Final Report of
The Confidential Listening and Assistance Service
2015

Chair, Judge Carolyn Henwood CNZM

CONFIDENTIAL
Listening & Assistance
SERVICE
Ratongo Matatapu mō te Rongo me te Āwhina

Confidential Listening and Assistance Service

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A personal tribute

At the close of the Confidential Listening and Assistance Service (the Service), I must pay tribute to all those New Zealanders who came forward at the request of the Government to report their concerns of abuse and neglect in State care. Our Panel members were profoundly affected by what each person had to say. As the numbers grew and more voices were heard, a picture was painted for us of a careless, neglectful system which allowed cruelty, sexual abuse, bullying and violence to start and continue.

Through their words and tears, we could see the invisible welts and bruises, as well as the deeper hurt and emotional damage.

They told us that they were not watched over, nor protected. They were not valued, not heard, not believed and not safe.

All the people who came forward to speak to us had struggled to make sense of their lives. All wanted a better outcome for the children of the future.

We made a commitment to listen to them and to pursue a safer, more professional care service, with a genuine framework of accountability for the future.

We were honoured to meet more than 1,100 New Zealanders during the life of the Confidential Listening and Assistance Service from 2008 to its closure on 30 June 2015.

Chair, Judge Carolyn Henwood, CNZM

June 2015

Acknowledgements

I wish to acknowledge and thank a number of people who have been involved in the work of the Service during the past 7 years.

I offer my thanks to the Department of Internal Affairs, particularly Julie Wall and the Shared Services branch of the Department for assisting in the creation of the Service and providing ongoing support during its life. I acknowledge and thank Colin McDonald as Chief Executive of Internal Affairs for his role in extending the Service to provide some support to Participants until the end of 2015.

We were grateful to Sir Anand Satyanand and the staff of the Confidential Forum who provided the Service with some very helpful advice and support as we established the Service in 2008.

Key figures in the Ministry of Social Development (CEO Brendan Boyle and Garth Young) Health (Phil Knipe) and Education (Jan Breakwell) have assisted us with referrals and the resolution of concerns. Their support and advice has been appreciated.

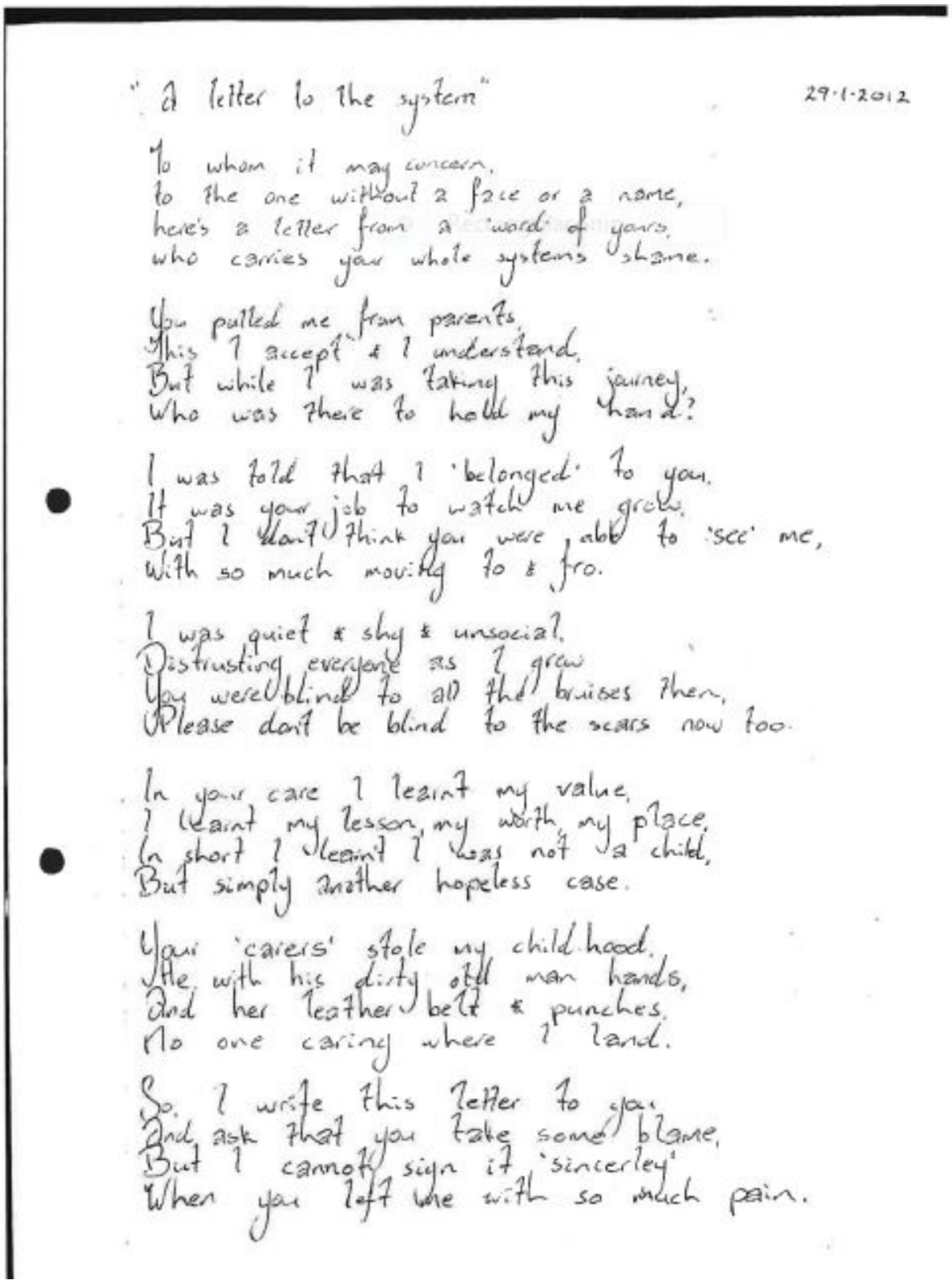
Detective Sergeant Grant Atkin from the NZ Police has also been very helpful to Participants by initiating enquiries into possible criminal matters as a result of referrals that we have made to the Police.

I was immensely grateful to the staff of the Service during its life time. Gordon McFadyen as Executive Director from 2008, our Facilitators over the years Claire Booth, Shelley Gabrielle, Kellie Coxon and Audrey Barber, administration staff who worked for us at various times Philippa Shierlaw, Ruth Lewis, Jill Leech, Matt Hakiaha and Wiebke Ashby have all tirelessly contributed their time and energy to support me and the Participants we served. Thank you. The quality of their work was acknowledged in the 2013 IPANZ Public Service Sector Awards. The Service was not only successful in winning the prize for "Working Together for Better Services" but won the overall Prime Ministers award for Public Sector Excellence.

There are many other people who worked with us in delivering services to our Participants including counsellors, prison staff, and hotel staff who offered integrity to the process we developed.

Gordon McFadyen and I would like to pay tribute to the eminent New Zealanders who made up the listening panel. Together we developed something special, travelling together and listening to the trauma suffered by many of our participants. Their stories have left an impact on us all that will last forever. My heartfelt thanks goes to Dr Barbara Disley, Paula Daye, Malia Hamani, Bob Newson, Dr Ian Hassall, Doug Hauraki, Janice Donaldson, Winifred Jackson, Areta Koopu and Mike Noonan for your unswerving commitment to our process and the dedication patience, wisdom, insight and warmth you offered to our Participants.

"A letter to the system" a poem given to the panel in Christchurch 2012



"A letter to the system" 29-1-2012

To whom it may concern,
to the one without a face or a name,
here's a letter from a 'ward' of yours,
who carries your whole systems shame.

You pulled me from parents,
This I accept & I understand,
But while I was taking this journey,
Who was there to hold my hand?

I was told that I 'belonged' to you,
It was your job to watch me grow,
But I don't think you were able to 'see' me,
With so much moving to & fro.

I was quiet & shy & unsocial,
Distrusting everyone as I grew
You were blind to all the bruises then,
Please don't be blind to the scars now too.

In your care I learnt my value,
I learnt my lesson, my worth, my place,
In short I learnt I was not a child,
But simply another hopeless case.

