

**Witness Name:** Allison Campbell

**Statement No.:** WITN0615001

**Dated:** 15 February 2022

**ROYAL COMMISSION OF INQUIRY INTO ABUSE IN CARE**  
**WITNESS STATEMENT OF ALLISON CAMPBELL**

I, Allison Campbell, will say as follows:

**1. Introduction**

**Background**

- 1.1 My full name is Allison Joy Campbell. I was born on [GRO-C] 1940 in West Otago. I grew up on a farm with eight siblings and had a very privileged upbringing. My parents were essentially socialists. They taught me that everyone is equal. I always knew that I was just as important as everyone else, but equally I was no more important than anyone else.
- 1.2 My parents were always helping people in need. I can scarcely remember it ever being only my family at home. My parents would always bring people in who would live with us until they were back on their feet. My first introduction to someone with an intellectual disability was when my parents took a widow, [GRO-B] and her 4 children to live with our family when her husband, a tractor driver, was killed on a neighbouring farm. The job went with a house and when the farmer evicted her and her children she had nowhere to go. The eldest child was then 10 years old and she had Down Syndrome. They lived with Mum and Dad for over two years, they became part of our family. Later on, one of my brothers married [GRO-B]
- 1.3 In about 1969, I moved to Wellington with my husband. The wife of one of my husband's colleagues had been working at a multi-handicapped school in Lower Hutt. She told me that she was about to leave the school, which is when I decided to start working there as a

volunteer. I worked with children with intellectual disabilities, and this gave me an interest in the work.

### **Becoming a social worker for IHC**

- 1.4 I did some training in social work, but I was never a fully qualified Social Worker. During the 1970s and 1980s, I took a variety of university courses and papers. I studied block courses at the University of Otago and Massey University, and I also took some papers in Christchurch. I was particularly interested in learning about human relationships, marriage guidance and adult education. I think that the combination of my studies and my life experiences working and interacting with disabled people is what really prepared me to be a social worker.
- 1.5 My husband and I moved to Whanganui in 1972. In 1980 IHC in Whanganui advertised a position for a social worker, I applied and was given the position. I worked for IHC until I retired in December 2002. Throughout that time I had a variety of titles, IHC disestablished the role of social worker. My focus was always on supporting, enabling, and encouraging people with learning difficulties to fulfil their dreams and take their rightful place in society. Tom Armstrong, the IHC Administrator (now known as an Area Manager) who hired me did not actually know what social workers were supposed to do. I asked for a job description, but he proposed I work for six months, write the description up myself and then he would sign it. When I asked him why he hired me as a social worker, he said it was because everyone else in IHC was getting one, so Whanganui should probably do the same.
- 1.6 When I started at IHC in Whanganui, there was one over crowded hostel. It was built to house 40 people but in 1980 there were 70 living there. The rumpus room had been turned into a dormitory and the staff quarters were housing another 10 residents. They had built another 4 x 5 bed units that was also full. That was 100 people on the same parcel of land. Later IHC purchased a farm with a house, on the other side of the city, then built 3 x 5 bed units on the farm. At that time, IHC was really just another institution, even though it was trying to get people out of the existing institutions like Kimberley and Lake Alice.
- 1.7 As a social worker, part of my job was to go and check on patients in the institutions and see if I could repatriate them to where they are from. Mainly, I would try to bring people

home who were originally from Whanganui, but I also helped many people go home to their families living elsewhere in New Zealand.

- 1.8 My motivation for getting people out of these institutions was because I strongly believed, and still believe, that no one should live like that. No one should be treated as an animal. Every time I got a person out of one of these institutions it was a victory. I loved seeing people blossom once they got out.
- 1.9 The main institutions that I visited and brought people out from were Kimberley, Lake Alice, and Porirua. Some people who came to IHC had come from other institutions, including Campbell Park, and Tokanui. I did not personally visit these institutions, but I helped families to get their family members out and back home to Whanganui.
- 1.10 There were some good staff at all of the institutions and I met many wonderful staff members in my time who helped me to transition people out. However, there were also some really bad staff. There were also some staff who were just doing their job.
- 1.11 One of the ways that I was best able to help patients at Lake Alice and Kimberley was by making good friends with like-minded staff who worked there. I worked closely with Jeff Beukenex at Kimberley, who was a nurse but later his role was more like mine, and Bruce Davenport, a psychologist, at Lake Alice. Both of these men were just as keen to get patients out into the community as I was. They were doing what they could from the inside to help people transition into community set ups. I remember Jeff would often turn up at my office unannounced with plans for how to get certain people out into the community. I doubt that Kimberley knew about these visits.

