of the journey that we've been on together?

Q. And what do the statistics show about engagement or satisfaction levels with the service?

A. I'm very pleased to report that they show well over 95% satisfaction, certainly from children and families and they have done for quite a number of years now, so it's important to see it as a trend, as opposed to just a one-off situation. And I'm just working on our annual report right now, and we have 99.5% satisfaction this year from children and families.

Q. Thank you. That would be very satisfying for the organisation.

A. More importantly the children and families feel that.

Q. And Dr Inkpen, now we'll turn to redress. So you talked about the assets and liabilities of the statutory board being transferred. What was the understanding about the obligations and the responsibility for historical claims that occurred in the health camps and the associated schools. That's at paragraph 2.5, 2.6?

A. Yes, I think it's very clear that we didn't understand that we'd inherited that at first, and it wasn't until 2003 when I received the first inquiry that I realised gosh this is something we have to do, and the board and I got together and said well of course we have to do it, there's no doubt in our minds that we have to do it. We did approach Government to find out, you know, what was their view, and we were told no, this is part of what you've inherited. However, the Ministry of Education up until 2011 maintained their responsibility.

Q. And what were the circumstances that you started receiving inquiries and claims around that 2003?

A. The first inquiry came in, I honestly didn't know what to do with it, it was like I've never done this before. And I initially went to a lawyer and said what do I do? You know, as a Chief Executive you're responsible for risk, gosh, you know, how do I do this? And I got some of the best advice I could ever have hoped for, I have to say. So he advised me to take a human approach, to listen, to seek resolution, and if at all possible not to make it into a legal process. And that's what I did. Great advice.

Q. And at paragraph 3.1 you talk about the number of historical claims that you've processed?

A. Yes. Since 2003 we've had about 130 historic claims of harm. We did get an increase in claims around 2008 as a result of the work of Sonja Cooper and her advocacy work with claimants, yeah.

Q. And was there any impact once the Confidential Listening and Assistance Service was implemented?

A. Yes, the Confidential Listening and Assistance Service was very helpful, so they surfaced 20 referrals to us, we had 18 requests for records, and we managed those to the best of our ability, recognising that at the time we were still learning. The final report from the Confidential Listening and Assistance Service in 2015 had a particular something.

Q. Paragraph 3.4 if you'd like to read that?

A. "Many people were sent to health camps as children for six weeks or longer. Five-year olds were put on trains and sent off without escort. Often when they arrived there was no-one to meet them. The children often did not know why they were there or when they might get to go home. It was a frightening experience for many. There seemed to be no regard for children's emotional health. There was some violence reported at health camps but not the same levels of abuse that were reported to us at other institutions. The most common complaint from people who attended health camps as children was that there were no records kept and they had no way of finding out any information about their time there."

Q. And the findings of the Confidential Listening and Assistance Service, are those themes that you have heard commonly since then?

A. Very much so. Most of the inquiries are from the period from the 1940s through to the 1990s, and the practices of not telling a child before they went to a health camp, or not telling them how long they were going to stay there, not allowing them to have contact with their family, not allowing them to go home if they wanted to go home, they continued right through that period.

Q. And is there an example that you have about that lack of knowledge of why you were sent away and the impact that that has had on a particular individual claimant?

A. I can think of quite a number. Just one that comes to mind is a woman who had actually recently arrived from another country. One of her parents had died and another – her other parent had a break-down and then she was sent to a health camp. She was particularly looking for information as to what was going on in her family at the time. So she had no idea, she knew her mother had died, she knew something terrible had happened to her father, she wasn't sure whether she was the problem and that's why she'd been sent, and she had lived her entire life, until speaking with me about why children used to go to health camps etc, etc, thinking that she had caused all these terrible things in her family. And it had been deeply detrimental.

So it's a classic example of practices of the day not recognising the emotional havoc that they wreaked on a child. In some ways people say you weren't doing anything wrong, but actually we know now that we were and it was significant and it harmed her for the rest of her life. And, yeah, it's immensely sad.

Q. And then the Confidential Listening Assistance Service was disbanded in 2015. What has been the experience of Stand Tū Māia since then? And we're at paragraph 3.5.

A. We continue to receive referrals and the, as your question just reflected, we continue to get inquiries that relate to wanting records, inquiries that relate to emotional neglect. A smaller but emerging group during that time were starting to get referrals that included serious harm, particularly around physical and sexual abuse by adults, but also a serious failure to protect children from harm inflicted by other children as well.

Those cases started to speak to me, I guess, about a need for a really full redress process. And although I have to say that you can never tell what might lead to the need for that full redress process. I can think of examples where a little bit like the one I just talked about, where in some ways we – there was no deliberate infliction of harm by an adult to a child, but that person was significantly harmed in a way that we did actually need to do a full redress process. So and it was helpful and useful to do that.

I'm thinking too about an example there would be somebody who went to a health camp in the 1950s and who didn't know they were going, arrived, was very confused, was very worried about what was happening at home, which is often the case for children who come from adverse childhood circumstances, it's like what if my mum's not safe, things aren't, you know, my big brother might be beating up on my little brother, I've heard lots of stories about I'm the protector in the family and suddenly I wasn't there. Big worries about

what might be happening at home. And asked to go home repeatedly, wasn't allowed to go home. Eventually went home and discovered that their parent had [died].

Q. Take a moment. Just while you're –

A. Sorry.

Q. – recentering.

A. It's okay.

Q. Are you sure?

A. That person when their first child was born developed over time an inability to leave the house, which continued right through their children growing up. It wasn't until a child, one of their children said enough that that person sought help and called. By then that person was in his 60s. He did accept help, he was an incredibly courageous man, I'll never forget his courage, in really engaging and deciding to change for his family's sake. And he did it and it was a couple of years later – he did a couple of years of psychotherapy – a couple of years later I remember I got a phone call saying "I'm on my first holiday with my family". Fantastic.

Q. And so we will jump to that redress process because we've already started moving into that. So as historical claims were received, how do you approach the discussion when somebody comes to Stand Tū Māia about what the process looks like and how it can unfold for them and we're at paragraph 3.11?

A. Most importantly we begin with the person. We explain – I explain that we're here to listen, we're here to understand and, very importantly, here to apologise for the harm that they endured.

I like to remind people early on about their rights. You know, people have a right to have a wrong put right. So I want them to understand that at the very start of the process they're not asking for anything, they're actually giving us the opportunity to restore rights in our society.