Your 'carers' stole my childhood,
The with his dirty old man hands,
And her leather belt & punches,
No one caring where I land.

So, I write this letter to you,
And ask that you take some blame,
But I cannot sign it 'sincerley'
When you left me with so much pain.

Part One

This section gives and overview of the service, initial challenges in its establishment and the concerns identified by participants who told their story to the panel.

Overview

This is the final report of the Confidential Listening and Assistance Service which was established in 2008 as an independent agency to provide assistance for people who had suffered abuse and neglect in State care before 1992.

When the Service was first established, it was intended to have a lifespan of five years. In April 2012 the Cabinet approved an extension until June 2015. We now come to the close of the Service, yet concerns still remain and other people may still be in need of help. This comprehensive report outlines these concerns, as well as the common themes of the stories we have heard, the legacy of effects, and the assistance we have provided during the last seven years.

I believe the Government should be applauded for trying something new here. It has been a most worthwhile project and has made a difference to people's lives. The Confidential Listening and Assistance Service was set up as a kind of Truth and Reconciliation forum, modelled along the lines of the post-apartheid hearings in South Africa in the 1990s. The aim was to provide a forum for people with concerns regarding their treatment in State care to come forward for assistance. This was a visionary way to provide customised help to specific individuals and it has been successful in that.

Department of Social Welfare

Before 1992 there was little or no accountability in the care service provided by the Government. There was also a lack of clarity around the core business of the Department of Social Welfare and what they were trying to deliver. There seemed to be no high level overview of the department or of the children in its care. There was an apparent lack of expertise and skill, with many social work failures. Social work focused on making placements, and then the State involvement was often withdrawn or absent.

Locking up children in institutions had a huge effect, not only on their individual lives but on our whole society. There was a significant knock-on effect with many of the incarcerated children ending up in prison in later life.

Psychiatric Care

People who came to speak with the panel about their time in psychiatric institutions echoed the voices of those who had been to the Confidential Forum. These hospital wards lacked accountability. Vulnerable patients were given treatment without diagnosis for many years. They suffered at the hands of untrained staff. They were not safe from staff or other patients and were subjected to routines and practices which seem unnecessarily harsh.

The legacy of this situation requires a whole of Government response. Now that this Service is closing, there will need to be alternative routes for other people to resolve their concerns, rather than turning to the courts.

> *"I live with the memories of people I knew that took their lives because of the way they were treated, and others who are damaged also because of the same. I know that by the grace of God I am still alive and am able to at least share with others in power these stories, so it is my duty to do so, it is a responsibility. I have to try and make a difference."*
>
> *Feedback from the Client Satisfaction Survey*

A significant problem to address

It was clear from the beginning that there was a significant problem to address; the Government was aware that many people had concerns about State care as there were hundreds of cases being taken through the courts alleging abuse and neglect. The ongoing costs to society, both in financial terms and in personal costs, continue to be huge.

There had been earlier investigations into the locking-up of children in institutions in the 1980s. The Confidential Forum for Former In-Patients of Psychiatric Hospitals, which reported in June 2007, also heard from about 500 former patients with serious grievances. Therefore, the Government knew there had been some serious problems in State care but did not know very clearly what that looked like, or what the legacy had been for individuals and society.

Our panel meetings revealed an alarming amount of abuse and neglect, with extreme levels of violence. We allowed people to lift the lid on those issues, to air their grievances in a safe way so their voices were heard. We tried to ensure that everyone who came forward was provided with appropriate assistance.

There was some criticism at the time the Service was set up that it would be "toothless". We were determined this would not be the case. However, our initial terms of reference were very restricted (see Appendix 2) and it was sometimes a challenge to ensure that the process would be valuable to bring about change. It was when people told us their lives had changed as a result of coming to see us, and when our survey showed that many people had improved well-being following counselling and other assistance; then we knew what we were doing was meaningful and worthwhile. I am very proud of the service and assistance we have provided to individuals over the last seven years. The model we used was successful in that sense and could usefully be adopted in future in both this country and others. I believe it is important that our learnings during this project are not wasted.

> *"When you have been mistreated by the mental health services as I have been for years in the past, it is very hard to just trust and talk to people or ask them anything. You are used to being treated like you are not even human or valued at all as a person, so it is very difficult to initiate any conversation with people such as staff, no matter how kind or caring they are."*
>
> *Feedback from the Client Satisfaction Survey*

> *"None of you know what it was like – sexual abuse, the hidings. When I went to you, you took me back to that house. Do you know what it's like to be tied to a horse? Do you know what it's like at 10 years old to have no trust in anyone? I will never forget."*
>
> *Feedback from the Client Satisfaction Survey*

Challenges within the process

There were initial challenges in getting people to come forward and in getting the right staff to do the job. Our Panel was chaired by a Judge and featured eminent people and experts, so this gave people confidence that the Government was taking this seriously. Levels of scepticism diminished as the process went on and word of mouth showed it was succeeding. More than 1100 people came forward, including many Māori. While there was always a backlog, we engaged in a timely fashion and saw about 200 people every year.

We surveyed everyone before and after their panel hearings. Their feedback helped us adjust the process and engage better. We visited prisons and other institutions but generally we saw people in hotels. We tried to create an atmosphere of dignity and respect during the hearings, using a formal setting with a table with a white cloth, and offering tea and sandwiches after the sessions. We were very conscious of offering people respect from the State, since they had bad experiences with the State in the past. While there were initial security concerns, there was never any trouble. We had a very successful relationship with the people stepping forward. Unfortunately some people still haven't come forward. For example, our engagement with people with intellectual disabilities was very limited and I believe we only scratched the surface of the issues there.

> *"I have never been able to tell my story to anyone that was really interested. After attending your service I felt a real sense of relief that finally people really showed me they did want to know of what had happened all those years ago. I thank you Judge and your wonderful Panel."*
>
> *"It would have possibly been the first time I felt human, with understanding people and was not looked upon as a piece of dirt."*
>
> *"It made a difference to me then that I was listened to and was offered assistance. But the "issue" is still a great impact in my daily life."*
>
> *Feedback from the Client Satisfaction Survey*

Hearing their voices

We engaged with every person who contacted us who wanted to meet with the panel. Our Panel went all around New Zealand and even visited Australia to personally meet people. We saw people right across the spectrum, including many on invalids and sickness benefits and hundreds in prison. About 20% of the people we had dealings with had been in psychiatric care and in health camps. Staff engaged with many people for months on end and never turned anyone away, even if they rang almost every day for months; and some

did. The high standard of pastoral care given to each individual person through this process has been reported in the client satisfaction survey (refer Appendix 10).

The people who stepped forward to tell their stories to the Confidential Listening and Assistance Service were incredibly courageous. It was a relief for many to simply tell somebody what happened to them. No one came to us on a trivial matter. They all had very serious concerns. Our Panellists felt honoured that they were willing to come forward and speak to us about the most personal and horrifying things. I was deeply shocked by their stories and by the overall level of violence and abuse that New Zealanders were willing to inflict on children. Serious physical and sexual abuse came from a wide range of people and from both genders. Foster caregivers and extended families, social workers and staff, teachers, the clergy, cooks, gardeners, night watchmen; even other children and patients all took part in abuse. We heard of people using their fists and their feet, as well as weapons and other implements on occasion, to attack children. Many very severe beatings for no apparent reason were reported to us. Most people felt they could handle being punished for wrongdoing but in these abusive situations they were often being brutalised for no reason they knew.

As many boys as girls were sexually abused. About 57% of the men we saw had been sexually abused and 57% of the women. The damage done sometimes seems to be irreparable. Many people reported that they felt helpless and enraged that there was no one to whom they could report it. Many of the children who had been abused in State care fell into anti-social and criminal behaviour and ended up in prison or psychiatric hospitals in later life. It is estimated that about 40% of prisoners grew up in state care. Their lives were set on a dangerous and damaging path during this time. There are many people who have been living on the edge ever since their experience of State care as children.