## **2. Witnessing abuse and neglect**

### **Abuse and neglect in IHC care settings**

#### *Lack of autonomy*

- 2.1 When I first started working at IHC, none of the staff were adequately trained. They did not really know how to care for people, they only knew how to control them. I was really concerned about this because it felt like IHC was still operating like an institution. IHC was supposed to be helping people to get out of institutions and into communities, not recreating the same institutional environment.

- 2.2 The residents had no individual autonomy. The hairdresser would come on a certain day and all the men and women would be lined up and they would get the exact same haircut. One woman would buy all the residents' clothes. Everyone wore the same thing; they all looked the same. Similarly, the doctor in charge for the IHC hostels came every Wednesday to see people. Even the doctor himself was not very happy with this.
- 2.3 No one was taught how to do anything for themselves. They did not even know how to spread a piece of bread. IHC staff made all the residents call them "Mum" and "Dad". I was disgusted by this. Most of the residents were adults, some of them were older than the staff members but they treated them like children. The staff were really angry when I encouraged the residents to start calling the staff by their Christian names.
- 2.4 These staff members really seemed to believe that the residents were like children. I saw staff teasing them so many times. They would do horrible things such as stealing their hats and then throwing the hat up in the air. They would antagonise and tease people then punish them when they retaliated.
- 2.5 Overtime, the institutional features of IHC gradually began to change and conditions improved. About 1984/85, IHC hired a recreational officer and a vocational service manager. They were both professionally trained, which made a big difference. Slowly, the staff culture and training at IHC shifted in the right direction. It was a constant battle to create change, but I respected my boss, Mr Thomas Armstrong, who would always take the time to listen to my concerns, and those of the residents.

*Denial of basic rights*

- 2.6 I developed a bit of a reputation at IHC and some of the staff did not like me because I always helped the residents to understand their rights and to stand up for themselves. One time a resident told me that a male staff member had threatened to kick him up the bottom if he did not do something. I told the resident that he could go to the police and report that sort of threatening behaviour.
- 2.7 The male staff member involved was furious at me. I remember he thought I was causing trouble and he said, "We had no problems with them until you came along and told them their rights". Similarly, another staff member told me, "The problem is that this person doesn't realise that he is intellectually handicapped now". That was the whole issue at IHC.

- 2.8 Robert Martin, now Sir Robert, and his friends did not know their rights and so we decided to hold a meeting to discuss this. I invited them to meet in my home because I did not want them to feel intimidated by staff asking what they were doing. This was the start of the People First movement. I could not teach them everything they needed to know on my own, so we started going on weekends away to have "covert" training sessions. We used to go to Wells Lodge, part of the Collegiate College. I would bring in tutors, friends of mine who did it as a favour, and had the skills to teach the men and women what they needed to know. The first lesson was on the democratic process.
- 2.9 Through learning their rights, this group, Sir Robert and his friends, started to create change at IHC. One of the first things they managed to change was to get the IHC logo removed from the IHC vans. The logo depicted a man with a hole in his head. Lots of the residents hated this logo, it made them feel embarrassed to ride in the van.
- 2.10 When Sir Robert and his friends first went to Mr Armstrong, my boss, and asked for the logo to be removed, he said no. We then did a training session where we practiced having a more robust negotiation. They learnt that you had to stand up for your rights and not back down. This group of men and women were very quick learners. They were passionate about ensuring that everyone was able to get out of the institutions.
- 2.11 Sir Robert and his friends also led a successful campaign to receive compensation for their labour. At that time, many residents at IHC were providing labour for free. I would always tell them, "I am being paid to be here. I get holiday pay. You do not". After a while, the residents were successful in obtaining both an hourly rate and holiday pay. It wasn't much, but it was a start.
- 2.12 IHC had contracts with third parties that, in my opinion, they must have made a lot of profit from. Some of the tasks that IHC residents were required to do to fulfil IHC's contracts included:
- a. making ear tags for livestock;
  - b. cleaning the stems of mushrooms to be sent away for mushroom soup;
  - c. threading labels;

- d. working in a big sewing room making masks, theatre gowns, shrouds and nappies for the hospital.