Very importantly they need to know who I am as they wouldn't need to know who anybody who would be working with them are. They want to know like why are you doing this. I recently met a man who said why, excuse me, but "Why the F are you here?" And I literally talked about because you have given me an opportunity, you invited me and now we have an opportunity to put something right in this world.

So we talk about our beliefs, Stand Tū Māia's belief with regard to redress and very importantly what the process is. People need to know well in advance this is what we're going to do and this is going to happen and da, da-da, da-da, step it right through

from start to finish. "You can call a halt at any time, we can take time, you can go away for a couple of years and come back if you want. There is no pressure for you to tell me anything, for you to accept anything I say, nothing. Let's just see if we can talk and get to know each other and see if there's something we can do with this issue".

Q. And from a trauma-informed practice perspective, as one is a human nature perspective, why is it so important to you to communicate the end-to-end process early in the piece?

A. When you've had such experiences, trust is a really hard thing, really, really hard. And the other thing is that you need your world to be predictable. And if things aren't predictable and if they don't have integrity, or you can't feel the genuineness of what's on offer, then you aren't going to engage.

The important – the other important thing is that people need to experience that absolute sense of I'm not here to judge, you know, right from the start you have to be able to say "I believe your experience as told to me". And if you can't say that you shouldn't start this process.

Q. And you have a particular – I'm actually going to jump you to paragraph 4.5 because that's really relevant to what you've just been talking about. Can you read out paragraph 4.5?

A. Importantly one of my first questions is I'd like to know what's happened to you. You know, it's not about what's wrong with you, it's about what has happened to you. We seek to understand that and then we seek to understand how has it impacted on your life. Understanding the impact of the harm gives us some pointers as to how we start the healing process.

I often also say at this point that it's important that you know that I don't believe that money fixes things, that money doesn't heal a hurt. It is very helpful, don't get me wrong, I absolutely understand that and it is very likely that it will be part of our redress. But really importantly, sometimes money can do harm unless we really know what you want to do with it. Most importantly, we need to try and achieve a sense of – that justice has been done and that they can regain trust and some hope.

Q. And when you talk about justice being done, which perspective are we looking at, justice for the person or justice as Stand Tū Māia perceives it should be?

A. Justice for the person, absolutely. If they don't feel that, then there is no resolution and there's no closure and there's certainly not going to be any healing.

Q. And going back to paragraph 3.12, you have a very comprehensive list of the potential package or options within a package. Rather than going through each of them individually, can you talk through how you come to devise an individual person's redress package and

what does that look like and how does that evolve?

A. It evolves in probably the fourth step of the process, if I can call it that. You know, the fourth step of the process is when you have truly heard, listened to and heard what has happened to a person and you have really explored what has been the impact on their life, both on their internal world and in their external world, in relationships, in their, you know, people will tell you, you know, "From then on I couldn't do anything at school, I couldn't move if a teacher came near me", or "I – from then on I didn't trust other children" or "From then on it didn't matter how hard I tried to concentrate I couldn't read. And so I never sought a job, you know, where I had to read" or, you know, "Relationships, as soon as somebody got close to me I'm, no, no, go away, it feels too hard". Or "I got very angry and I've hurt people that I love and I still love".

So all of those impacts are kind of part of thinking about, they are regrets, they are sadnesses, they are impacts that are still impacting. So it's like "Have you thought about what might help with those things?" And it's very much a collaborative conversation about "What do you think might help, I think this could help". I often talk about examples. So I say "I've been working with somebody and they thought this might help with that", or – that's usually quite helpful because people say "Oh you've talked to somebody else, I'm not unusual, I'm not" – "No".

So that's quite a useful way of being able to explore them. Sometimes you just put all of them on the table and say, you know, if somebody's saying I really don't know, you just talk about all of them, "Just tell me if any one of them kind of speaks to you". "Oh that could be good". I always remember person saying to me, I was talking about an ex example of somebody who was going to live in a new house and she'd been back in an institution for a period of time and she said could we help her with furniture. And one of the lovely things she said was, "I've always dreamed about having a lovely bedroom". And it was like oh let's go and do that. And that very same day we went and chose the things for her bedroom, we actually did it that quickly. And some of the other furniture for her house.

I was mentioning that to this other person and they said "It would be really good if I had a computer". So I mean they're not the same, but by talking about that they were able to say "Oh I can actually have a physical thing that will, you know, be useful to me". And I think, then it was like "Oh and I can have a phone". So connectivity, they become – like this particular person had become isolated from her family, they were living in different islands, and suddenly there was an opportunity to pay for the internet, pay for the – you know, it's kind of like get that going, get that connection going again. It's at least

something.

It's not everything, we recognise that, but it's what's important to that person at that time that they feel would really make a difference in their lives. Knowing that, you know, and I say, "I can't turn back time and neither can you. So is there anything today that we can do either for you or your whānau that we can make a difference now?" And that's what we're looking for.

Q. And have there been occasions where there actually has been redress that involved the whānau rather than the actual individual, because that was what was meaningful for them?

A. Yes. So sometimes it's been more important for another member of the family to access psychotherapy. It's been more important for their children to access things. You know, it's very rare that people ask for things for themselves. People recognise the opportunity to give and when you've had nothing to give sometimes having that opportunity to give is like "Wow, I can do this for my boy" or "I can do this for my children, I can do this even though it's my ex-wife, it's now going to make a difference", and it's by way of saying "I'm sorry" as well. So it gives people the chance to make their own reparation sometimes. I'm not sure I've answered your question.

Q. No you did, thank you. Then we come to the reality check in that no organisation has unlimited funds or the ability to holistically restore everything that might be required. So what are the parameters or boundaries that you work with and how does that operate?

A. I do explain to people it's part of the transparent process. I do explain to people that we have limited resources and I do that right at the start. Because I think it's important that people know that. And I have to say I've only once went back to the board and asked to go outside of that parameter and I was pleased that I did and we were able to find a solution. And that involved a person who had multiple children and so it made sense to go out of that parameter because it was all that the children were going to profit.

But so I do explain that I have an agreed amount that I can apply to the redress process, and that it's up to us to decide together and for them to make a final decision on how they want to utilise that. So that's the process that we go through. And that's usually – people enjoy that transparency, I guess, yeah.

Q. And Dr Inkpen, we've heard about redress processes taking a very long time, usually a large number of years. As a point of distinction, are you able to advise how your system works and what the timeframe can look like and generally looks like?

