

Under the Inquiries Act 2013
In the matter of the Royal Commission of Inquiry into Historical Abuse in State Care
and in the Care of Faith-based Institutions

Witness Statement of Michael Patrick Doolan

Witness number: WITN0546001

Exhibit: WITN0546002

27 May 2021

Introduction

1. My full name is Michael Patrick Doolan.
2. I am a Registered Social Worker (non-practising).
3. Attached as an Appendix to this statement is my Curriculum Vitae, which sets out my qualifications, experience, publications, and other relevant information (WITN0546002).
4. The Royal Commission will note from my Curriculum Vitae that I began service with the Department of Social Welfare (DSW) in January 1972, as Assistant Principal at Hokio Beach School, Levin, shortly after obtaining my first professional qualification. I was appointed Principal, Holdsworth School in October 1973, and later, Principal, Kingslea, Christchurch, in September 1979.
5. In 1984, I was appointed Director of Residential Services in the DSW Head Office, and had oversight of residential services and policies, involving some 25 residential campuses and more than 150 community based “family homes” for the foster care of up to 6 children and young persons. In 1987, following a departmental restructure, I was appointed Director, Youth and Community Services, a directorate which incorporated my previous responsibilities, along with services for youth and youth policy and policy relating to services delivered by the Voluntary Sector and funded by DSW. In this position, I was the lead policy manager for the Youth Justice Provisions of the Children, Young Persons and their Families’ Act, and the subsequent significant move away from reliance on DSW residential services in response to the needs of DSW clients. Following a further restructure, I was appointed Regional Manager of CYFS, South Island in 1992, and in 1994, I was appointed Chief Social Worker for CYFS, the position from which I retired in 2001. In my retirement, I spent 6 years as an Adjunct Research Fellow at the School of Social Work at Canterbury University, and taught extensively at the request of Agencies undertaking social work practice with children and their families in the United Kingdom, the Republic of Ireland, the Netherlands, Scandinavia, Israel, the United States, Canada and Australia.

6. I received the following correspondence from the Royal Commission requesting my comment and answer to various questions, addressed in the remainder of my statement:
- i. In a letter dated 03 March 2021, the Royal Commission requested a statement from me regarding my time as Principal of Holdsworth School and the relationship Holdsworth School had with the Lake Alice Child and Adolescent Unit. Attached to this letter was an Information Pack - the “Abuse in Care Royal Commission of Inquiry” and a document entitled “Investigation into Abuse in State Psychiatric Care”. The Royal Commission’s letter of 03 March 2021 raised questions for my comment, on an extract from a 1975 Inspection Report on Holdsworth School and on a Statement to the Royal Commission by a former Holdsworth staff member, Mr John Watson. I was not provided with either the Inspection Report or with Mr Watson’s statement.
 - ii. On 15 March 2021 I received a request by email from the Royal Commission to comment on several matters in the 1972 and 1975 Annual Reports of the Lake Alice Adolescent Unit. I did not receive a copy of these reports, but was asked to respond to matters in them included in the Commission’s email.
 - iii. On 19 March 2021 I received a further email from the Royal Commission requesting comment on matters arising in correspondence between the Director of Social Welfare, Christchurch and former Principal of Holdsworth School, Mr Powierza, in January 1973. On this occasion, following inquiry, I received copies of the letters exchanged between the Principal and the Director.
 - iv. On 15 April 2021 I received an email from the Royal Commission requesting comment on a 1977 Commission of Inquiry and an Ombudsman’s Investigation in relation to the admission of young persons to Lake Alice Adolescent Unit, and attaching three documents: The Mitchell Inquiry Report (CRL0044243_00027); the

Ombudsman's Summary Report (CRL0044159_00012); and a debate extract from Hansard (MSC0002523).

7. I record that, on my own accord, I initiated inquiry with Oranga Tamariki to obtain reports from my time at Holdsworth School, that might aid my recall of events. I was provided with:
- i. Annual reports I had written, for the years 1973, 1974, 1975, 1976 and 1977;
 - ii. The full Inspection Report into Holdsworth School written by Mr Robin Wilson in 1975, referred to in paragraph 5 (i) above;
 - iii. A DSW notice dated 11 November 1975, recording the appointment of Dr Alan Frazer to the position of Psychiatrist, Head Office; and
 - iv. Case notes in relation to two boys admitted to Lake Alice Adolescent Unit in 1976 and 1977, the former of whom was, to the best of my recall, the only boy admitted to the Lake Alice Adolescent Unit during my tenure as Principal (referred to in paragraph 28 below).
8. I am attempting the recall of events which occurred between 42 to 48 years ago and am grateful for the Royal Commission's confirmation that it appreciates there will be limits to my recall.