2.13 One of the more profitable contracts was a laundry service. IHC would take six to eight residents out into the community, to the fire department, a dental clinic, a private hospital and to some old age pensioners. The residents would collect the dirty laundry and take it back to IHC to wash, dry and iron. Some of the residents actually quite liked this job because they got to leave IHC, go into the community and interact with other people. The IHC residents had a system where they would use different coloured pegs to separate out where all the laundry had come from when they hung it on the line. One of the pensioners left her entire house and contents to IHC as a result of IHC providing this service. It was not uncommon for people to leave legacies to IHC.

#### *Medical abuse*

- 2.14 Because the residents did not have any autonomy and were never taught their rights, they were vulnerable to medical abuse. Parents, doctors and staff members were making decisions on the residents' behalf and without their informed consent. This was particularly prevalent for women's and girls' reproductive health.
- 2.15 About a month after I first started, the doctor came at the usual time at midday. I came up the stairs and saw a row of about 30 women and girls in the hallway, with their legs bare and holding their underwear. They were all in the process of taking their shoes and socks off. I asked them what they were doing, and they told me, "We're waiting for the prick". Some of these girls were 12 years old and had come from the special school nearby.
- 2.16 I asked the doctor to explain what was going on. He told me that it was IHC's policy that all women and girls in their care receive the Depo Provera contraceptive injection. Lots of people referred to this injection as the "prick". All of the parents had signed letters consenting to these women and girls receiving the injection to stop them from menstruating.
- 2.17 I was concerned that the residents did not know anything about the treatment, why they were receiving it, or what the potential side effects were. Depo Provera was a very new drug at the time, and we did not really know anything about it. I went to all 30 patients and asked them if they knew what the "prick" was. Only one woman knew; none of the others were aware of the treatment they were receiving.

- 2.18 The next step was to talk to all the parents. I told them that I did not think it was right for people to receive the Depo Provera injection without being aware of what it was for. We started a process of explaining this treatment to all the women and girls to allow them to decide if they wanted to continue receiving the injection. In the end, only four or five women continued to receive the injection after being informed of what it was and the related consequences. None of the younger girls continued with the treatment.
- 2.19 Shortly after this, I had staff from the IHC special school coming over to me. The special school was built on IHC land. I think the teachers there believed they were doing the right thing, but they provided a very low quality of education and often students stayed there until they were around 21 years old.
- 2.20 The staff at the special school were furious with me because they suddenly had to deal with the girls' menstruations. They told me maybe I should come over and clean all the girls up. I refused and told them instead that they should teach the girls how to look after themselves because menstruation is a normal part of life. This was just another example of the negative attitudes that people held about disabled people at the time. They thought disabled women were incapable of understanding or coping with this very normal part of life.
- 2.21 Some of these medical decisions were far more severe. For example, I remember having to tell a 28-year-old woman who was about to get married that she would not be able to have children. Her parents had given their approval for her to marry another man at IHC, but they asked if I could tell their daughter that she had undergone a hysterectomy when she was only 12 years old. Their doctor at the time had suggested this procedure so that she would not get pregnant. She was living at home at the time of the surgery. Luckily, she and her husband did not want children, but I could not believe this decision had been taken away from her without her consent.
- 2.22 People with learning disabilities should have the choice to have children if they want to. Even if they might need support, people with learning disabilities can raise children. IHC even changed its view and some years later started taking cases to court preventing hysterectomies being performed on young women.

*Lack of sex education*

- 2.23 When I was first at IHC, staff did not take the time to educate residents. The lack of sex education was particularly concerning. It was very common for residents to be punished for masturbating. I remember one time I was called into a meeting with another staff member, Mr Armstrong and a male resident. We were all sitting facing the resident, so it felt like he was on trial. The staff member kept saying to this resident, "I know what you've been doing, you've been doing it again, haven't you?".
- 2.24 I knew that she was referring to him masturbating, but I asked her to explain what was going on and what she was talking about. She looked at the resident and said, "Don't you lie, I've got x-ray eyes". Mr Armstrong answered, "He's been playing with his John Thomas". I stood up and said, "it's actually called a penis. And what he's been doing is masturbating and it's got nothing to do with me". As I walked out of the room, I told this young man that the staff member was lying to him, nobody has x-ray eyes.
- 2.25 When I later discussed this incident with Mr Armstrong, I was furious. I could not believe that the staff member would treat people like that and that he would call a part of the anatomy such a ridiculous name. He apologised and asked how I would handle it. I said I would have a conversation with this resident myself. The female staff person left shortly after.
- 2.26 There were so many similar incidents to this when I first started working at IHC. The staff were not professionally trained at the time. They would usually be sent to Kimberley for training, which was the worst possible place they could have gone.