A. It can vary, to be fair, depending on my availability. But I try to be quick in my response, so if I get where somebody – so if I'm working with Sonja Cooper, with Cooper Legal for

instance, they might make an inquiry initially for records. We will try and turn that around within a week. We would – then it might be months before they remake an approach. But in going back we always say if this is somebody that would – Sonja knows now, we have a good relationship – if it's somebody who wants to meet and wants to engage with our process, then I'll make myself available as soon as I can.

From the time we then get the notice that somebody wants to meet or here's the person's contact details, or let's make an – so we'll make an appointment as soon as we can, usually within a week or so. Sometimes it's hard, a lot of Sonja's clients are in prison, so it takes time to get those arrangements put in place. But if it's a self-referral or a community referral, as soon as they say "I'm ready", I would usually phone them within 48 hours, and we'll have our initial conversation on the phone, which is when I'll explain what our approach is, what our process is, what we believe is helpful and how would they like to progress it, how would they like to go forward. I would often ask them, you know, "Do you want to meet face-to-face, would you like to put something in writing to me, would you like me to come to you, would you like to come to me, would you like to have somebody else there?", which I highly recommend, "Would you like your family there, or other people that you trust? We can do, you know, would you like to just meet informally initially?".

Quite often we have quite a long conversation because people just take the opportunity to – it's like there's a sense of "Oh I'm not going to get the run around". People often say that, "You really want to talk to me like next week?" It's like yeah. So we will arrange an appointment. Sometimes we will actually go through the whole – I'll often put aside a day, like a whole day and I'll let them know that, that I've put aside a whole day. We don't have to find resolution in that day, we don't have to use the whole day.

Then we'll meet. Quite often, I have to say, we have a draft agreement by the end of that day. Probably 20% of people that I work with we might need to take longer. And probably about 10% of the people I've met with we've never come to have a draft agreement because it just doesn't feel right to kind of go down that path, it just feels like they want to have a relationship and they come – they come and they go distant again and they come back and they go away again and they come back. I think of a young man that I worked with probably over a period of about three years, three and a half years. He was in prison when I first met him. Sometime after that he got out of prison, he made contact and said he was living in his car, could I help him with some accommodation, he wanted to have a shower. So we organised some accommodation for him and I also helped him – made a referral to the Salvation Army, tried to support him that way.

A few months later he came back and said "I've got the possibility of a job interview but I need to travel to get to it, can you help me with my travel", so we helped him with that. A few months later he came back and said "I'd really like to learn how to play the guitar, will you buy me a guitar?" So we bought him a guitar. And it was lovely, every time we connected we caught up about what was happening and the progress that he was making and did really well. We eventually also supplied some music lessons. And, yeah, probably for the last couple of years I haven't heard from him, so I hope he's doing well.

Q. So would it be fair to say, what I'm hearing you say, is that you can start and conclude a process relatively quickly, but it is absolutely within the control of –

A. The person.

Q. – the person as to how long that takes?

A. Yeah.

Q. And we'll come back to the scalability of this particular process a little bit later. So turning to the trauma-informed approach that you use, we're at section 4, how did you decide on that process and what does it actually mean in terms of the engagement and the neuroscience that you incorporate into your process?

A. It's been a sort of process of action research I think. It has been very much a learning journey and, you know, all credit to the people who've come forward and the courage that they've shown, because one of the things that you hear a lot about is what their experience to date has been, particularly when approaching Government. They talk about not being believed about what happened, being called a liar, or feeling like they're being called a liar. Having to prove what happened. Being really unclear about the process. Not feeling like they have a voice or a choice in either the process or the resolution or even the timeframe, and particularly the sense of unresponsiveness and delays and many people relaying that they've waited for years and years and sometimes years and years more, which has left them with a re-experience of their early childhood experiences of trying to tell and not being believed, not being heard and bad things happening as a result of trying to tell their story.

So the design of what we do is like, in one way to avoid all of those things happening. I always remember one particular man talking about that experience that he had and how it had increased his lack of trust. And then he compared it to coming to a health camp and he said "That's what Government departments do, they do you over, you know, they promise one thing but you get another. I hope you're not like that", you know. And

I'm not saying we're perfect by any stretch of the imagination, but I'd always remember him say "I hope you're not like that". And he described his experience, which you know, he had every adverse life experience you could imagine under the sun and it had a very cumulative effect in his life and lots of opportunities had been taken from him as a result.

Now the interesting thing was that he'd had enough courage and probably enough anger to come forward and he said "I wanted to tell you, I wanted to tell you that you were the last resort in my childhood and I was told by Child Youth and Family that you were a safe place", and when he then arrived at the health camp he was both sexually and physically abused, and he described "It was that moment where I decided I would never trust again, and I would not care what anybody told me was good for me". So it's like boom, there's this massive belief that was going to rule his life from then on. And he described very clearly how if you've got lots of trauma, you know, if you've got – if everything is trauma, then in a way nothing is trauma and that was his life prior to a health camp.

But when he actually trusted for a moment in that dreadful young life that maybe this would be different and we betrayed his trust, then that took his social contract away, that was it, that was the moment. Now he said "What happened to me there was nothing like what had happened to me in my own home and everything else, but it was the betrayal of trust that destroyed me".

And I mean that story really tells it all. You know, it's – we have a duty of care and we completely failed and that person has now managed to I think claim more of a social contract. But, yeah, I could understand why he had formed the belief he formed.

Q. Dr Inkpen, is this a good opportunity, you've got some graphs with you, would this be a good time to go through those?

A. Yeah. So –

Q. Is it number 3 that you want to start with?

A. Yes please.

Q. So could we call up number 3, complex trauma. Thank you?

A. Yeah, that's the one. This is really just about why we have to use a trauma-informed approach both in our work but also in our work with redress. So this graph just shows a three-year old child, on the left-hand side you can see the brain of a three-year old child, a scan, which is normal and then on the right-hand side following prolonged exposure to trauma there are physiological changes in that brain. You can see that the neural circuits have been disrupted particularly in the top of the brain causing changes in the hippocampus

and the brain's memory and emotional centre. Then you can see so very clearly in that picture on the right that the brain shrinkage which, for the children that we're talking about, results in problems with memory, learning and behaviour. It also means that they can't regulate emotions when living in a state of constant stress and that all of that is associated with greater risk of chronic disease and mental health problems as they grow.