The Royal Commission's letter of 3 March 2021

9. In its letter of 03 March, 2021, the Royal Commission asked for my comment on 11 aspects of Holdsworth School and the Lake Alice Adolescent Unit operations, and I address each of these in turn under the headings below.

My responsibilities as Principal of Holdsworth School

10. Holdsworth School was one of five National Residences maintained by DSW in the 1970's. Each National Residence's Principal reported directly to the Department's Head Office. The term "National" was used to distinguish these establishments created for longer term work with children and young persons, from District residences, such as Boys' and Girls' Homes and Reception Centres, which were controlled through District Directors of Social Welfare, and were used for shorter care or remand purposes. The

National Residences' Principals had controlling officer status in DSW, alongside Directors of Social Welfare.

11. The Principal's core responsibilities in relation to Holdsworth School were, as I recall them:
 - i. Ensuring a safe and purposeful environment for staff and residents;
 - ii. Establishing, maintaining, and monitoring the care and activity programmes of the school;
 - iii. Promoting staff development and training for the roles staff carried out;
 - iv. Engaging, monitoring and inducting new staff and being a good employer;
 - v. Maintaining higher-level relationships with partner services, such as Education, Health and Psychological Services;
 - vi. Overseeing the casework planning and reporting cycles;
 - vii. Managing the administrative and reporting requirement of Head Office; and
 - viii. Acting as the face of the school externally.

The referral process for state wards to the school

12. Social workers who wished to place a child at Holdsworth submitted a proposal to DSW Head Office. This was assessed by the Director of Social Work (through senior caseworkers employed for this and other Head Office functions). Such referrals did not require approval or consent of the Principal. The authority to approve entry to a National Institution (such as Holdsworth School) rested with the Director of the Social Work Division in Head Office (while the authority to discharge a child rested with the principal of each residence).

The consent requirements for state wards receiving psychiatric treatment

13. I do not have any recall of the actual process for achieving admission of Holdsworth boys to the Lake Alice Adolescent Unit before I went to Holdsworth, and if any such admissions were made in my first months there, I have no recall of them. In my experience, such admission approvals were ultimately a medical, and not a social work, function.
14. The referring social worker from the boy's home district would have been advised of any proposals to seek psychiatric care and the social worker was responsible for communicating with the boy's family.
15. There was no formal family or individual consent process as I recall.

Any use of electro-convulsive therapy as a form of behavioural control

16. I had no clinical knowledge of electro-convulsive therapy (**ECT**) or proof that it was used at Lake Alice Hospital as a form of behavioural control, but I did have misgivings about the use of ECT at Lake Alice, which I discuss in paragraph 26 below. In addition to these misgivings, I had reservations about the use of ECT with young children and its apparent lack of any effectiveness with them.

DSW oversight of state wards during their stay in the Unit and Holdsworth School

17. The primary responsibility for monitoring the wellbeing of state wards in residence rested with the Principal. Referring social workers did visit from time to time, as did family members. There were quite regular liaison and monitoring visits from Head Office personnel, including the Inspector responsible for Holdsworth, Mr Robin Wilson, and the Psychiatrist employed at Head Office in 1975, Dr Alan Frazer.
18. Holdsworth was an "open" residence, with no locked spaces permitted. It was open too, to the community, and locals did visit on occasion, to "suss us out" and were always welcome. Local Māori visited and on occasion helped run programmes for boys in the Residence's school. At some point, at a date I cannot recall (possibly around 1977), official visitors were appointed for

Holdsworth, and all residences. Visiting Committees reported annually to the Director General of Social Welfare.

19. The Assistant Principal was responsible for the daily programme and casework management, while the actual work of programme delivery rested in the hands of Housemasters and Attendants (later Residential and Assistant Residential social workers).
20. In addition to their “whole group” duties, each Housemaster and Attendant had casework responsibility for a small number of boys. Their responsibility was to form a close relationship with each of their charges; to counsel and work with them, usually during school hours, on their areas of behavioural and social difficulties; to liaise with the Residence’s school; to maintain contact with the referring social worker; and to manage the reporting processes about each boy to the home district and to Head Office.
21. I do not know what monitoring arrangement were in place by Holdsworth when boys were placed in the Adolescent Unit, before my arrival there.