> *"All the talk doesn't really change the past and how we were ripped away from our families and put into a dog eat dog environment which only taught me no one can be trusted."*
>
> *"Make it about the kids – they matter. Still after all these years, children are being killed, maimed and tortured here in NZ. I cannot see an excuse as to why this is still happening. Everywhere I go I see this major problem. I have NO faith that anyone has the power – collectively or otherwise – to contain the corruption."*
>
> *"The system took my life, heritage, virginity and abandon[ed] me in the system, never asking me if it was ok. Now I'm still abandoned, penniless and can't take back the control they took from me, replace my family, or change what is fact."*
>
> *Feedback from the Client Satisfaction Survey*

Preventable with better oversight

The most shocking thing was that much of this was preventable. If people had been doing their jobs properly and if proper systems had been in place, much of this abuse could have been avoided with better oversight.

The people we heard from who had been in welfare care had the impression that there was no ongoing care service once a placement was made. The State delegated its responsibilities to others and did not connect properly or engage with the child after that point. The child was a ward in law only and some monetary arrangements were put in place. After that the child felt abandoned to his or her fate.

Often children were placed in most unsuitable families and then left without follow-up. Some of these foster families were, on the face of it, of high standing in the community, but behind closed doors there was neglect and cruelty. These children felt there was no one for them to turn to, there was no protection offered by the State. Even now, New Zealand has no official 'Duty of Care' towards children written into its law.

Children often had a number of different placements, some as many as 40 or more. Sometimes all the children of a family were taken and split up into different placements. Those who were lucky enough to be put in decent environments later suffered much guilt about the fate of their not-so-fortunate siblings. There were many cases of children being given back to families where they suffered cruelty. There was a view that Māori children were put with Māori families, whether they were suitable or not, which often resulted in unsatisfactory outcomes. Similar unsatisfactory outcomes occurred when children were kept away from caring family environments, be they Māori or Pākehā. Children were often taken when parents became sick, and then they were never returned.

The child was never at the centre of these conversations and decisions. Children were simply not listened to. Many of the stories reported to us left us dumbfounded at the reasoning of the system.

It appears that in the past it was relatively easy to make children State wards. Many were taken on what appeared to be flimsy reasoning against the wishes of their parents who were struggling at the time, or even on a request from a step-parent to take a child away as they were no longer wanted. Official figures provided to the Dominion in May 1986 (ref pg. 14) show that more than 9500 children were locked-up in institutions in the two-year period between 1984 and 1986. Of the 13 institutions which supplied the Dominion with figures, six held youngsters in near solitary confinement; "secure" cells for a month or more. It was from this background that many of our participants came to tell their stories so many years later.

> *"[I came]... to make sure that state ward people in the future are treated a lot better. In my area we never had a social worker speak to us independently. We could not speak freely in front of our grandmother as if we said anything about her we would get a hiding."*
>
> *"[I came]... to make sure no one else receives shock treatment, and depends on medication for the rest of their lives."*
>
> *Feedback from the Client Satisfaction Survey*

THE DOM

THURSDAY MAY 8 1986

Probe into child welfare lockups

By ROBIN SHAVE

THOUSANDS of children in New Zealand social welfare institutions may have been illegally locked up during the past two years.

The Human Rights Commission has begun an investigation into whether the Social Welfare Department has been acting within its powers in sending children to cells ... some as young as 10 years ... often for weeks or months at a time.

The probe was prompted by a complaint lodged with the commission a week ago by an independent welfare watchdog group, Wellington-based Women Gaol Visiting Committee.

The committee wants the commission to examine the legality of holding young people in social welfare "secure care", chairman Peter Tasker said.

It believes the department has no legal authority to do so because of the lack of existing regulations authorising such detention.

Regulations permitting the department to hold youngsters in locked cells or "secure care" were to have been gazetted when amendments to the Children and Young Persons Act were passed in 1985.

Though regulations were drafted, the then government decided to delay their introduction.

Instead, the department is using its own internal guidelines based on the draft regulations.

The visiting committee told the commission it is worried about:

- The vulnerability of youngsters locked up who have the "somewhat tenuous protection" of guidelines laid down in a departmental manual but without the statutory protection that prison inmates have under the Penal Institutions Act.
- The vulnerability of social welfare staff and the Crown who could face criticism and an action for substantial damages if "some untoward event" happened to a youngster held in secure care without lawful authority.

There is likelihood that if habeas corpus was sought, a High Court judge may seriously consider such applications had merit.

The committee also says it is concerned at the Social Welfare Department's ability to handle issues raised frequently by visiting committees.

Human Rights Commission solicitor Deidre Milne has confirmed the commission is investigating the complaint and will probably report its findings to Prime Minister David Lange within a week or two.

However, Social Welfare Minister Ann Hercus is not prepared to accept the department is acting illegally.

"My preliminary legal advice is that children are not being held unlawfully," she said.

Social Welfare director general John Grant told The Dominion he was certain the law allowed his department to retain and detain children in custody.

"In fact, some judges direct that the youngsters be held in custody, so what is wrong about it is the regulations governing their care while in secure units ... and Mr Bosher has put great store on that."

Mr Grant agreed that regulations relating to secure care were required after 1985 amendments to the principal Children and Young Persons Act.

"They are drafted, they have been discussed with principals and senior staff in institutions and are just about ready (to be introduced) within the timetable established for the legislative programme.

"The other thing (to consider) is whether any, or all, or a small amendment dealing with secure care only, should be done on its own as a holding measure.

"While it makes sense (to wait) till the whole new law was ready, the question now is that in view of Mr Bosher's expression of concern to the Human Rights Commission, this will now have to be considered," Mr Grant said.

The commission's investigation comes within weeks of the Government's plan to introduce legislation completely overhauling the original 1974 Children and Young Persons Act.

The inquiry also follows amendments to the act two years ago providing new safeguards for youngsters in institutional care.

☐ Continued p11

AN INMATE of the Miramar Girls Home in the secure unit writes the home's initials on the blackboard provided to serve as an outlet for tension. — Photo, MARTIN HUNTER.

Thousands held in solitary cells

FIGURES obtained by The Dominion under the Official Information Act show there were at least 9011 instances of children and young people locked up in welfare institutions between January 1984 and February this year. The Dominion also found that of the 13 institutions which supplied Social Welfare with figures, six have held youngsters in near-solitary confinement "secure" cells for a month or more. In the home with the most instances — Kohitere Boys Home in Levin — there were 51 instances of youngsters locked in the secure units during the period.

☐ Full story, p21

Dominion front page, 8 May 1986

Assistance given

The first part of the assistance we offered came at the panel meetings themselves. These meetings were very powerful and many tears were shed. I would like to think this listening process allowed for a lot of healing. Many people reported that making a statement of truth about what happened to them, as well as the provision of counselling, helped to improve their emotional well-being.

Panel hearings were recorded and given to the individuals. Participants were contacted within a few days of their hearings setting out the assistance available. We made sure the process was very efficient so participants weren't left to drift after the hearings. The facilitators handling the assistance were exceptional and included specialised trauma counsellors.

The facilitators prepared each participant prior to the panel meeting, provided support on the day and arranged the assistance and support for the participant after the meeting. This assistance could involve advocacy, arranging of counsellors and the many other tasks detailed in Appendix 5. I was wonderfully impressed by the warmth and patience displayed by our facilitators which was of great value.

The types of assistance varied depending on the individual circumstances. Each person had their own needs and we always asked them what we could best do for them. A lot of help was offered regarding employment, housing and food. The Panel referred 89 people to the Police to take action against certain individuals. To measure the effectiveness of the assistance provided we asked some of the participants to take part in a client satisfaction survey - see Appendix 10.

The cases with the most successful outcomes usually involved obtaining the person's State files, as well as the provision of counselling. Some people also received apologies from the Ministry of Social Development and the Ministry of Health. We understand a number of compensation claims have been settled, particularly with the Ministry of Health. People who received all those forms of assistance had clear benefits.

Other assistance was more creative, such as finding someone to help participants write down their stories or produce a therapeutic artwork. Within reason, we offered people anything we could to improve the quality of their lives.

> *"I think everything possible has been done. The counselling has helped enormously."*
>
> *"Since being given the opportunity to receive counselling, it has helped tremendously and I've felt I've made progress dealing with past abused issues. I feel different and speak different as well."*
>
> *"To start [the] healing process, I needed to walk through the right doorway. The Service gave me that opportunity and it was a safe environment to do so."*
>
> *Feedback from the Client Satisfaction Survey*

Part Two

This section details the process used by the Confidential Listening and Assistance Service, how the Service engaged with the participants, the assistance provided by the Service and by State agencies and what was achieved.