And the second picture which is the complex trauma and the brain is really just another scan which shows more clearly how on the left-hand side and at the top of the picture there you can see large areas of the brain that are very underdeveloped and at the bottom of that right-hand picture you can see the primal brain absolutely fired up. So that's the kind of, you know, fight, flight, freeze, living with it constantly because the brain is actually in that state in a continuous way.

And the final picture, which you've probably seen before, is from the ACE [Adverse Childhood Events] study in the US which shows very, very clearly the whole life perspective relating to trauma impact from conception to death and shows the cumulative impact of trauma, childhood trauma and how the risk increases over time if it's unattended to. So you have the adverse childhood experience, leading to disrupted neurodevelopment, social, emotional and cognitive impairment, the adoption of high risk health risk behaviours, and then leading to disease and disability and social problems and early death. And of course as a person is living their life, that means that at each stage of their development opportunities are dropping away, so educational impacts, occupational impacts and health impacts are a reality.

Q. And at paragraph 4.8 you talk about maladaptive strategies. Do you want to just marry that paragraph with the graphs that we've just seen?

A. Yes, so that is very much the complex – the picture of complex trauma in the brain. But, yeah, how it actually impacts day-to-day –

Q. Just before we head into the afternoon break, at paragraph 4.7 you talk about what a trauma-capable approach should include. Can you perhaps read that paragraph out?

A. Yes. "A trauma-capable approach includes a focus on relational connection, supporting emotional regulation and offering approach – offering an approach using trauma-informed principles. What that means is that for a trauma capable approach to redress, needs to include psychoeducation about the impact of trauma, helping people establish or re-establish a sense of identity is really important, and also a sense of safety and security. Providing support for dealing with overwhelming emotional reactions in the process is massively important.

Just as I was reading that I was thinking about somebody that recently I worked with and I had said to him how a child is sacred, the concept of tamariki and a child is born sacred and you carry all of the promise of your ancestors with you, and I said, you know, from a European perspective we talk about a child being innocent and all the potential is there and he just started to cry, and I remember reaching over and saying "Can I hold your hand, can I just hold your hand?" And he reached his hand over and at that moment I saw him just "I'm going to be okay". But there was that moment where that sense of that part of the brain that's ever ready to freeze, fight, flight, was kind of on the way and so it's very important in the process to constantly watch for that and help the person regulate.

It's important to talk – to give the opportunity to talk about the traumatic experience if people want. But equally, if you don't want, it's okay. You don't have to redescribe it, you don't have to relive it for me to know that something terrible has happened. We can talk about the impact, we don't have to talk about the experience. And importantly, where possible it's important to involve whānau and other important people.

Q. Just quickly going to paragraph 4.11 because we already looked at the neuroscience, unless there's anything in paragraph 4.10 that you just want to highlight?

A. I think that was captured in the pictures.

Q. Yes, thank you, I thought so as well but I didn't want to deprive you of anything else we should be saying. So just anything between 4.11 and 4.13 that you would just like to highlight to round out the discussion on that approach?

A. I think very importantly when I ask people to share what has happened to them, I often say if you're able, it would be really helpful to understand kind of the narrative of your life, because the better I understand the context of when the stay at health camp happened, the better I'll understand its impact.

So a child who already has significant brain damage as a result of cumulative childhood trauma is going to have a completely different experience to somebody who's had safety and well-being and nurture offered by their family. So it's like immediately you know that the child is coming in with a lens that means, because it's not what happens to you that counts, it's how you get to understand what's happening that counts.

So if I'm a child who thinks that adults can't be trusted, an adult, as I walk through the door into a health camp who goes (gestures with hands raised) which is possibly just to greet you and say "Hi, I'm so pleased you're here", can be just a threatening event and "I'm going to turn around and run". And I will have recorded that as an "As I arrive somebody tried to hit me". It's that easy. And that's what we need to be aware of in our work today,

that the context of what is happening in a child's life we need to be very, very conscious of to be able to understand how best to help them.

It's the same in the process of redress. "Tell me what was happening at the time because then I'll understand the filter of your experience at health camp". So I think that's a really important part of the process. And people do understand that and are often very willing to share.

The other thing of course that's very important is that the impact of childhood trauma is that many people, as you can see from the pictures, are left unable to represent themselves. That language might not be their strong point. Drawing might be, there might be all sorts of ways they can communicate with you and you should allow those possibilities. But very importantly, I don't trust enough, you know, this is a person who I don't trust enough, I can't tell you my story so it's better to have somebody else tell that for me.

I found working with Sonja and her lawyers really, really helpful. They prepare people for this process really well and the person kind of has got a little bit of confidence that actually Sonja and her people trust these people, so it's going to be okay. So they don't come into the first meeting in a very heightened, disregulated state. Sometimes they do and that's okay, that's absolutely okay, totally understandable. And it's just important for us to accept that and understand that. But yeah, very importantly, people sometimes need help.

Q. Thank you.

MS JANES: Probably a good time, because we're moving on to the next topic, so if you'd like to take the afternoon adjournment.

CHAIR: Certainly, thank you.

Adjournment from 3.30 pm to 4.44 pm

CHAIR: Thank you Ms Janes.

QUESTIONING BY MS JANES CONTINUED:

Q. Thank you. Dr Inkpen, we're at paragraph 4.14 of your evidence. Before we start that, does Stand Tū Māia have two kupu you would just like to describe for us?

A. Our most important kupu. They are tāmatatia and tiakanga and we seek to uphold them in everything we do. And they refer to the importance of restoration, of safety and well-being for children and the importance of preservation of the whānau.

Q. And you've got two tables of what hurts and what heals. We would encourage people to read those, so rather than going through them in any detail, is there anything that you would particularly like to just highlight before we –

CHAIR: Just give us the paragraph number Ms Janes?

MS JANES: Paragraph 4.14.

CHAIR: It is right, yes, thank you.

A. I think they speak for themselves, what hurts is being inflexible, the way we do things around here, asserting power and control over individuals who are seeking a voice, and in terms of what heals, being able to offer safety, choice, a collaborative approach, ensuring that you are trustworthy, you deliver on what you promise, and enablement or empowerment, yeah.

QUESTIONING BY MS JANES CONTINUED:

Q. And at your next paragraph, 4.15, you talk about the importance of taking account of colonisation impacts. Can you talk through that?