#### **Abuse and neglect at the psychopaedic and psychiatric institutions**

- 2.27 In the following section, I have set out many examples of abuse and neglect that I either witnessed occurring at the institutions or was told about by former patients. This in no way reflects the full extent of the abuse that I saw, but it highlights the key issues and themes.

##### *Neglect*

- 2.28 When I first went to Kimberley, I think they made sure they put on a bit of a show so that I only saw the good parts. It made it quite hard to get a grip on what Kimberley actually was. There were lots of adults outside playing aimlessly with balls and things like that.

- 2.29 The second time I went to Kimberley, I made sure I did not make an appointment, I just showed up. I came with a list of people from Whanganui and asked to see them. This was part of my role at IHC, to check on people who originally came from Whanganui, or whose families lived in Whanganui. I cannot remember exactly how the staff responded when I turned up at Kimberley unannounced, but I was able to visit everyone on my list. I regularly arrived at institutions unannounced from then on. Some staff were more helpful than others when I turned up. They were not particularly obstructive, but some would not go out of their way to find the person I was looking for.
- 2.30 At Kimberley, there was a ward that had several patients who were very small. I do not know what caused this, but they had not developed properly. Staff would place these adults in highchairs to be fed, and a staff member would feed them out of one bowl with four teaspoons coming out of it. Everyone would be fed at about 4pm and would have nothing else to eat until about 8am the following day. This was a form of abuse in itself. It was in no way caring for the residents' needs.
- 2.31 Over time I took two of my new bosses to see this behaviour. One of them burst into tears and one vomited on the way home because they were so disgusted by the treatment that they had seen. I would do this deliberately so that these men could understand what the reality of these institutions was. However, even though I told my bosses about this, and even showed them what was happening, nothing changed. I do not know if IHC ever made contact with Kimberley to complain about this practice.
- 2.32 I only brought one person out of Tokanui. A young woman's grandmother got in contact with me, and we managed to get her out. I never went to Tokanui but this woman's grandmother showed me a photo of  in a big cage-like cot in the middle of the ward. That is where she stayed the whole time. The staff at Tokanui told her grandmother that she was kept in a cage because she bit people and she was violent. When this woman made it back to Whanganui, she could not walk because of all of the time she spent in the cage. In the years since she has never bitten or displayed any violence.

*Medical abuse and neglect*

- 2.33 One of the first things that I would do when people came out of Kimberley and Lake Alice was to have their medication reviewed. Everyone coming out of both of these institutions would be so heavily medicated. There were people on Epilim and Tegretol, which are

epilepsy medications, who didn't even get seizures. I hold those doctors responsible for this overmedication.

- 2.34 A lot of people coming out of the institutions had glue ear, deafness and other hearing problems. I inquired about this and I remember being told it was because of poor bathing practices. Staff members would bath residents at the same time, and they would not change the water often enough. I heard that if patients defecated in the bath, they would just scoop it out and keep going instead of changing the bathwater. This is how so many of the patients developed ear infections which developed into hearing problems.
- 2.35 There did not seem to be any duty of care to look after residents' health. The dental care was appalling and people coming from the institutions had often had their teeth pulled out instead of getting fillings.

*Psychological abuse*

- 2.36 There was a major attitude problem in New Zealand at that time. People with learning disabilities were treated as subnormal. There was a belief that they really had the mind of a child and that, for example, they would never develop sexual urges or interests. Families were made to feel ashamed of having a disabled child. I will never criticise the parents who shunned or abandoned their children because I have never walked in their shoes.
- 2.37 Staff at Kimberley and Lake Alice would punish patients by taking their belongings away from them. There was a man who used to write to me, and the staff at Lake Alice took his address book away from him, so he could not send me any letters. Another time they took his batteries out of his radio, so he could not listen to the classical music that he loved. The way staff spoke about patients was cruel and demeaning, calling them names such as "snivelling little idiot".
- 2.38 This man had been placed in Lake Alice by his father. When his mother died, he had a nervous breakdown and his father had cancer and was worried about how to care for him. The father spoke to his GP who told him that if he sent his son to Lake Alice, he would be looked after for life.
- 2.39 One of my friends, who was a patient with a learning disability at Kimberley, told me that staff would force him to eat porridge with soap powder mixed into it. When this friend spoke about this publicly at a conference, some former Kimberley trainee nurses in the

audience confirmed to me that they remembered this happening. They told me that they were ashamed, but they were so junior that they did not feel they were able to do anything about it.