Background

The Confidential Listening and Assistance Service is part of a whole of Government response to historic claims of abuse and neglect in State care. In the early 2000s, the Government received an increasing number of allegations from people who had concerns about the care they received as a child or young person when they were placed into a residence, family home, special school, or foster care. The claims grew to become the Crown's largest block of civil litigation; nearly 500 claims lodged in court. A smaller number of people also lodged claims about the treatment they had received in psychiatric institutions and wards. Together they sought hundreds of millions of dollars through a court process that could have taken decades to resolve.

In 2007, social and justice sector agencies got together to consider the issue and a significant package of measures was agreed. This included the creation in 2008 of the Confidential Listening and Assistance Service, an independent body funded by the participating agencies, administered by Department of Internal Affairs and chaired by a Judge. As well, the Historic Claims Team in the Ministry of Social Development, and a dedicated resource in each of the Ministries of Education and Health were set up to investigate allegations of harm and resolve them with legal issues put to one side.

The Confidential Listening and Assistance Service was set up to provide assistance for people who alleged abuse or neglect or had concerns about their time in State care, in Health residential facilities (such as psychiatric hospitals and health camps but excluding general hospital admissions) child welfare or residential special education prior to 1992.

When the Service was established, it was estimated to have a lifespan of five years (to June 2013). Approval was given by Cabinet in April 2012 to extend the Service until June 2015. Funding is drawn from the Ministries of Social Development, Health and Education.

The Chair, the Panel and staff

Judge Carolyn Henwood CNZM was initially appointed by the Labour Cabinet in May 2008 as Chair of the Service and reconfirmed by the National Cabinet when the Service was extended in 2012. The appointment of other staff and panellists was handled by the Department of Internal Affairs.

Panel meetings were generally attended by two panellists and the Chairperson. A group of nine eminent New Zealanders were selected to be on the Panel (see Appendix 1). Their role was to listen carefully and with empathy to what the participants had to say and to provide support to the Chair in deciding what assistance would be provided to the participants.

At its peak the Service had 5.5 staff members, consisting of an executive director, an executive assistant, a part-time administration assistant and three facilitators.

Response to publicity

A range of media, primarily print media, was used to build public awareness of the Service. Advertising in the free community newspapers was a particularly effective method of publicity. A newspaper campaign was implemented each year, in addition to a targeted radio campaign on iwi radio and in areas with low numbers of registrations.

Potential participants heard about the Service in a variety of ways: from their communities of interest, the homeless community, the deaf community, the intellectual disability community, the prison community, counsellors and family members. We found it a challenge to communicate with some difficult-to-reach participants, particularly those who were isolated and disconnected from friends and family and those with mental health issues and with intellectual disabilities.

The Service consulted widely with those agencies working with potential participants. When opportunities arose, the Chair and staff also spoke at public presentations to raise public awareness amongst professional community practitioners working with participants (for example, doctors, counsellors, probation officers etc.)

Meetings

Over the last seven years the Service has met with a total of 1103 participants, including 551 men and 552 women. Of these, 670 people identified as European/Pākehā, 411 identified as Māori, 21 identified as Pacific and one as Asian.

Panel meetings began at the end of April 2009. The Service met with 101 people in 2009; 206 people in 2010; 189 people in 2011; 206 in 2012; 206 in 2013; 186 in 2014; and a further nine this year.

Of all the people we have met, 78% had been in child welfare care, 20% in psychiatric care and in health camps, and 2% in residential education.

Panel meetings were scheduled in 18 prisons and in 24 different towns and cities across New Zealand, as well as for panel meetings in Sydney, Australia, for those who could not travel to New Zealand (See Appendix 3).

Security was an ongoing concern for Panel and staff but we found hotels the safest and most accessible venues. The setting provided a balance of comfort and formality combined with dignity and respect. There were no major security or health and safety concerns in the management of the panel meetings (see Appendix 9).

Meetings in Prisons

The Service travelled to 18 different prisons in New Zealand to meet with a total of 131 prisoners over 67 days. Because of issues of security and communication with prisoners, arranging meetings in prison has been complex. A total of 156 prisoners registered with the Service but many prisoners left prison before we were able to meet with them and we lost contact. I have been told that over 40% of the prison population have a background in state care as a child or young person. Many inmates who remain in prison have not had the opportunity of meeting the Service.

Because of my role on the Parole Board I was conscious of perceptions of a conflict of interest with my role as chair of the Panel for the Service. I was immensely grateful that Dr Barbara Disley was able to assume the role of panel Chair for the meetings we held in prisons. Her experience and insight was appreciated by her fellow panel members and the prisoners with whom she met.

In every prison, Corrections staff were very cooperative in arranging a suitable venue and providing the panel with security for the hearing.

Feedback from prisoners who have engaged with the Service, from prison staff and from the Parole Board, about prisoner experience with the panel has been very positive. In many instances prisoners report that the opportunity to talk to the panel about their experiences in State care has brought about significant changes in their lives. For the first time some have found the courage to talk about their difficult childhoods. Some have recognised the impact that these experiences had on their lives and the possible link to the offending behaviour that has led them to prison. Counselling and other assistance that has been arranged for prisoners has been beneficial and complements the rehabilitative efforts of prison staff.

I am convinced that the work we undertook in prisons has contributed to lowering of inmates' risk of reoffending. However, word of our existence had only recently begun to spread amongst prisoners despite extensive engagement with prison staff over the years. Perhaps it has taken time for prisoners to trust the panel experience and for word to spread. I am convinced that there are many others amongst the prison population who could benefit from attending a panel meeting where their experiences in state care can be heard and where appropriate assistance to come to terms with this experience can be offered. This will, in turn, be of benefit to the safety of the community and the effective rehabilitation of this group.

Assistance to participants

Levels of assistance provided to participants by the Service

Participants were given the opportunity to meet with the Panel, have their story recorded, and identify the assistance required. The Facilitator would, in every case, contact the participant the following day and offer further support.

Not all participants requested assistance from the Service during their panel meeting. Some participants merely wished to attend the panel meeting, describe to the Panel their experiences in State care and have the State formally listen to their concerns.

We developed innovative packages of assistance unique to the individual circumstances of participants. (See more detail in Appendix 5.) For the purpose of reporting, The Confidential Listening and Assistance Service established three measures of assistance to participants: minimal; significant; and extensive. Of the 1103 participants who met with the Panel, 120 (11%) received a minimal level of assistance from the Service. Another 263 (24%)

received a significant level of assistance from the Service. The majority; 720 or 65% received an extensive level of assistance.

Listening

Many participants came to the Service because they wanted their story heard and to be taken seriously. It was particularly important for them to be able to speak to an official body, chaired by a Judge, independently appointed and supported by a "neutral" Government Department. They reported that they felt respected in the panel meeting environment. Most had never spoken their entire story at one sitting. After a panel meeting many were surprised that they had spoken for nearly two hours and that the time had gone so quickly. Forty-four people disclosed their sexual abuse for the very first time. The value of being heard; of having someone listen, in a non-judgmental and constructive way, cannot be underestimated. Many of our participants had not felt heard in State care. They felt relieved that now at last they have been heard.

The success of the listening was due in no small part to the calibre of people who were selected to serve on the Panel. They all demonstrated an ability to listen in an appropriately non-critical, non-judgmental, receptive and constructive manner.

If participants wished, they were given the opportunity of having their panel meeting recorded and a CD of the recording provided to them. Members of the Deaf community were provided with an interpreter and a written transcript of their meeting in addition to a CD recording.

Files

Many of the participants who came to the panel meetings had never seen their old Social Welfare files or hospital records. It came as a surprise to some that they could apply to receive a copy of those files and could see what the State had said about them, the reasons why they had come into State care and the official record of their care, placements and treatment. Files for 86% of those who attended a panel meeting were requested. These came to the Service before being couriered to participants to ensure a level of support was available to participants when reading their files. Initially there was often a very long delay between the request and the files being received, but this reduced over time.