A. Yeah. This relates very much to what I spoke about in terms of people's experience is always within a context and when it comes to Māori you cannot ignore in Aotearoa that the context is the impact of colonisation over many generations. Maringi Brown-Sadlier, who is the pou kōrero for Stand Tū Māia, she leads us in our articulation, Māori articulation of our service, when I asked her to describe for the submission her view of the critical actions and redress from her perspective she said – she gave me the following statement and then she described six pillars of a Te Ao Māori cultural sovereignty for victims of abuse.

She said "Abuse in care will impact on a person's life forever. In proposing a Te Ao Māori cultural approach to this pain you will need to enact a deliberate intervention of a person's sovereignty. The politics of suffering unjust laws, forces and actions akin to warfare are unimaginably extreme and brutal. To adopt anything less than cultural intervention for victims of abuse in care is unacceptable and instills the abuse for perpetuity, it will never right the wrong".

Q. Then you outline the six pillars of Te Ao Māori cultural sovereignty. Could you highlight the areas you would like to talk about there?

A. I will, but equally can I say that for me, what Maringi has written here is absolutely key. Every word for me speaks to our process and speaks to what is absolutely needed for people to recover and heal. And she starts with the concept of tēnā koe, which we've talked about, which is that absolute person whānau-centred approach, I see you, I see everything you are, I see who you were born to be, I see who you were intended to be, I see all of you. And that is a really, really important principle.

And valuing the person, nō ngā atua koe [of the gods], recognise that everybody you work with is descended from the atua. Nō hea koe [where are you from] recognising

that everybody is from somewhere and you need to give them the opportunity to connect to that. This is where my strength comes from, Nō hea tōku mana [knowing you have control over who you are]. So again there's that capacity for choice and voice all the way through that if we're not attending to that, we are not giving people the capacity to be fully themselves and bring who they are. He taonga tōku iho [you are a treasure in your own right]. You have the right to personal sovereignty over the choices that you have. And this is me, ko au tēnei.

I think one of the things that's really important in this process is we aren't trying to fix a person. They are who they are, they are seeking resolution to something, it's not that they've come to us to fix them. And so respecting what they've come for and delivering on that is what the process should be designed to do.

Q. And then you set out the redress process at paragraph 4.16. Could you just quickly summarise those points and why they're important?

A. They are very much a blueprint for action. It was really lovely to have this opportunity to come and address the Commission, because it gave me the opportunity to sit and think how do I articulate what I've been doing, how do I write it down, how do I make it so that it is something that can be built upon, grown, no doubt improved, but can perhaps form part of thinking about what we might do in this country for redress.

So it is written almost to sort of say well here's a process, here's what we've been doing and a strong belief that if we can train people in this process, if we can say, you know, let's build, and I think we'll probably come to that in the recommendations, but, you know, let's build something that people don't have to wait, people can access when they're ready and for those who've been waiting that there is something that they can access quickly that will actually give them a process and a capacity to feel listened to and heard and healed.

One of the important – some of the important things here that I'd just like to highlight, I guess, is the absolute importance, one of the things that people have often said is "Why are you meeting with me, why haven't you delegated this to somebody?" So it's really important to make people feel that the reason you are meeting with them is that they hold information that is vital to the future of our organisation today. If we can learn from them, the mistakes we've made in the past, then our future will be much stronger.

But it is also a mark of respect, you know, it is ultimately a mark of respect that you matter to us, the fact that we hurt you matters to us, the fact that we want to make it right matters to us and I'm not the only person with all the decision-making ability that I

don't have to go away and come back.

I'm not saying that chief executives should do this work. All I'm saying that whoever does this work has to be given the capacity to make decisions and design solutions collaboratively with the person so they don't have to go away and come back and it takes longer and longer.

I also think one of the important things in our process is we don't worry about whether records exist or not. I guess that's been a flow-on effect of not having good records. What we've learned from that is actually it doesn't matter. I can't prove whether it happened or it didn't happen. And actually whether it happened or not isn't what's at stake here. What's at stake here is that somebody has a memory, has an impact from that memory that has been lessened and has damaged them. How that memory got there, how will we ever know? Often we talk about that, you know, people say "Sometimes I think it was like this, sometimes I think – sometimes I think it was health camps but sometimes it could have been something else". It doesn't matter.

And, you know, on one occasion I met a gentleman who said he'd been at a particular health camp, I met him, he wanted to see the health camp, he said he really wanted to see what it was like today. So I met him at the weekend when all the children weren't there, and he arrived and he said "Where's the trees, where's the trees?" I said "What trees?" He said "There were trees here" and I said "No, there were no" – there were a particular kind of tree, and I said "There were never trees like that here, I've seen all of the photos through the years. Are you sure it was this health camp, maybe it was another one?" He said "No, it was definitely in this region, it was definitely this health camp". But the trees were quite – I knew the type of tree he was talking about and I knew where they were, which was actually a close-by psychopaedic hospital. So we drove straight to the psychopaedic hospital and as we approached where he had been, there were the trees, and he broke down crying and expressed his pain very deeply that day.

We paid for psychotherapy for that man in the following years because why would I then refer him to MSD or DHB [District Health Board] or – he'd already started his journey, he already started to express his pain, we were able to do something. And his grandchildren profited from that. So it was still within the – our mission, but it was, yeah. So again I think, you know, like whose fault, or is it just that the purpose of a redress process is to enable people to move on.

Q. And so picking up on that point, and you have set out at paragraph 4.18 effectively a blueprint and a script. So before we go there, just looking through paragraphs 4.16 to 4.17,

is there anything that you want to summarise or highlight before we then go on to the script you've devised for the meetings?

A. Probably only that I, you know, my background is in training – my training's in psychotherapy and working in mental health and prison settings and with children and families. So it's been really easy for me to be in this role and be able to contribute positively. But I genuinely believe that what we need in a redress process are good human beings. And that, you know, you can train a good human being to follow this process. This is scalable, this is possible to actually find a way. I mean I believe there are about 5,000 current claimants, and I genuinely believe that it is possible to design a solution that we could process those claims within a three-year period. It is definitely scalable and it is definitely possible if we have the will to truly make a difference for that group of people.

Q. And we'll have that conversation shortly, but again, just a reality check in that there is an argument that if you don't look at causation and you take a complainant as they come to you no matter where the harm occurred, there are naturally financial and other resource implications for that. And you've talked at one of your bullet points just before 4.17 about false claims. So that's obviously one concern that any agency dealing with redress might have. What would you say about that aspect of triaging?