2.40 This same man spoke about the staff bringing him gift cards and wrapping paper with nothing in it. They would tell him that he had been gifted some delicious chocolate, but he could not have any because they had already eaten it. They would taunt him about how much of a shame that was. This man told his sisters about all of this behaviour, but when the sisters confronted staff, they were told that their brother was lying, the staff would never do such things.

2.41 One day when I was at Lake Alice, a staff member came rushing over and told me to come quickly to look at something. I followed and found a large group of staff members watching a woman getting violently hosed down after having been stripped naked. She was screaming and writhing around on the floor. I could not believe that the staff invited me to come and have a look just for the entertainment. I formally complained to my IHC supervisor about this but, as I mentioned above, nothing ever seemed to come from these complaints.

#### *Physical abuse*

2.42 I believe a lot of residents who came out of Kimberley were used to being hit. There was only once occasion where I actually witnessed a staff member hitting someone at Kimberley. The way the person responded to being hit indicated to me that he was used to this happening. He acted as if it was normal, he just took it. I remember he did not ask why the staff member had hit him. I complained to IHC about this, again, I never heard back so I do not know if anything came of my complaint.

#### *Sexual abuse*

2.43 I think that some of the male staff members at Lake Alice should have been in prison for the sexual abuse they inflicted. One of my friends who was a patient at Lake Alice has told me about the shock treatment, he would be taken to a waiting room where they could hear the people screaming next door. Every Saturday, male staff members would say to this man that if he was "good to them" (meaning if he complied with their sexual demands) that he would not receive the shock treatment. I have heard of multiple male staff members sexually abusing patients.

2.44 I never had any direct involvement with Campbell Park, but I always thought that the men who came out of Campbell Park into IHC care were very damaged. I think there was a culture of violence, including sexual violence, at Campbell Park. This is my impression based on my dealings with people who came out of Campbell Park. All had no self-esteem, were violent, unhappy and very troubled. After I gained their trust they told me horrendous stories of sexual, physical, and psychological abuse. Different people told the same stories over and over again. Most went from Campbell Park to Kimberley, and it also happened there. After these men started to heal and gained respect for themselves and others they became lovely, caring and kind individuals, who went on to speak up for those that were unable to do so. One day one of my friends sat in my office and said "Allison I think I am becoming a person". I reassured him he has always been a person. He just shook his head. How dare people in authority treated people so badly that [it] took away their identity.

*Management of Kimberley and Lake Alice*

2.45 In my opinion, Dr Sydney Pugmire (Medical Superintendent at Lake Alice) and Dr Warwick Bennett (Medical Superintendent at Kimberley) were less concerned with patient welfare than they were with ensuring patients stayed locked up. I do not think Dr Pugmire or Dr Bennett really knew what was occurring inside their institutions. They just stayed in their offices all day and never walked around the wards.

2.46 People at Kimberley were often sent to Lake Alice for "holidays" and vice versa. Sometimes they would end up at Lake Alice for years, even though they would be told it was just a holiday. I do not understand how it was acceptable to send someone with a learning disability to a psychiatric institution. The same goes for Porirua Hospital, where many people with learning disabilities went.

2.47 Sometimes we had to have court cases just to get certain people out of Kimberly. Dr Bennett never attended but Kimberly lawyers did. I think the reason we had to go to court to get a patient out was when they had been put in the institution for deviant or potentially criminal behaviour. It seemed to be instances when they had been committed by the State, not when family members had sent them there. Often after we had gone to court, patients would be released into the community on a six-month probationary period. They would have to report back to Dr Pugmire or Dr Bennett before they could be allowed out permanently.

2.48 I never made formal complaints directly to Kimberley or Lake Alice because I was too worried that, if I did, they would stop me from coming to the institutions. Instead, I made complaints to my superiors at IHC. Nothing ever seemed to happen when I made complaints and I never got any feedback from them. I always felt that either people did not believe me, or they did not want to believe me. Alternatively, staff would just dismiss my complaints and say "well, these things happen".