Reports typically required for state wards’ stay in the Unit and at Holdsworth School

22. Any child admitted to Holdsworth School was required to be in the care, custody and under the guardianship of the Director-General of Social Welfare, by orders of the Children and Young Persons’ Court.
23. Day to day reporting relating to the boys and the functioning of the Residence were recorded in the Residence’s Day and Night log books and in weekly reports from the Residence school.
24. Formal reports in relation to each boy included:
 - i. his home District’s approved admission proposal;
 - ii. proposals for external or specialist services for any boy;
 - iii. six-monthly progress reports by the Residence to the home District and to Head Office; and
 - iv. the discharge report approved by the Principal.

25. The Principal made a year-end report on the operations of the Residence to the Director-General of Social Welfare.

Any complaints I was aware of during the 1970s regarding treatment of young patients in the Unit

26. While Assistant Principal at Hokio Beach School in 1972/73, boys who had been inpatients at the Lake Alice Adolescent Unit told me of what they experienced there, although not in terms that I considered constituted complaint. I think boys told me that they felt sick or nauseous and that they received painful injections, but I do not recall precisely. I do not recall anything striking me as extraordinary, such as the treatment being used as a punishment. On taking up my appointment at Holdsworth, I became aware of general concerns about the Lake Alice Adolescent Unit from some Holdsworth staff members, mostly, as I recall, about sending boys there being a waste of time, as the treatment made no observable improvements to their functioning, was thought to be harsh and was seen as counter-productive. Some felt that ECT was used too readily and that an injection given to boys to regulate their behaviour was painful for them (although I note there was not consensus on this, and some staff considered treatment at Lake Alice was helpful). No one at Holdsworth would have had the clinical background on which to judge the appropriateness of the treatment. However, I accepted the raising of these matters as an indication of staff concern for the boys, and as set out later in this statement, Holdsworth School ceased to rely on the Lake Alice Adolescent Unit as a component of our approach to behaviour management.

The reason for the cessation of referrals of young people to the Unit.

27. Assisted by the papers provided to me by Oranga Tamariki, I note that my misgivings about the Lake Alice Adolescent Unit were formed during my time as Assistant Principal of Hokio Beach school, between January 1972 and November 1973. In a memorandum to Head Office dated 08 February, 1977, regarding a named child who was at Holdsworth before I took up my appointment there in 1973, I said the following (much, I now realise, with the benefit of hindsight):

“I have no doubt that [the boy in question] did receive ECT while at Lake Alice – this seemed to be routine at the time. I have no doubt that he perceived the administration of ECT as a form of punishment – I had the same perception. As Assistant Principal at Hokio Beach School, I had a lot of contact with the Lake Alice Adolescent Unit. It was my very clear perception that:

- i. ECT was administered to children held at the point of consciousness – thought to be very effective with those children exhibiting explosive character disorders;
- ii. Nursing staff at the Unit used the threat of ECT as a method of behavioural control;
- iii. Paraldehyde injections were used for similar reasons.

It was because of these, and other misgivings that I had, that Holdsworth ceased the practice of referring lads to the Lake Alice Hospital Adolescent Unit at the end of 1973.”

28. Any admissions from 1974 onward would have been for medical (as opposed to behaviour management) reasons, recommended by a medical specialist not connected with Lake Alice Hospital, and I am certain I would have been involved in the decision-making processes around such a case. The only case I am aware of occurred in 1976, when I made submissions to the DSW Psychiatrist at Head office, Dr Alan Frazer, in relation to a lad with severe disorders. Some two months or so after my submission, which was effectively a cry for help and direction, Dr Frazer arranged for the boy’s admission to the Lake Alice Adolescent Unit. The boy did not return to Holdsworth School. I do not regard this admission as in the same category as those that had occurred prior to 1974.
29. I note in the statistical appendix to my Annual Report for 1973, 13 boys were admitted to the Lake Alice Adolescent Unit during the course of that year, with an average stay of 11.3 weeks and a range of stay between 4 and 23 weeks. The same statistical report for the years 1974 and 1975 showed there were no admissions to Lake Alice during those two years. The 1975 report stated that this statistic would not be reported in further years, indicating, it

would seem, that Holdsworth's association with the Lake Alice Adolescent Unit had effectively ceased.