A. I've already dealt with two false claims and the reason I know they're false is that I was advised about that, and later one of them actually acknowledged that. But the two questions I ask are, does the person have a history of complex trauma, and secondly in that instance, the second question is do they have children, particularly young children. And if they do, then engage, support, make a difference, because if we can stop that transfer of intergenerational harm from complex trauma, then we've done what we need to do, because the cost of complex trauma, it's a huge public health issue in this country. This is one part of the population that need to be able to access supports to move past that.

Q. And going back to your example of the William Bell comment this is the way to go upstream and stop the babies floating down?

A. Yes, absolutely.

Q. Turning to 4.18. We will put this on the screen because you're not going to cover it in detail, but I thought it would be helpful if we have it on the screen. If there are particular aspects that you just want to highlight as we go through that?

CHAIR: And while you're doing that, may I reassure you that we have read in your brief of evidence.

A. I was just about to say that, thank you.

Q. We absolutely have at least once and some of us more than that. So you can take it for granted that we are familiar with it.

A. Thank you for that, Commissioner. I was about to say that, you know, it is a blueprint, it is a script, it's very self-explanatory. I don't think I need to go through that.

Q. Thank you.

QUESTIONING BY MS JANES CONTINUED:

Q. Thank you, doctor. Can you just describe why you devised that and what use it could be put to? Because it is self-explanatory, but what would you see its intention to be?

A. It's probably encapsulated in my concluding comments and recommendations as well, but it is a view that it would be nice to think that we could design a solution to redress that includes the possibility of that process for all people seeking redress and so maybe it will begin as a draft script for people who journey through that process. Recognising clearly that, you know, another component of that will be the financial redress that people do seek and which may be designed in a different way, but I would like to hope that – I just so genuinely believe that this does nothing without this.

It is so important for people to receive absolute acknowledgment of what they've been through, an unequivocal apology, an experience of another human being feeling for them and everything they've been through, that doesn't know them, that has no need to give that to them, but because they recognise the absolute sacredness of that human being they're able to say that should never have happened, you were a beautiful innocent child and people need to hear that before this makes any difference at all. Very rarely have people introduced money to me in the conversation. It's usually something I have to introduce as will that help.

Yes, for men in prison or for women in prison it's slightly different, you know, there's nothing to access and it can make a real difference in their life to be able to dress in some nice clothes or get some drawing materials or have a book to read or be able to help their families or those sorts of things. But I've never come across anybody who was greedy. I think that's an important point to make. People often say to me when I talk about our process like "Oh I bet you get people who say 'no, it will never be enough'." I haven't had that experience. And the only time, like I say, that I had it where I had to go over my limit was simply because somebody wanted to give an equal amount to their children.

Q. So you've described a process that sounds very therapeutic, it's trauma-informed, it's culturally appropriate in terms of looking at the whole person and who they are and what their history is. But how scalable would this type of programme be? There are a large

number of claimants seeking redress from different organisations, not health camps particularly. But can you talk us through what would be required if one wanted to look at scaling a similar process?

A. I suppose you need to look at it like any other service. You know, and I guess as an NGO [non-governmental organisation], we're always up for risk and I think to get a solution to this as a society we need to actually face the risks. We're not going to have a safe process, you know, totally 100% safe process in terms of risk of the cost of it, or risk of like we're going to have to take some risks. And we do that all the time in setting up services, so, you know, you look – if you're looking at scalability you work back from your number. You work back to how many people are likely to be able to work with, you know, how many claimants a year, what kind of training are they going to need, what kind of supervision are they going to need, you know.

Clearly in this case you're going to need like a clinical governance group just to keep an eye on processes and listen to the feedback and understand what's happening. You probably need a clinical operational group, so if you regionalised it you would be talking about, you know, starting off with a national train the trainer perhaps, then trainers in each region, trainers and supervisors in each region.

Even if you started with 20 in, say, seven regions of New Zealand, that's 140 people to train. If you trained those people, and I think it would take three months to train people in the process probably. So you form a team to do the training, you form – develop the blueprint further, perhaps develop it into a curriculum, do your testing in terms of people's understanding of the process and their capacity to, you know, you probably need to have a certain amount of live supervision in the first instance and then, you know, I think it would gather momentum from there. I think it's eminently scalable.

Q. In terms of the number of people, what could a caseload look like, how realistic, how many could one person realistically manage in terms of case management?

A. It's an interesting question. If I think of my own experience, I do a full-time job and this, what I do in terms of redress, is extra and I don't mean by that to minimise it at all, but it doesn't – I think that somebody could probably operate over a year with about 30 people. The important thing would be to ensure – so if you set up an agency that had an approach where on the one hand you have a kind of legal process around perhaps more around the financial redress type approach, but then you have this other arm that is actually the therapeutic healing process, then I – then 30 would be, I think, yeah, definitely doable. I hope I'm making sense.

I'm basing that on my experience if you're setting up a service. If we were talking about doing significant clinical work with a person then I wouldn't be talking about that number, but what you're doing in this role is keeping a very clear boundary between what we're here to do in terms of redress versus what you might want to do with the collaborative solution that we've come up with that helps you feel that justice is being done, and that you feel listened to and heard and felt for that, that in itself is a therapeutic process.

For people who might need further clinical work then that's actually not part of the redress process. It's certainly part of the solution for that person longer term in terms of reclaiming their opportunities and their place in society.

Q. So as you've described it, that would be part of the package where they would be referred onwards for that?

A. Yeah. But many people, I think I said it before, don't assume that people need fixing, because they're seeking redress. Because many people have found their way in life, you know, those who've suffered severe and cumulative childhood abuse and maltreatment, including abuse in care, yes, potentially may not yet have found their pathway. But many people who you talk to do have what they want from the process quite clear in their minds, and so some, you know, if you think about a caseload of, say, 30, you'll have a normal bell curve probably of, you know, 25% who – 20 to 25% who actually just want to talk to you and want questions answered, want information about what the hell was going on and want to really, really talk to you about their experiences and be felt for.

Then there is the majority of people who are seeking support to leave it behind, to let it go, yeah, and then there is the high end of harm where people are saying still "It's still impacting and I need a lot of help". And these initial things will help and wouldn't it be great, particularly for that group, that we could leave the door open, which is we try to do, come back, you might have signed an agreement but come back if, you know, come back if you need more help. Come back if you need to talk, come back if you need to just kind of touch base again, you know?