2.49 I also met once a month with a local psychiatrist, psychologist, GP, and a paediatrician. I would provide lunch and we would discuss some of the cases I was dealing with, and discuss what approach to take. This group of people acted as my advisors and my mentors. I told them about the abuse I witnessed and I think they may have taken things further but I do not know for sure. They never would have mentioned my name if they escalated complaints, because they knew I was worried about being shut out.

### **3. Impacts of deinstitutionalisation**

3.1 There was a sense of apprehension and nervousness when people transitioned into the community. Not everyone was given the support they needed. For example, I remember when Lake Alice closed, so many people were just dumped in the community. IHC picked up lots of Lake Alice patients who had intellectual disabilities, but everyone else was left without support. They were often placed in halfway houses and would get in trouble in the community.

3.2 Most people who came out of Kimberley would often get in lots of trouble at IHC. They would fight all the time or transgress in other ways. I always made sure my office was a safe space and that the former-Kimberley residents could trust me. The residents were used to getting hit in institutions and by some staff at IHC. I would never hit any of the residents, and they would never touch me either, unless we were having a hug.

3.3 I attended the Kimberley closure party that Robert and some others hosted shortly after I retired. Lots of the guests had learning disabilities and it was a noisy bunch of people. Nevertheless, when Robert and one of his friends stood up and asked for a minute's silence for those who had not made it out of Kimberley, there was complete silence. You could have heard a pin drop.

3.4 Right from when IHC first managed to purchase a residential home for residents to live in, I made sure everyone had as much choice as possible. The residents put themselves in

groups of who they wanted to live with and what furniture they wanted in their home. They also had input into which staff members supported them. Not all of the staff transitioned well from institutions to residential community living.

- 3.5 I am so proud of my friends who came out of the institutions. They have all taken every opportunity that came their way. I think they approach everything like sponges and soak up every bit of information that they can. These friends of mine, and others who I helped get out of the institutions, prove how important it is to have autonomy and independence.

**GRO-B-1's story**

- 3.6 GRO-B-1 was one of the men that I had the privilege of bringing out into the community. He was one of the three people in Kimberley when it first opened, prior to that he was in an institution in Nelson. GRO-B-1 was born out of wed lock and the priest told his parents that they should put him away and get on with having a "normal" family. No one else in the family knew that this man existed until one of his aunt's revealed this family secret right before she died.
- 3.7 GRO-B-1's sister got in touch with IHC and I found out he was in Lake Alice I started the process of getting GRO-B-1 out of Lake Alice. He had been transferred to Lake Alice for a "holiday" at one point but was still there several years later. He was about 79 when I brought him out. This man knew that he had belongings (such as a radio and a hammer) at Lake Alice but the staff constantly denied having them. Eventually another patient showed me a cupboard where all of the belongings had been hidden. I am sure that the staff knew they were there the whole time. GRO-B-1 told me the staff pinched his things but the psychologist said they would be taken as a punishment

**GRO-B-2's story**

- 3.8 There was a man at Kimberley called GRO-B-2. He was non-verbal, wheelchair bound, and was fed through a tube and had complicated health issues. Dr Bennett initially would not let him leave because he did not think he would survive outside of Kimberley. GRO-B-2's parents wanted him to come home to Wanganui even if he would not live long, because that is what GRO-B-2 wanted. They were elderly and could no longer drive to Kimberley to see GRO-B-2.

- 3.9 I went and spoke to a surgeon that I knew and explained [GRO-B-2]'s situation to him. The surgeon rung Dr Bennett directly to explain that [GRO-B-2] could live outside of Kimberley. Despite this surgeon talking with Dr Bennett, I was still told that [GRO-B-2] would die outside of the institution. The surgeon knew that there were better medical options for [GRO-B-2] that would allow him to live longer with less complications and so I encouraged [GRO-B-2]'s parents to consent for him to leave Kimberley. On return to IHC care in Wanganui the surgeon removed the nasal tube, put a stomach feed line in and [GRO-B-2] was no longer attached to a pole with a nasal feed line'
- 3.10 [GRO-B-2] had a full life after Kimberley. He went to school for a year and even passed school C maths. We got him an interactive picture board so that he could easily communicate his needs. [GRO-B-2] went to rugby matches and to concerts. He marched on Parliament, and I was there to push him down the road. [GRO-B-2] had plenty of friends and a full social life.