30. In response to my own misgivings and the uneasiness of some staff about the Unit, I had visited Lake Alice Hospital at some point reasonably early in my tenure and spoke with Dr Leeks. I did not make any judgements about the Unit's treatment approaches, but rather sought to understand their treatment philosophy and practices, which Dr Leeks described at some length, much of which I do not recall now. I did tell him, I believe, that some boys had returned upset and frightened about the Unit and that overall, staff did not rate the Unit highly in relation to its effectiveness in bringing about functional change and enhancing wellbeing.
31. I do not know whether I told Dr Leeks that I was myself concerned about the treatment or practice orientation at Lake Alice, or that I was considering not using the service in future. As Principal, I had control over referrals of boys to any external services when these were proposed by caseworkers or psychologists, and so the visit was in part to ensure I was informed before making the decision I did to cease the routine use of Lake Alice as an aspect of our practice at Holdsworth.
32. The decision to look for alternatives to Lake Alice in managing our responsibilities was less an heroic action than a change in practice orientation. Holdsworth School was, at the time I took up my position, focussed on behaviour modification as its principal method, particularly through its use of a "Token Economy" managed by the Assistant Principal. While token economies are not inherently harmful, in my view they tend to result in a sort of coerced, short-term change (to achieve reward) and not any real insight or commitment to long-term change in the way one functions. This token economy approach was not part of my practice orientation – I believed then, as I do now, that people will change only when they consent to do so, and that consent is best fostered in the context of supportive helping relationships. I intended to move away from behaviour modification over time, but needed to work for staff consent for this, also. The Adolescent Unit, as I had experienced it while at Hokio Beach School, and as I understood Holdsworth had been using it, would not have had a role in the way I wanted Holdsworth to operate. The Token Economy was abandoned sometime in

1976, by which time staff were equipped and ready to work the way I wanted them to – behaviour management and personal growth within the context of warm and supportive relationships, and not by the application of systems of rewards and consequences. My 1977 annual report records that over that year, significant changes took place, all of which led to the development of an atmosphere favourable to children. The year was completely free of absconding (27 having occurred in 1975 and 15 in 1976) and most of the time, the institution operated in a purposeful but relaxed way, with staff and children interacting freely and with children engaging with staff in problem resolution (p1). The report further noted that “a stable and experienced staff team is developing many skills in helping disturbed and difficult boys, and in ways which do not require repressive, regimented techniques” (p.3).

The 1977 investigations into claims of patient mistreatment in the Adolescent Unit, including the Commission of Inquiry, Ombudsman investigation and Police Inquiry.

33. I have no recall of them at all, and do not recall being interviewed or requested to contribute in any way.

Department of Social Welfare response to these investigations

34. I know nothing about the DSW response to these investigations.

Statement by Holdsworth Housemaster, Mr John Watson

35. The Royal Commission has requested that I include in my statement, my response to some matters raised by Mr Watson. I have not received a copy of Mr Watson’s statement and have instead been provided with a summary by the Royal Commission with questions arising from it, on which my comments are sought.
36. I was the second person appointed Principal of Holdsworth School, after it had been operating for about two years. The foundation Principal, Mr Marek Powierza (deceased) was a charismatic figure whom staff and boys liked. He and his new team had to establish Holdsworth and its practice approach. It is my sense that much of the leadership of the Residence’s practice approach was conceived by the Assistant Principal, Mr Jack Drake (deceased). The practice philosophy embraced “behaviour modification” as the Residence’s

principal method. Over a space of some months, I saw every staff member individually, and was sought out also by some who had concerns about the Residence's direction. Concerns about the Residence's practice approach (a behaviour modification Token Economy; a strict, rather uncompromising disciplinary regime; and the referral of boys to the Lake Alice Hospital Adolescent Unit, which was seen as ineffective, and making things worse rather than better) were aspects of these discussions, particularly with the professional staff, including teachers.