There are some people who have done that and I think of a woman who spoke to me was very hurt, was very clear the impact that health camp had had on her, but stated very clearly when I spoke to her, "I'm not going – I don't need that, I don't need psychotherapy, I don't need, how dare you even suggest it". And I said "Well, the offer is there and if at any future time you feel like you need it, please come back", and it was two years later when I got a phone call and she said "Is that offer still around?" So it's nice if people can feel like there is nothing wrong with them, they are not asking for anything that

is not their right, and what can happen from here is that if at any future date you feel that you need a top-up, or you need to touch base again, or you need to bring more about what you now understand happened, that's okay, come back, talk to us.

Q. And if one were establishing a scalable service, what type of workforce are you looking at? You're a psychotherapist with –

A. I was a psychotherapist to be really clear, I'm a manager, I'm a Chief Executive.

Q. But who would you envisage could potentially be expanded to include as this type of workforce delivering this type of redress?

A. I often say if you can get a good human being you can teach them anything. So I do genuinely believe that people who have an interest in social justice, people who have an interest in making a difference in their community, people who feel a connection in terms of, not in terms of harm, but in terms of "I know what it's like to be there and I know what works to be resilient in life". So people who have a good clarity about maintaining health and well-being in life are really helpful.

The ability to truly listen and stay calm and be able to hear stories of huge pain and acknowledge without judgment and express deep empathy and not turn away for a moment, there are lots of human beings like that in Aotearoa in my experience. Yes, we'll have to train them, yes, we'll have to supervise them, but they will become a very valued workforce very quickly I think.

Q. And I don't understand from what you're saying that you're talking about diverting clinicians away from, say, mental health services or anything like that?

A. No, people don't come to be fixed, people don't come because there's something wrong with them, they come because something has happened to them and they want it heard, they want an apology, like this is what – every time, don't make the redress process into something that it's not intended to be because potentially you'll take people down Alice's –

Q. Rabbit hole?

A. – hole, rabbit hole, that's it. You know, people will tell you if they want to help and if they're seeking help and sometimes out of a conversation that emerges that they do need some help, but that is a referral, that is a – that is their right to access universal services or specialist services just as any other citizen would. So knowing what's available, you know, these people who we trained, which we train people all the time, it's our job, is to train them to know what's available in the community to know what you would use, know who to trust, yeah.

Q. And before we move on to your concluding comments, is there anything else that I've

omitted to ask you about that particular part of the evidence you'd like to give?

A. I think just possibly the agreement, because it's a sort of little practical thing that's in there.

Q. This is appendix 3?

A. Yes. So when I was first working with people it was like how do we – how do I keep a record, given, you know, the sort of – and yet but how do I also give them an assurance that I'm not going to record something that is very private to them. So I do tell people our conversation is between us, nothing is going to be recorded about what you tell me has been your experience, because that's your story, it's not ours. And that's quite reassuring for people that we don't have to like record what happened to them.

So if we don't have a record and we don't have to record, then it is just about sharing their journey. But at the end it's very important that we record that we accept their story, that we believe them, that we have offered an unreserved apology, that we put that in writing for them if they want as well, it's a separate document, that the following has been agreed might help in their current life to help heal the hurts of the past. These are the agreements that we've made and we both sign it.

I base that on the terms of settlement that employment disputes are settled on.

CHAIR: Just talk into your microphone.

A. Sorry, I base that on the terms of settlement for an employment dispute, you know, because that's sort of always quite a nice approach to kind of well these are our agreements, you know, we are no longer in conflict, we are no longer in – we found resolution and let's both sign that and that's where we are. Most importantly, and Sonja Cooper helped me with developing that as well, it doesn't stop people from talking about their experiences in the future. Their right to continue to have their experience as part of their narrative but hopefully for that narrative now to be a story of resilience and survivorship is what the story becomes, but they can always continue to talk about what's happened. But we do agree that the settlement itself is private to them and us, yeah.

Q. Thank you. We'll now turn you to your concluding comments at paragraph 5.1.

A. I'm very aware I'm sure the Commissioners have read this. Perhaps just to go on the record that I have been very privileged to work with people and even in the course of today as I've been talking I've recognised in almost every item I've talked about I can almost think of who I learned that from. So I owe my knowledge about what might work to all the courageous survivors who've actually been prepared to teach me, so I'd just like to acknowledge that. Thank you.

I also think that it's very important that when we are working to find a solution for

redress that we need to be aware that many of the people most harmed in institutional care have had multiple experiences of institutional care. And so there is a horrendous cumulative effect. And they are still today accessing institutions in our society, many of them and those institutions continue to be not trauma capable or even trauma-informed. And I think that it is hugely important that we also plan for our institutions to become trauma capable in Aotearoa.

Because if we don't, the true impacts intergenerationally will never stop. So I think you know, part of our solution is to address the immediate problem, but equally our institutions need to understand the context of children who come into our institutions, we need to as an organisation and we constantly are looking at gosh did we understand how that child experienced us, because you don't mean to do harm, but you've got to constantly be looking for did we, did we, and if we did, the quicker we get on to it, the less the impact is. So for those people who've been waiting for a long time for redress, for being listened to, for being healed, for being felt for, you know, I do genuinely believe we can scale up a process quite quickly as a society that can start enabling them to have their time. And, you know, I really think it's important, because the longer it goes on, the more harm we're doing.

Q. So if you're looking at your recommendations section what would you like to emphasise there, or feel free to read if you would prefer to do that?

A. Again, I think we've probably talked about a lot of it. Stand Tū Māia would like to see a national approach to redress, that national approach would need to have, as I've just said, a real understanding of the impacts of childhood trauma and a real understanding of how to provide a cultural intervention that restores the mana of the person and the whānau.

I think that the two-pronged approach that I've talked about that, you know, forming a single unit with trained people who can manage all claims, so there's one place to go, you know, I don't have to go remembering that people have been through many institutions sometimes, particularly our most harmed, so, you know, that I can go to one place and I can get one hearing about everything that has happened to me, and it doesn't matter how long it takes, it doesn't matter how much I want to say, it doesn't matter whether there's proof, I can be heard in terms of my pain, and I can be given voice and a choice in terms of the solutions, and I can be proud of contributing to the body of knowledge that is healing in Aotearoa, because that's what – the quicker we get on to it the more we'll understand about what's going to work to get people's futures safe and well.