Counselling

Another common outcome of a panel meeting was for the Service to fund up to 12 sessions of counselling, to support a participant afterwards. About 62% of all participants who attended were offered counselling. Where possible, we preferred to engage ACC-registered counsellors so that they could make application for ACC-funded counselling to follow on seamlessly when the initial counselling funded by the Service was finished.

Referrals to MSD, Health, Education, Police, Health Camps

Many participants who spoke of the care and treatment they received while in the care of the State felt they wanted an investigation into their case, with a view to the State accepting some level of accountability. Following panel meetings we did make requests regularly to various responsible agencies for investigations, with a view to an apology and some financial settlement. We did not make referrals where the participant was already legally represented in respect of their time in State care. Nor did we make a referral where a participant had already made a referral themselves. In 69% of cases we made some form of referral.

Referrals were most commonly made to the Ministry of Social Development. They were acknowledged and participants went on a list to wait for a thorough investigation to be undertaken. Often concerns from participants who had spent time in Education facilities were considered as part of the Ministry of Social Development investigation, since Social Welfare and Education had previously been part of the same State agency.

Referrals to the Ministry of Health were responded to promptly, with financial settlements also received promptly, although the amount of settlement offered was relatively low; up to a maximum of $9000.

Since 2009 we have made 514 referrals to the Historic Claims team of the Ministry of Social Development and 87 referrals to the Ministry of Health and its predecessor the Crown Health Financing Agency.

Other agencies were contacted also, to a lesser extent. Some participants had spent time in Church-run facilities as well as with non-Government State-funded agencies. We developed strong referral lines into each agency and were able to make direct referrals for investigation and possible settlement in these cases.

Some participants were able to identify their abuser and asked us to make a referral to NZ Police for an investigation and potential prosecution. We had a direct Police contact to whom we sent those referrals and who arranged follow-up. A first task was usually to identify that the alleged abuser was still alive and secondly to cross-check against any similar offending that had come to the notice of Police. Where an alleged offender was alive, Police would speak with the participant about their options, including prosecution. In several instances, Police were able to connect an alleged offender to several participants and prosecutions followed. Since the Service began 89 referrals have been made to the Police.

Levels of assistance provided by the State

Again, not all participants requested assistance from agencies during their panel meeting. Of the 1103 participants who met with the Panel, 111 (10%) did not seek any form of assistance from any State agencies (see list in Appendix 4).

Another 135 (12%) received support and advocacy from one of the agencies for less than a month. About 15%, or 167 people, received support and advocacy from one of the agencies for up to three months.

What we have achieved

It should be clear from this final report covering the past seven years of the Confidential Listening and Assistance Service that this initiative was worthwhile and successful. We engaged with more than 1100 people directly, hearing their stories and offering as much assistance to them as we were able. It was important that this was a high quality and independent Service, headed by an impartial Judge. Listening alone was not enough. Settlements needed to be resolved and practical assistance needed to be provided.

Over the life of the Service:

- A safe, dignified and respectful process was developed.
- Everyone who wanted to meet with the panel was seen.
- There was a high level of engagement across cultures.
- There was a high level of pastoral care and assistance provided.
- The Service achieved its objectives within the funding allocated to it by the contributing Ministries.
- 629 referrals were made to the Ministries of Social Development and Health seeking apologies and compensation.
- 687 counselling referral were made.
- 956 requests for files were made and files were distributed with appropriate support.
- 970 recordings of meetings were made.

Part Three

This section describes the voices of the New Zealanders who came forward - the consistent themes that we heard in their stories and the common legacies of effect from their time in care. These common themes become a suggested platform for reform of the state care system today.

Common themes from the stories of participants

It is important to remember that the Panel does not hear evidence or make findings.

Participants spoke to the Panel about their memories of what it was like to be in care, what they had experienced and how this had impacted on them. Many spoke of experiences that were extremely distressing, some reporting their concerns for the very first time. No one came to meet with the Panel with trivial concerns. Each person's story was uniquely theirs. Most reported that they had not been kept safe while in the care of the State and they wished to see clear improvements, so that those in need of State care today do not suffer as they did.

The Service's database records the reasons why participants went into State care, the centres where they were cared for, the key concerns they have about their time in care and the long-term impact of State care on their lives as they perceive it. The themes detailed below were consistent and common reports, complaints and criticisms expressed voluntarily at panel hearings by participants. More detail is provided in Appendix 6.

The most common main concerns of participants were regarding:

- Placements
- Institutional practices and punishments
- Monitoring/support
- Physical/emotional/sexual abuse
- Psychiatric treatments
- Health camps
- Social Work practice failure

Placements

We did not hear of any criteria for choosing foster parents. It seems that the criteria for being accepted as foster parents were either lacking or not adhered to in many cases. We were also concerned at the apparent lack of in-depth monitoring of foster carers and auditing of family homes and institutions.

Common themes regarding placements included:

- Children being removed from home and not told why.

- Mismatched, inappropriate and poor foster home placements, resulting in further and sometimes worse abuse than that suffered with birth family.
- Not enough effort to find a family member to care for the children.
- Care and protection children placed with offenders.
- Children running away due to unsuitability of placements, resulting in being punished severely for doing so.
- 'Respectable' or highly regarded people in the community failing to make a supportive home or being cruel behind closed doors.
- Multiple placements and multiple schools, too many to allow for any bonding; often where there were good caregivers no reasons were given for abrupt changes.
- Transitions in and out of placements were poorly handled with no support or preparation provided for children.
- Children being placed far from their own family, so they could not visit.
- Children sent from State care back to their own home, which was as dysfunctional and dangerous as when they had been taken from it.
- Siblings being split from their kin and placed with different caregivers.
- Children being taken from whānau and advised falsely that their parents were dead.
- Foster children being treated as second-rate citizens with the caregiver's children favoured.
- Fostering seen as an income earner where money like the clothing allowance did not benefit the children in care.
- Widespread alcohol abuse was reported not only in families of origin but in foster families also, leading to child neglect, physical, mental and sexual abuse.

Institutional practices and punishments

Boys were abused as much as girls. Boys' Homes allowed violence to be institutionalised. We heard of clothes being taken away on the first day and the humiliation of parading nude. In Boys' Homes, education seemed not to be a priority, although there were many reports of brutal Physical Education regimes.

Boys' Homes also made use of prison-like units to isolate boys at the start of their stay, and later as punishment for misbehaviours. Attempts to run away led to this isolation and imprisonment.

Girls' Homes made assumptions of promiscuity. Young girls sent there for care were subjected to internal examinations, and days isolated in solitary units at the start of their time there. We heard of children spending long periods of time alone, locked up.

Participants reported various institutions using inappropriate and cruel use of isolation facilities no better than cells. These were used for children as young as 10-12 years without reason.

We also heard of harsh treatment in some Church-run homes. We heard from children who were abused physically, mentally and sexually by both nuns and priests.

- a group of boys from Epuni Boys Home c 1968

Monitoring/support

There was a strong theme expressed regarding frustration at the lack of an advocate. The people who had been in State care very rarely knew the name of their social worker, and they did not feel that there was a State care representative who would defend them. Visits by a social worker were infrequent and took place with the foster mother or father present. The young State Wards had no feeling that any of their grievances or fears could be voiced in that situation. Often the foster parent would make explicit threats to the child before the meeting, to prevent the child from saying anything negative.

Foster children also often had their position compromised because no attention was paid to their needs and aspirations. Participants said they were never aware that there was any plan set out for them, for their education, their care and their future. There was an apparent lack of medical and dental care. The child was not informed of what was happening to them, why it was happening, and how it might work out in the long run. We heard chilling stories of 'the black welfare car' that came to take the child away. Children did not know when they would see their parents again, or where they were being taken. No counselling was offered for children and, in a lot of cases, no legal advisors were appointed to represent them. They found themselves alone.

Little priority was accorded to education. Meanwhile, schools did not appear to have any policy or obligation to report children with severe bruising or children who were acting out more than normal, or who were particularly withdrawn or disturbed.

Our Panel heard many stories from people in State care who, at the age of 16 or 18, were suddenly told they were no longer State Wards. Free from State care that had not been successful for them, they were unprepared for independent living and their attempts were often disastrous. They were not prepared for finding accommodation, jobs or dealing with finance. As a result some young people ended up as street kids, or joined gangs and entered into crime, alcohol and drug use. Girls were vulnerable to more abuse, and often

became pregnant and began the sort of cycle that placed their own child at risk of being taken into State care.