37. Mr Watson was a Housemaster at Holdsworth, possibly from the time the Residence was opened, if I recall correctly, in 1971. We had a good collegial relationship and I thought he was a good Housemaster. His practice orientation and interest – behaviour modification – differed to mine. I have no knowledge of the matters he raises in bullet points number 1 to 6 in the Royal Commission's letter of 03 March 2021. However, before I took up my appointment as Principal, I was made aware of an allegation by a child resident of improper behaviour towards that child by the Assistant Principal, Mr Jack Drake (deceased), from another source.
38. While I was still Assistant Principal at Hokio Beach School, I was informed by Mr Dennis Reilly (deceased), then Director of Residential Services at DSW Head Office, that an allegation about Mr Drake had occurred and was being investigated. Mr Reilly did not tell me the source of the allegation or its nature, nor was I told that there was an allegation of sexual abuse against another staff member.
39. Later, and again before taking up my appointment, Mr Reilly informed me that the matter had been determined and the Assistant Principal would be remaining at his post. I was counselled that I need not concern myself with the matter further. I understood (I cannot remember exactly what I was told) that the allegation against Mr Drake was not sustained. Thus by the time I was Principal, the determination of this matter had already occurred. This addresses Mr Watson's presumption in the 7th bullet point that I would investigate the matter and report to Head Office, presumably on taking up my appointment. After I took up my position, I told Mr Drake that in the light of the history of an allegation made against him, he must be meticulous

in ensuring he did nothing that could even be construed as improper, and my impression was that he was punctilious in this respect.

40. In the 8th bullet point, Mr Watson speculates that his complaint may have resulted in a Holdsworth staff member being transferred and the cessation of referrals of Holdsworth students to Lake Alice Hospital in 1973. Firstly, I do not know of any Holdsworth staff member who was transferred prior to my arrival. It cannot have been Mr Drake, who was Acting Principal until the day I arrived and it was not until 1976 that he resigned of his own accord. Secondly, in relation to the Lake Alice Adolescent Unit, Mr Watson suggests that he was instrumental in stopping referrals to Lake Alice late in 1973, but this was not so. As noted in paragraph 35, several staff expressed their concerns about a range of matters, including the Adolescent Behavioural Unit. Mr Watson may well have been one of those – but he does not stand out as the principal, or the only, source of information I was getting.
41. The 9th bullet point records Mr Watson's ongoing disappointment at what he perceives as an inadequate response from DSW about his complaint. I repeat that I did not know that Mr Watson had made a complaint, or that he had any expectations of a response from DSW, or from me. The Royal Commission has confirmed, on my inquiry, that it has no documentary evidence that Mr Watson did pass onto DSW (and later to me) allegations relating to the Acting Principal and a second staff member.
42. The 10th bullet point requires no response.
43. In the 11th bullet point, Mr Watson remembered speaking with me about the "Lake Alice Problem" and the sexual abuse allegations involving the Holdsworth members of staff, and that I had told him I was aware that Mr Watson had "been making waves at Holdsworth". Firstly, I never understood that we had a "Lake Alice Problem" and I do not recall anyone ever speaking to me about Lake Alice couched in these terms. Secondly, I did have conversations with all staff members individually, including Mr Watson, and while Lake Alice may have been a topic (I do not recall whether it was or not) I am certain there was never any discussion between Mr Watson and me on any sexual abuse allegations involving Holdsworth staff. That would have been an untenable thing to have allowed and unethical, given that Mr Drake

was my Assistant Principal, and I understood that the allegation against him had not been sustained, or he would not be in his post still. Further, I was not aware, until seeing the Royal Commission's account of Mr Watson's statement, that there were allegations against a second staff member. Thirdly, it is hard to imagine, in the circumstances of not knowing that Mr Watson had made a complaint to DSW Head Office, that I would have had any grounds for a comment that he had "been making waves" at Holdsworth, and I do not believe it is the sort of comment I would make to staff in any circumstances where they were seeking to redress wrongs.

44. In the 12th bullet point, Mr Watson believes the concerns he raised contributed to my decision to stop sending Holdsworth Boys to the Lake Alice Unit. I received information about Lake Alice from a number of sources, and Mr Watson may have contributed to the weight of opinion about the ineffectiveness of the Adolescent Unit interventions relating to our boys. It was certainly that sort of staff input that led to my meeting with Dr Leeks recorded in paragraph 29, early in my tenure as Principal of Holdsworth School.