### **Personal impacts**

- 3.11 My experiences have given me strength to speak out if I see anything that I do not think is right. I hold a deep level of faith that has helped me to get through everything that I have experienced. I would not have been able to do what I have done without the incredible support of my family and friends, who never knew the details of my work but knew how important I thought my work was.
- 3.12 Some of my closest friends have learning disabilities. It is such a privilege and a joy for me to spend time with these friends. I am so grateful that I have been able to meet such wonderful people, some of whom have become part of my family.
- 3.13 One of the things that I have shed the most tears over, is that people were stripped of their families. Family has been such an important part of my life, and it is so vital to have a sense of family. I do not understand why the Government decided to establish places like Kimberley in places that were so far away from everything that the patients' families could not find a way to visit.

### **Continuing issues at IHC**

- 3.14 During my time at IHC, there were several staff members that I was involved with dismissing for inappropriate behaviour. If we ever had staff leave that I did not think were appropriate, I would never give them good references. When I identified an issue, we

would always try to improve staff behaviour in the first instance. Lots of staff members just needed help transitioning from working at an institution to community living, but sometimes we would have to let them go. I had several former staff members take employment cases against me, but they never won. I kept meticulous records.

- 3.15 There were several instances where I think staff behaviour should have been properly investigated by IHC, and IHC should have reported these allegations to the police. However, I am not aware of the IHC ever reporting any staff members to the police. Several times, I tried to get IHC to make a police complaint, but they never reported anything because they did not want to receive bad media attention.
- 3.16 One staff member was suspected of trying to encourage a male resident to have sex with her. We could not prove it for sure, but I absolutely think this should have been fully investigated by IHC, and potentially the police, too. The staff member was fired, but the police were never told.
- 3.17 A staff member was fired for allegedly buying adult magazines using a resident's allowance, and another staff member bought themselves an All Blacks jersey but pretended it was for a resident. Once again, IHC told me that it was not worth going to the police and risking damage to IHC's reputation, even though this was theft and financial abuse. I always pushed back on this, but IHC always put their public image first.

#### **4. Looking forward**

- 4.1 I have remained a patron of IHC so that I can keep an eye on things. Today, it is impossible to see anyone in the IDEA Services office without an appointment. This applies to everyone, residents, family members, carers and they try to stop me as well. I used to have an open-door policy so that residents and anyone else could come and visit me whenever they wanted.
- 4.2 I continue to see today that a large number of people with learning disabilities are not given the support they need to live a full and happy life in the community. Many spend most of their day in a home with less staffing hours than needed. Staff shortage seems to be a major problem. Resourcing is not available yet IHC has developed an amazing large Property Company. IHC was started by parents to provide services for people with intellectual disabilities. Now, I feel that IHC allows service to come a very poor second to Property. Recently it became known that all the decision makers in IHC have just had

major increases in their remuneration, at a time when the people they should be concerned about are shut in IDEA Services homes because there is not enough money to employ more staff

- 4.3 Everybody in every type of care needs somebody independent on the outside who can advocate for them if they need it. So many people remain reliant on disability support services and caregivers. They need an independent advocate to make sure these care providers are not making decisions about them, without them.
- 4.4 There are still so many things wrong with our society and I do not know how to make them better. As a society, we still look down on people who have learning disabilities. We do not look down on people who have a broken leg, but we certainly do if they have something wrong with their head.
- 4.5 I am so sad that so many people have now passed away who will never receive an apology or any compensation for what happened to them. So many of these people did not feel like they were victims, they were made to feel that they were wrong. And yet those who made it out have come so far and show so much love and generosity. I cannot imagine I would be as loving and giving as I am if I experienced what my friends experienced. I always wonder what my friends would have achieved if they received the nurturing upbringing that I had.
- 4.6 For 30 years, I have prayed for something to happen, for change to occur. I have found the Royal Commission process to be cathartic and I feel that people are being treated with dignity and respect. However, it still feels like this is happening 30 years too late. People need an apology. They need a personal apology. They need a piece of paper that says, "you were a victim, it wasn't your fault".

**Statement of Truth**

This statement is true to the best of my knowledge and belief and was made by me knowing that it may be used as evidence by the Royal Commission of Inquiry into Abuse in Care.

Signed

GRO-C

Dated: 15 February 2022

**Consent to use my statement**

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