Participants reported that they were never properly transitioned into care or out of care. Most never understood why they were put into care, some still believed they had never been discharged from Welfare care and were still wards. Preparation for independence from the state was not factored into any plan for children.

Many participants spoke of a sense of:

- Not belonging anywhere: in their original family, extended family, State or foster placement; with consequent insecurity, loss of identity and impaired personal and social development.
- Having been abandoned by family and State who have not cared or even noticed what happened to them; with consequent cynicism, anti-social attitudes and behaviour.
- Having no voice. Even if they spoke up they were not believed, or were punished by the foster parents or children's home staff. Therefore, they were too afraid to say anything.

Children were taken for years, and many were then given back to their original families without warning. By the time they went home they didn't know their families anymore and often they were not wanted. This resulted in more pain and suffering. Others returned home voluntarily in later years to care for their then elderly parents.

Physical/emotional/sexual abuse

We heard of children in State care who went to their beds in fear each night. We heard of bed-wetting by boys and girls and the severe punishments and humiliation that were brought on the child. We heard of abandonment, loneliness and the feeling that no one was there for them.

Sexual, emotional and physical abuse was perpetuated by staff, caregivers, their children and relatives. We heard of foster mothers who were 'street angels, house devils'. Many foster children told of being treated like slaves, and treated as much lesser than the foster parents' own children. There was often violence by the foster parents, beatings and housework and kitchen tasks, and verbal abuse. Lack of affection was almost standard. Boys in foster care often had farm-related work to do as well. We heard from people who had been always hungry. We heard of children made to sleep in a shed. Foster parents were often authoritarian in their style of bringing up children.

We heard many accounts of foster fathers who came into the child's bedroom at night to abuse that child, even when the bedroom was shared by other children. If the child told the foster mother what was happening, the outcome was usually punishment and denial and blame put onto the child. In some cases the older children in the foster family would sexually abuse the children in care. Sadly, older girls often had to live with regular sexual intercourse with their foster father. We were told that they endured this abuse in order to

maintain an otherwise satisfactory placement, and to protect the foster mother who was often ignorant of the abuse. Interestingly, although sexual abuse numbers were very high in all types of care (about 57% of both girls and boys), we observed that only a small number appeared to become perpetrators themselves.

Policy in Boys' and Girls' Homes seemed to support a system of institutionalised bullying. This bullying was done by some staff members and the older residents. Not all staff were violent or abusive, but they seemed to turn a blind eye to what went on. The abuse suffered by a young person entering such a 'home' could be verbal or emotional or physical or sexual, or all of these. Children learnt to fight to survive; and were sometimes made to fight for the amusement of staff.

Children were not believed when they told of abuse, had no one to tell and no opportunity to tell. If they were very young, they had no words to tell. If they did tell, they were blamed for bringing the abuse on themselves. They often formed the belief that they were a bad person; that it was somehow their own fault.

These children experienced a general absence of love, human warmth, encouragement, training and modelling in fundamental human behaviour.

Social work practice failure

People often criticised the lack of action by their social workers. It seemed there was often little or no social work actually done for a child. We read reports that showed at times social workers failed to follow their own policy. Many participants told us that social workers simply took the children away from their families, with no warning or explanation. Many young Māori boys were sent straight to an institution or boys' home. There was no assessment of their needs and no life plan made for the child.

Social work appeared to involve simply "finding a placement"; not true engagement in the lives of the children. Many participants reported that if they came home from school and found their suitcase packed, that's how they knew they would be getting a visit from their social worker and going to a new home. Sometimes decisions were made to return children home to abusive parents with no evidence that the family circumstances had improved.

Participants reported that no one adult held high aspirations for them as individuals. No one saw potential in them. Invariably this meant these children fell through the cracks at school.

Children were placed in families where they were actively discouraged from talking about their own family and most were prevented from having any contact. Despite this, many participants reported that eventually when they had been discharged from care they eventually located family. Some found reunification with family difficult as adults, while others ended up caring for elderly parents, the same parents whose actions often resulted in them going into care.

So many stories involved placements in homes at risk. These children were exposed to the risk of violence and sexual assault by adults and older children. Participants questioned the selection process. What support had been provided to the family? What was their motivation for becoming foster parents? Were social workers aware of others in the house or who visited the foster home?

Very poor oversight of these children allowed abuse or neglect to occur. Many reported feeling unsafe at home but were left there with no monitoring from social workers. The Panel heard 626 people report being abused while in the care of the State. Of these, 135 had told someone at the time it happened: a social worker, a staff member or school teacher. Some were lucky enough to be moved then, but many were not. Most did not have the words or the trust in another adult to disclose what was happening to them.

Social workers were given responsibility for the care of State Wards but delegated the day-to-day care to foster parents. This placed a responsibility on the social worker to regularly engage with the children to ensure that they were safe, happy and meeting developmental milestones. This invariably did not happen. People told us they rarely saw their social workers and when they did it was often in the presence of a foster parent. The lack of effective oversight was the biggest failure of the State.

The gap between policy and practice has to be confronted. As we have seen, even though there have been policies against locking up children for example, the practice continued unabated.

(a list of examples of social work failures is provided in Appendix 7)

Cultural aspects

There is an over-representation of the Māori population in State care. Many Māori people who had been in care came forward to talk to us. About 37% of the people we saw were Māori. A large number of the Māori men we saw were in prison. The placement of young Māori men in institutions often led to gang affiliations where there was a sense of family, a sense of belonging. We were told that many gangs actually began in State institutions.

There were cultural issues affecting Pākehā as well as Māori. Sometimes Pākehā children were placed in Māori families. But the impression the Panel gained from the stories we heard was that Māori males were likely to be treated more harshly and put into care, especially institutions, more readily, and for more trivial reasons such as truancy. It was a common theme that Māori children were often placed with Pākehā foster families.

There was often a cultural disconnect between those providing the services and those receiving the service. Social Welfare often assumed, without due consideration, that placements within Māori extended families were for the best. However, placement with a foster parent of the same ethnicity was not always in the best interests of the child. On the other hand, some Māori children were denied their heritage and whānau connections. Iwi, hapu and whānau ties were overridden without thought or recognition.

"I had no whakapapa as a Māori. It affected all [of] my outlook on life. I was numb with pain."

"The first formative years of my life, nobody was there for me. No encouragement, guidance or love. Someone else hands me down, shifted from place to place, physically, mentally and sexually abused, by the very adults who should have protected me. I have years of my life I can't remember, or choose not to.

"No focus on my potential, a loss of identity. I was made to feel like a second-class citizen, with no real stability in my life. This affected my ability to learn and get an education. I had a lot of trouble concentrating.

"That was my childhood, robbed from me. As a young woman and to this day, I have trust issues, stopping me from having a loving relationship with a man. Never married, went through life alone. I am almost 57 years old now and have waited a long time to tell my story. I have survived, now I want to live."

Feedback from the Client Satisfaction Survey

Psychiatric treatment

The Confidential Forum for former in-patients of Psychiatric Hospitals had already heard from many people about their experiences of psychiatric institutions in New Zealand before 1992. Their report echoed much of what we heard from people admitted for psychiatric care. Participants spoke of concerns around consent, admission procedures, treatment, safety, and hospital routines.

We heard of placements in mental health facilities for no medical reason or inappropriately for disorders like epilepsy. There was a concerning number of young women admitted to psychiatric hospitals for post-partum depression who ended up staying for years. Others reported being sent to a mental hospital as children for what seemed to be behaviours designed to resist the violence and abuse occurring in their own home.

There was a lack of communication and often the patient was not told what their diagnosis was. There was no plan presented for their care and no discussion of when they would be released. Most felt they had no choice about the treatment they were given- to resist would mean committal.

Mental health patients were not kept safe in mixed age and sex facilities. We heard of children (one as young as eight years old) being kept for years in wards with adults.

Treatments often seemed to offer no health improvements. Drug treatment was often reportedly given without consent or without knowledge as to why it was being given, and sometimes given to sedate patients inappropriately. Drug treatment then resulted in dependencies.