The 1975 DSW Inspection Report

45. The Royal Commission has asked me to respond to the matters raised in a 1975 Inspection Report of Holdsworth School, from which it quotes. The author of the report, Mr Robin Wilson, was a deputy to the Director of Residential Services in DSW Head Office as I recall, and had the responsibility of monitoring Residential practices and inspecting residential premises on behalf of the Director of Residential Services. Mr Wilson was a respected and diligent senior officer, who later became the first General Manager of the Children, Young Persons and their Families Service in 1992.
46. My annual report for 1974 recorded that no boys were admitted from Holdsworth to Lake Alice Hospital Adolescent Unit that year, and the same is recorded in my 1975 annual report. Mr Wilson's comments, in 1975, that "the present Principal feels this practice had little value" and that Holdsworth staff (by now designated residential social workers) had "serious doubts" about conditions in the Unit and that "children are discharged more difficult if not more disturbed than when they were admitted" resonate strongly with

my recall of the situation then. My concern was not that the children were abused at the Unit, per se. I did not have the clinical background to reach such a conclusion. Rather my misgivings arose from what boys at Hokio had told me of their experiences; about the ineffectiveness of the treatment as I perceived it; about what I believed to be the longer term ineffectiveness of behaviour modification approaches at that point in time; and about my wish to do things differently.

Further Information sought by the Royal Commission, 15 March 2021

47. On 15 March 2021, the Royal Commission requested further information on the basis of Annual Reports of the Adolescent Unit received by the Commission. The 1972 report states: *During the latter part of the year a service was established at the request of the Principal of Holdsworth School (Social Welfare Department). A weekly visit is made by our visiting staff and boys referred by institutional staff are seen and when required outpatient or inpatient care is speedily arranged. This has proved to be a worthwhile service and 3 boys were admitted for 15 weeks in all while 3 others from Hokio School stayed a totally of thirty six weeks.*

48. I am asked three questions in relation to this:

- i. Were you aware Mr Powierza had initiated the referral process of Holdsworth boys to Lake Alice in early 1972?
- ii. Would it have been normal practice for the Principal of a DSW residence to initiate a referral process of state wards to a psychiatric hospital?
- iii. Would the Principal first have to get permission from DSW head office?

49. My annual report for 1973, written in the first weeks of my tenure, recorded that a Psychiatric Charge Nurse from Lake Alice Hospital visited Holdsworth weekly, offering a helpful service, supervising medication and providing follow-up consultation with boys previously discharged from Lake Alice. I assume this was an aspect of the referral process to Lake Alice set up by Mr Powierza in early 1972. My visit to Dr Leeks recorded in paragraph 29 above would probably have been the point where the liaison arrangements underwent change or ceased altogether. There was certainly no such system

reported in my annual reports over subsequent years. Indeed, there were no further informal admissions to Lake Alice for behavioural management after 1973, and thus there was no purpose in having the sort of service established by Dr Leeks and Mr Powierza.

50. I have not heard of any other instances where a nurse from a psychiatric institution was regularly on-site at a DSW residence. I am certain that no such arrangement existed for Hokio Beach School, for example, and boys from that school did go the Unit from time to time. My sense is that, at Hokio, admission to Lake Alice would have been an arrangement endorsed by the Educational Psychologist serving Hokio and its medical practitioner also, but my recall is not clear on this.
51. As far as I am aware, it would not have been normal practice for the principal of a DSW residence to initiate a referral process of state wards to a psychiatric hospital as part of the residence's routine behavioural management process. However in the event a principal identified that a child may be in need of psychiatric medical treatment, they may have initiated a process for admitting the child to a psychiatric institution (in essentially the same way that would be the case if other medical treatment was identified as being necessary).
52. The Principal would not necessarily have sought DSW Head Office approval to refer a child for psychiatric treatment, in my experience. He would have had the authority, as a Departmental Controlling Officer, to institute policies and procedures relevant to Holdsworth's operation.
53. In the information request of 15 March, 2021, I am also asked to comment on a 1975 Lake Alice Report. The Commission advises that the report says that the Lake Alice Child and Adolescent Unit saw a vast increase in the number of young patients it received after the residential institutions were transferred to (sic) the Department of Education, and that the result of this transfer caused more young people to be sent to the Lake Alice Child and Adolescent Unit.
54. I am asked two questions in relation to this:

- i. What was the change in admission criteria to residential institutions that occurred when DSW took over the operation of this (sic) institutions from the Department of Education?
 - ii. Do you know why this change in criteria may have caused more young people to be sent to the Lake Alice Child and Adolescent Unit as the Annual report suggests?
55. I took up my position as Assistant Principal, Hokio Beach School on 31 January 1972.
56. DSW came into being on 01 April 1972, as the result of the amalgamation of the former Department of Social Security and the Child Welfare Division of the Department of Education. This amalgamation resulted in all child residences of the former Child Welfare Division automatically becoming child residences of the new DSW. In my view, this was a seamless transfer and would not have resulted in any changes to the practices of the former Division of Child Welfare. The services of the former Child Welfare Division remained in place and there was no attempt, nor would it have made sense, to integrate these services with those of the former Social Security Department, responsible for the administration of Benefits and Pensions. In the new Department, three Assistant Directors General reported to the Director General of Social Welfare – one overseeing Benefits and Pensions; one overseeing the former child welfare services; and the third overseeing administrative arrangements for the two service delivery streams.
57. There was nothing in that arrangement that could have contributed to a “vast increase in the number of young patients Lake Alice received”. As I have stated above, none of this “vast increase” came from Holdsworth School after 1973. If there was a vast increase between 1973 and 1975, it had to be for some other reason, and I am not aware of any.

Further Information sought by the Royal Commission, 19 March 2021

58. On 19 March 2021, the Royal Commission posed further questions in relation to a recently discovered undated memorandum from the then Principal of Holdsworth School, Marek Powierza (deceased) (ORT0000324_00014)¹,

¹ Only page three of this document was provided.

which he wrote in reply to a memorandum he had received from the Director of Social Welfare, Christchurch, dated 19 January 1973 (ORT0000324_00012). I was given copies of both documents. The Royal Commission asked that my Statement address the following questions:

- i. If, as Mr Powierza's report seems to suggest, there may have been some truth to the students' complaints of receiving electric shocks as punishment, what would have been the appropriate response to such a complaint?
 - ii. Was Mr Powierza's proposed response appropriate?
 - iii. Would Mr Powierza's comments in his report, including that DSW had to accept a Psychiatrist's methods, (be) views that would have been accepted by most social workers in 1973?
 - iv. Was his position consistent with the Social Worker's Manual then in force?
 - v. As Principal of Holdsworth, was the Lake Alice Child Adolescent unit described to you as being a unit that specialises in aversion behaviour therapy and very harsh controls are imposed on the patients?
59. I took Mr Powierza's words: "The connotation that shock treatment is used as a punishment may in fact be real in its consequences" as meaning that boys may well have experienced and talked about such treatment as a punishment, rather than as a medical intervention addressing their observed conditions while inpatients. It is certainly not unusual for children, in any age, to regard something intended for their good as something imposed and punishing. Mr Powierza's addition that "it may even be the intention of the medical specialists" I would regard as speculative. Had he had such an understanding of the use of ECT in such a context, he would have been more forthright in saying so, I believe. Had Mr Powierza understood that ECT shock treatment was used as a punishment, an appropriate response would have been to advise his Head Office controller immediately and to withdraw any current Holdsworth patients when this could be done safely, medically.
60. If, by Mr Powierza's proposed response, is meant his intention to "at some appropriate time, unofficially, make comment to Dr Leeks, the Consulting

Psychiatrist, but this is all I am prepared to do”, I have difficulty assessing its appropriateness, for two reasons. Firstly, I do not have any idea of the nature of the relationship between the Principal and the Medical Superintendent. It could reflect “exaggeration of hierarchy”², or it could be practically, the application of the Social Worker’s Manual, which encouraged dialogue between the DSW Controlling Officer and a Medical Superintendent. Secondly, Mr Powierza’s response may have been dictated by his scepticism about the boy’s allegations that ECT was used as a punishment for absconding. If he saw no truth in such allegations, his response may have been appropriate. If he had suspected there may have been some truth in what was alleged, his response was inadequate and not appropriate to those circumstances. I have no way of knowing what he was thinking. I think in his place, I might have wanted to ask the Medical Superintendent how a boy patient could come to know and use the terms “modified and unmodified shock treatment”.