I do understand that, you know, I'm not Pollyanna, I do understand that money

comes into this. Money also comes into a significant public health problem of complex trauma and it costs us a fortune and it's a growing problem. So the more we can address the impact of trauma, the less costs we'll have.

So again, my experience is that it's not going to take a lot of money for each individual. Like I say, that's not my experience and, you know, there would have been nothing stopping people saying "Nah, I'm not accepting that" and walking away. So there's something about the relational approach that truly treasures them where money falls away. It truly does.

Is it important on occasions? Of course it's important to all of us and we'd be stupid to say it isn't. But I do believe it's manageable, so the money side's manageable, the workforce training and designing something that will work is scalable, let's do it, you know? I think sometimes we make things too complicated. We think we've got, you know, have every possibility. If we treat people as individuals we'll be able to problem-solve each individual as we need to. And when you take that approach, everything actually becomes solvable.

The one thing apart from that that I would like to say is that I do strongly believe that the survivors of institutional abuse and maltreatment deserve an apology from us as a nation. And I unreservedly believe that.

I don't need to say anything other than that. Even now we're asking them to tell their stories so we can get over our history. You know, if they're prepared to give us that gift, surely, surely we can give them an absolute expression of sorrow that it happened to them, an unreserved, unequivocal apology and an offer to work through a process with each and every one of them that enables them to be heard.

Yeah, that's me.

Q. Thank you, Dr Inkpen, I have no further questions but the Commissioners may have some questions, so if you could just sit there and check.

A. Sorry, there is one thing I would like to share with you.

CHAIR: Yes please do.

A. I met with a gentleman just recently in prison. He gave me this beautiful picture as a gift. I'd actually met him in 2016 or talked to him in 2016 and he gave me a picture then, we worked with him just in terms of conversations and helping him with his whānau at the time, and then more recently he got back in touch and I met with him and he gave me this picture. Actually I had with me a picture that he'd given me back in 2016 as well which was beautiful. But he gave me this right at the end of our conversation that day in which

we had come to an agreement in terms of redress. And it's based on one of his heroes, Bob Marley, and you can see that it says "Stand children's" – and I was really pleased he hadn't put services – "Stand children's space, opportunity", and we talked about that a little bit. But he also said "Emancipate yourself from mental slavery, none but ourselves can free our minds", which is a quote from Bob Marley.

And he said, "I know it comes down to me". And I guess what I learned from that was, that's actually all that people want, the opportunity to act, but sometimes people need help to act and really that's what the redress process is all about. And I'll always treasure this. So it was a gift, the only thing he could give and fancy giving that to an organisation that had harmed him so badly in the past.

MS JANES: Thank you for sharing that with us.

CHAIR: Thank you. I think we have one question from Commissioner Alofivae.

COMMISSIONER ALOFIVAE: Dr Inkpen, thank you very much for your fulsome evidence. I just want to ask you a question about the records if I could. You estimated about 200,000 had been through health camps.

A. Yeah.

Q. You listed a whole lot of things when you register names, date of birth and a couple of other things?

A. Yeah.

Q. Was ethnicity one of those statistics that you were gathering?

A. Historically no.

Q. So when did you –

A. I think that started in the 1990s and definitely since 2001 when we built the electronic system, ethnicity, iwi, and hapū are all part of the record.

Q. Did you have a sense of percentages or proportion?

A. Now.

Q. Yeah?

A. Or – now?

Q. Now in terms of the database that you have?

A. That we have? I've just looked at last year's data, 50% of the children in families who access our services are Māori, about 40%, around about 42% are European, Pākehā, and the others, about 5% Pacifica and then we have some refugee children and we have some Asian.

Q. Thank you very much.

COMMISSIONER ERUETI: Thank you doctor. So following on from Commissioner Alofivae's question. We had a sense of the ethnicity or the make-up who are bringing historical claims, there's 130 to date, just to get a sense of Māori and Pacifica, those with disabilities in that group?

A. In terms of the health camps, I would say 70% Māori and of that 70%, the majority I would say at least two-thirds of that majority – sorry, so of the 20% of referrals that are about serious physical and sexual abuse, at least two-thirds of that group would be Māori. So there is a definite sense of there being a skew that way, absolutely, totally.

Q. Thank you. I wonder too about the design of the process and the principles that guided you in designing and making this process, which is a different narrative from what we've been hearing so far this week. You talk about – you refer to Kāhui Poutokomanawa and feedback from survivors. Are you able to elaborate a little bit more about the process in designing this approach that you have?

A. Yeah, it's a mix of things, it probably stands very close to how we operate more generally in terms of we very much try to weave together the learnings from our reflective practice. In this case it would be in relation to, like I mentioned earlier, sort of action research in terms of each of the complainants that I've met with, I feel I've learned something from each of them.

In terms of mātauranga Māori, our Kāhui Poutokomanawa have guided me over the years very, very strongly in terms of understanding what is most important for Māori. And then we have our learning from science, particularly neurobiology and psychotherapy resiliency theory, our theoretical base as well as the learnings from science. It's about weaving all of those together to gain an understanding.

But, you know, underneath all of that is what's the most ethical thing we could do for a group of people that every institution has failed, because quite often that is the people who we are talking to, you know, that – I remember when I worked in Corrections, I remember prison officers saying "Why do people think we can cure somebody while they're in prison when every other institution has failed?"

So yeah, it is – yeah.

Q. Thank you.

CHAIR: Dr Inkpen, thank you very much. What you've provided to us usefully late on Friday afternoon is an antidote to the stories that we've been hearing all week of siloed responses of delay, of re-traumatising, of pain, of lack of resolution, even when money has been given, even when an apology has been given. So your alternative reality is something that

has given us a lot to think about. We've read it, we've been discussing it in the breaks and we will indeed continue to discuss that as something that gives us some foothold on a different way of providing some redress for those who've been so damaged as you say by the institutions. So thank you very much indeed.

A. Kia ora.

Q. You have brightened our Friday afternoon and you've left us on what feels like quite a positive note and we're grateful for that.

A. Thank you very much, Commissioner, thank you for the opportunity.

MS JANES: Thank you, that concludes the evidence for today.

CHAIR: We will resume again on Monday at 10 am.

Hearing closes with waiata and karakia mutunga by Ngāti Whātua Ōrākei.

REGISTRAR: This sitting is now adjourned.

Hearing adjourns at 4.41 pm to Monday, 28 September 2020 at 10 am