As well as strong drugs, former psychiatric hospital policy involved the use of electroconvulsive therapy (ECT or shock treatment) and or/deep sleep therapy which

caused distress. We heard strong memories of the use of ECT as a punishment for disobedience, as well as drugs to subdue any challenge to the status quo.

There was poor monitoring by staff, as well as evidence of staff abuse. Participants reported sexual abuse from older patients and on occasions from staff, particularly night staff.

Many participants reported that they were required to undertake duties in the wards; doing work such as changing soiled beds, helping to feed other patients. Many reported being made to give medication to other patients.

Health camps

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.

Common legacies of effect

The early experiences of participants in their families and in state care were perceived to have major impacts on the lives of those who came to speak to the Panel (see Appendix 8).

Many children came into care through no fault of their own. In many cases the child committed crime to get food because of neglect within the family, a situation over which the child had no control. War often contributed to family break-down in the 1940s and 1950s. It should be noted that many of the children in care came from situations of poverty. For a child who had been sent to a Boys' Home for a short sharp shock the effects were unwarrantedly harsh and could last for all that child's life.

Panel members identified the following as the common 'legacies of effect' of the care and treatment participants had received while the State were responsible for their well-being:

- Distrust
- Difficulty forming relationships
- Fear of authority
- Loss of culture
- Family breakdown
- Anger and violence
- Depression
- Criminal behaviour
- Poor education and subsequent loss of potential.

Damaged individuals

For some, where State care started in babyhood, there is a pervasive feeling of loss and a deep sorrow. There is confusion over their identity, and who they really are, especially when links with family were lost.

Depression is a common legacy, along with a lack of confidence and low self-esteem. Some people still live with anxiety and panic attacks, and some have developed post-traumatic stress disorder (PTSD).

Many had impaired mental function as a result of their experience. For instance, many people told of head injuries during beatings, with resulting cognitive impairment. People who had been in mental hospitals while they were in State care also reported the loss of chunks of memory and the inability to function as effectively as they had before.

Sexual abuse and violence

The high levels of physical and sexual abuse must be noted. This is an immense problem in New Zealand society, not only in the past but in the present. The legacy is an enormous toll on people's lives and on our entire community.

Some people who suffered sexual abuse in childhood reported life-long painful physical symptoms. There was often confusion about sexual orientation and/or promiscuity. Abuse was seen as the norm. Children grew up believing they were bad, that it was somehow their fault. This became a burden of shame carried all through life.

Many had problems with addictions and alcohol. The family background of alcoholism sometimes led to foetal alcohol syndrome for the child.

Criminal behaviour

It became clear to us that the neglect and abuse of children and the previously frequent practice of locking children up in institutions has contributed to a dark legacy of suffering and crime in this country. The knock-on effect of the severe treatment of these children was clearly demonstrated to us in the stories we heard. There was a clear outcome of subsequent violent and criminal behaviour, together with the growth of criminal gangs.

Many participants moved from Social Welfare care to borstal to prison. For instance, Boys' Homes set up young people to align with a gang, for friendship and protection. These gang allegiances then continued into adulthood, and kept the individual in a criminal lifestyle.

For many men, anger and violence became standard responses to any insecurity. Petty crime often led to more serious crime and frequent prison sentences.

It was often reported to us by prisoners that they saw crime as retaliation for the way they had been treated in care. The heartless way they had been treated had turned them into

perpetrators of violence themselves. This legacy remains to this day, filling New Zealand prisons.

Loss of potential

People often felt they had been robbed of their childhood. They recognised this especially when they became parents themselves, or grandparents.

The potential of the individual was not achieved. We saw many very intelligent individuals, but their chances of getting well-paying jobs and having a comfortable life had been ruined early on through lack of education and lack of guidance and mentoring.

When placements were abusive or harsh, the child's concentration at school was affected. Some suffered learning difficulties due to head injuries. Education also suffered when changes of placement led to frequent changes of school. Poor education as a result led to limited job opportunities and unemployment.

A negative experience of State care as a child also meant the loss of potential for many as a partner and as a parent. Sexual abuse in childhood caused difficulty for people in forming and maintaining close physical relations even with a loving partner. For this reason marital relationships were often unhappy. Many reported a lack of trust and difficulty in trusting anyone. Individuals (both men and women) now live reclusively as a way of keeping themselves safe from perceived threats, either sexual or violent.

The subsequent loss of income earning potential often led to reliance upon benefit income.

A common profile

A child in care may have experienced all or many of these events.

- Taken as a little child without explanation.
- Kept for a decade in care.
- Experienced multiple placements.
- Severe beatings with weapons such as jug cords or belts.
- Experienced sexual abuse, indecent assault or rape.
- Felt there was no safe adult to talk to or to protect them.
- Transferred to a Boys' or Girls' home where they were bullied or abused again.
- Locked up alone for some time.
- Run away and then returned and punished.
- Became involved in alcohol and drug abuse.
- Became involved in violence, thefts or gangs.
- Unable to learn because of fear.

Part 4

This section considers what has been learnt by listening to the stories of participants and provides suggestions for a way forward for children in State care.

Improving care for the next generation of children in Welfare care

More direct support and social investment

Many of the people we heard from told us that a better solution would have been to help their family so they could all stay together. Often mothers were coping on their own with other children and minimal income. More social investment at this point could save many significant costs later.

Foster families and caregivers need better support also. Paying board payments to foster parents to care for foster children was contentious. Many participants questioned the motivation of foster parents and felt they were only fostering for financial gain. More parenting training courses are needed and more avenues for foster parents to ask for help in dealing with difficult young people.

Support needs to involve the wider community as well. An attitude of respect for children and their rights needs to be fostered by Government through policy and public campaigns to help change entrenched attitudes and practices.

Māori need an agreed strategy to ensure the cultural needs of children in care are met. They seek effective engagement with Child Youth and Family to ensure Māori children are appropriately placed and supported within the whānau, hapu or iwi.

Hearing the voices of the children

Just as we have heard the voices of former children in care, it is crucial that the voices of children in care continue to be heard. It is important that we remember to always place the child at the centre of these conversations. The child should always be given respect and credence, with opportunities to have their say in a safe environment. There also needs to be more focus on their emotional growth, bonding and attachment, education, life skills and independence.

There needs to be a clearer pathway for children to receive help. Some kind of independent child advocate or agency is needed to fill a significant gap. If a child goes into care, they need a clear and safe place to turn to if somebody hurts them. The people we heard from didn't have anybody to turn to. It would be a positive move to offer another avenue, someone who is responsible on behalf of the State for the monitoring of children in care.

Keeping children in care safe - "First –do no harm"

When we asked people why they had come, they said they wanted to be heard, they wanted an apology and accountability, and they wanted to improve State care for children, for the next generation.

Duty of Care

What they would see as needed to improve things would include a clear statement by the Government of commitment to children in care and a real and enduring Duty of Care articulated. If the State is to take children from their families then the quality of care needs at the very least needs to be better than the home they were taken from.

Independent Care Service

Many of our participants did not dispute the need to take them into care but reported it was the quality of the placements; harsh treatment, the lack of plans and the absence of any oversight which exposed them to the abuse that so severely damaged their lives.

We took it from their stories that the Government needs to establish an Independent Care Service, either inside or outside of Child Youth and Family which has its own management structure and delivers Care Services in accordance with the Duty of Care articulated by government.

This Care Service would be separate from the intake team responding to emergency call outs and new notifications.

This Care Service would:

1. Have trained and skilled social workers dedicated to working with children in care, seeing their needs, spotting abuse and ensuring their voices are heard.
2. Ensure every child had a plan which was rigorously implemented. Those plans would sit comfortably with the culture of the child and develop their potential.
3. Include multi agency players in the lives of children from Education and Health and would access therapists and counsellors.
4. Be dedicated to ensuring a humane, supportive professional approach to transitioning children into care and out of care.

The Care Service would need to be held to account by an external Independent Agency

5. The day to day care and the plan of each and every child would have to be independently audited child by child to ensure the plans are being implemented.
6. The Care Service itself needs to be independently called to account on a proper and effective basis. Our participants would say that the greatest weakness in their experience of care was the lack of accountability which has allowed ongoing abuse and neglect of children in care to occur.