61. I do not think Mr Powierza’s view that “if we are to use psychiatric facilities, then surely we must accept psychiatrists’ “motus apparatus” would be acceptable to social workers today, but it may have been so in 1973. This would be a clear example of Exaggeration of Hierarchy. In 1973, social work in DSW had a largely unqualified workforce, especially in residential settings. The first, and for a number of years, the only, University-based qualification in social work was established at Victoria University of Wellington in 1960, and this was a diploma level qualification. I am not aware whether or not Mr Powierza had this qualification in 1973. Even if he had, I think it is unlikely that the concept of professional dangerousness, and Exaggeration of Hierarchy, would have had local currency at this time. I did not become aware that unconscious and unwarranted professional deference was an aspect of professional dangerousness until after this time.

² “Exaggeration of Hierarchy” is a known component of “professional dangerousness” that can occur when social workers are involved in multi-systemic and multi-therapeutic settings. The phenomenon occurs when practitioners in a self-perceived “higher class” by means of training and qualification (such as Psychiatrists) have an exaggerated belief that they are more adept than their equally capable “lower-class” counterparts, (such as social workers). Professional Dangerousness describes a risk for social workers that “higher class” overconfidence may be misinterpreted by them as greater competence in important situations. This is my recall of the phenomenon, and not a literature citation.

62. Admissions to Psychiatric Hospitals sought by social workers were guided by the provisions of Part J of the Social Worker's Manual (1970-1984). The Principal had the authority to seek "informal admissions" for psychiatric treatment.³ The procedure spelled out in SWMJ28.6 was: (i) the preparation of a case history; (ii) A psychological examination; (iii) a psychiatric examination; and (iv) consultation with the Medical Superintendent. The arrangement the Principal and the Medical Superintendent set in place for Holdsworth may have been intended to smooth this process and make it less time intensive. The Manual encouraged dialogue between a DSW Controlling Officer and the Medical Superintendent. Mr Powierza did indicate in his letter to the Director, Christchurch, that he would talk informally with the Medical Superintendent about what the Director, Christchurch had raised as an issue, but I have no information as to whether he did so or not.
63. I do not recall any specific briefing about the Lake Alice Adolescent Unit when I took up my appointment in 1973. I was aware of the term "aversion therapy" though, which was at that time a debateable practice for "curing" behaviour deemed unacceptable (such as homosexuality, for example). I am certain that I never heard the term "aversion behaviour therapy" in relation to Lake Alice or to any other treatment provider of that era. That would definitely have constituted a red flag for me. I was told by staff that there was an uncompromising behavioural strictness at the unit, however, as I have noted earlier in this statement.

Further Information sought by the Royal Commission, 15 April 2021

64. The Royal Commission asked: "As head of several DSW residences in the 1970's, can you recall whether the issue of psychiatric hospitals being excluded as places of residence for state wards under the CYP Act was ever discussed internally in DSW prior to 1977? For example, was it ever the

³ Medical Superintendents had discretion to treat or admit to hospital any person (of any age) if in his opinion the person would benefit from psychiatric care and treatment ... An informal admission may be arranged with no more formality than is required at a general hospital... (SWM J28.2(a). Informal admissions are distinguished from those that occur by way of a Reception Order authorised by a Magistrate SWMJ28(b); or admissions sought by way of application of any person (who could be a Social Worker) to the Medical Superintendent (SWM J28(c).

subject of any circular memorandums/directions issued by DSW head office? Or indeed was it something you identified yourself at the time?"

65. It was never my understanding that psychiatric hospitals were excluded as places of treatment for state wards, when they were assessed by medical authorities as needing such treatment. The specific exclusion of psychiatric hospitals as coming within the meaning of residences under the Act may have been to make it clear that social workers could not authorise admissions to such facilities, acting under the authority of the CYF Act. I would have regarded admissions to general medical hospitals in the same light. As a social worker acting under the CYF Act, my power to place in a residence was limited to those facilities defined as a residence for the purposes of the Act, and neither psychiatric hospitals nor general hospitals were so defined.
66. I do not recall any debate occurring about these matters amongst staff at the time. In my experience, social workers were generally cognisant of the extent and limitations of powers they derived from the law. I think most social workers would have understood the change in legislation to be clarifying a legal issue and not requiring any change to pre-existing practice.
67. I do not recall whether circular memoranda addressed these issues in the 1970's.

Statement of truth

68. 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.

GRO-C

Mike Doolan