Fundamentally, everyone wants children in care to be safe in future. This can only happen if the official structures are as safe as possible. Where children are placed is of vital importance, as is the ongoing monitoring of the placements. There needs to be a system of recruitment for carers that weeds out the violent, uncaring and incapable and encourages the opposite. There is also a need for well-trained social workers to be a continuous factor in the child's life, with the child able to speak to them regularly and in private to share real concerns.

Part 5

This section comments on the closure of the Confidential Listening and Assistance Service and the resolution of historic claims.

Settlement of claims

My overriding concern is about what will happen now. What will happen to the people who are still waiting for a response from various Government departments now that our Service is closing? What will happen to the people with legitimate grievances who we haven't been able to see? There needs to be a true and effective "whole of Government" response with ongoing assistance available to those who need it.

The levels of abuse are known by Government now and are clearly demonstrated in the number of claims which have been settled and the criminal prosecutions taken. Government departments have gradually improved their response to people who were mistreated in State care. Some private apologies have been made, yet there has been no public pronouncement by the Government about what has happened. I hope that one of the outcomes of the Confidential Listening and Assistance Service will be to pave the way for that to occur. If this was to be about truth and reconciliation, then it is not clear that sufficient reconciliation has occurred. A public statement from the Government has the potential to bring people towards closure.

To ensure people receive justice, the settlement of historic claims needs to occur as soon as possible. Until recently, the legal processes have been a very drawn-out and costly affair. It is time to bring these cases to a close also.

In May this year the Social Development Minister announced that people with unresolved claims of historic abuse in state care were to be given the option of a fast-track settlement or to continue with the normal process. The average time taken to resolve a claim has been 27 months, while 207 claims have been in the system for more than five years.

We applaud the initiative to speed up the settlement process with those clients who have been referred by the Service or who have approached the Ministry directly. We would encourage a way for settlements to be concluded with those clients who are represented by lawyers. The ongoing impact on people's lives should not be underestimated. We would caution that the process needs to be always open and transparent. These people have very good reason not to trust the State.

It is clear that unfinished business remains. Since we had to close off registrations in 2013, we have had more than 150 people contact us and we have referred them on to relevant Government departments. It is disappointing that some people will be left "up in the air" following the closure of our Service. To get to the end with no resolution in sight for some is not satisfactory.

We have referred 514 people to Historic Claims, but we are unable to say with certainty just how many cases have been resolved.

Part 6

Recommendations

We have heard accounts of historic claims covering decades of the New Zealand Care system as seen by those who were in care before 1992. They span the terms of many governments. They cover many serious matters and having heard these voices, we need to be brave ourselves to truly honour their courage in coming forward and make meaningful changes to the way the State protects and cares for its most vulnerable.

We can make a difference: we have made a difference but more is needed and needed urgently. The people told us that that they want systemic change and a public acknowledgement of the wrongs of the past. Thus far they have had neither.

On their behalf and with my endorsement

It is recommended that you

1. Note this report and consider releasing it to the public with a response from the Government.
2. Take urgent steps to complete the task of resolving claims of abuse and neglect of people who were in care before 1992 including the claims in the High Court.
3. Acknowledge the need for accountability in the social services sector by designing and implementing an independent body (such as the IPCA) to resolve historic and current complaints to hold the sector to account.
4. Lift the veil of secrecy and use the data from the Confidential Listening and Assistance Service and the Historic Claims team, the Confidential Forum and the Ministries of Health and Education as a basis to offer a public statement to the people of New Zealand about what happened to those who suffered abuse and neglect in State care and acknowledge the wrongs of the past.
5. Develop a Duty of Care for children and a new independent Care Service by:
    a) Clarifying social policy around the care of children by the State and articulate the Duty of Care.
    b) Designing and implementing an independent specialist care service as set out in Part 4 of this report incorporating the Duty of Care.
    c) Making a commitment to ensure practice follows policy by ensuring that there is accountability at all levels within the system.
6. Urgently and independently review the data from the Confidential Listening Service and Historic Claims team to ensure that the lessons of the past are learnt. When this data is reviewed, locate key touch points in Child Youth and Family for immediate improvements to practice.
7. Create an independent Listening and Assistance Service for prisoners who have concerns over abuse and neglect of them as children in State care to reduce recidivism and lower risk to the community.

"Monitor the case persons and also the people who are caring for the young ones in CYF and foster care. Ask the young ones how they have been treated in custody, but talk with them alone or you will get no answer."

"It is a great pity that the Service is closing down. I don't think the people that make those decisions have yet grasped the significant numbers of children who were adversely and wrongly diverted from a normal and productive life by their time in state care. There is considerable legacy of ruined/failed/blighted [lives] left by this unfortunate terrible chapter in our country's history. The State needs to realise that these people need ongoing assistance of the type the Service provided. I hope something has been learned."

"I feel that the public was not aware of what was happening and many people may have missed out at not having their stories told. I personally believe that MSD is still making the same mistakes. Legislation needs to be looked at and changed, plus more careful selection of social workers."

"Please don't stop this; you will help a lot of people out there who need you. I thank you very much."

"You can't change the past. You can look ahead to the future."

Feedback from the Client Satisfaction Survey

Chair, Judge Carolyn Henwood, CNZM

June 2015

APPENDIX 1: The Panel

Judge Carolyn Henwood, CNZM – Chair

Judge Carolyn Henwood is currently a member of the New Zealand Parole Board and has 22 years' experience as a District and Youth Court Judge, most recently on an acting warrant. During that time she has been involved with a range of youth and criminal justice issues as well as sitting on a number of Government bodies. In 2006 Judge Henwood was appointed as special adviser for the implementation of the Te Hurihanga youth justice programme, which aims at preventing re-offending by young people.

In addition to her work in the legal profession, Judge Henwood has also had extensive involvement in the theatre and arts sector for many years. She was a founding member of Circa Theatre in Wellington and a foundation trustee of the Theatre Artists Charitable Trust and continues to remain an active member of both organisations.

In recent years Judge Henwood's focus has moved to the areas of mediation and negotiation. In 2006 she attended programmes on both at Harvard Law School. These are areas she will continue to pursue.

In the 2002 Queen's Birthday Golden Jubilee Honours, Judge Henwood received the honour CNZM for her services as a District and Youth Court Judge and to the arts.

Dr Barbara Disley – ONZM

Dr Barbara Disley is the Chief Executive of Richmond Services Ltd, a charitable organisation that provides housing and recovery services. Barbara has an extensive career in the health and education sectors. She was the Chief Executive of the Mental Health Foundation where she conducted research and community education programmes with a particular interest in youth mental health, suicide prevention, violence prevention, refugee mental health, problem gambling and patient advocacy.

In 1996 Barbara was appointed by the Minister of Health as the inaugural Chair of the Mental Health Commission, where she was responsible to the Minister for providing advice and for monitoring and reporting on the provision of mental health services. In 2002 Barbara joined the Ministry of Education as a Deputy Secretary where she had responsibility for the funding and provision of special education services for children and young people.

Barbara has a Doctorate in Education and has completed leadership programmes at both Harvard University and Henley School of Management. In 2005 Barbara received the Mental Health Services (THEMHS) individual award for exceptional contribution to Mental Health Services in New Zealand. In 2011 Barbara received the honour of Officer New Zealand Order of Merit.

Paula Daye – FNZIM

Paula has more than 30 years' experience in the Health and Disability Sector. Her training as a nurse in London led to a career in public health working in Scotland and Devon before immigrating to New Zealand in 1973.

From her nursing background, and having gained a qualification in business studies through Massey University, Paula's experience broadened into general management in the health sector, where she held several senior management positions. Paula has successfully built strategic alliances, promoting positive outcomes for her patients while managing large numbers of staff and multi-million dollar budgets. As CEO of Coast Health Care Ltd and the Royal New Zealand Foundation of the Blind (RNZFB), Paula was responsible for delivering quality health and disability services during a period of political and social change.

Her passion for the health and disability sector was further inspired through attending 'Strategic Perspectives in Non-profit Management' at Harvard University. She has served on a number of boards including Crown Public Health, Deputy Chair Vision Education Agency, World Blind Union Executive, Chair Women's Committee Asia Pacific, Kidney Health NZ, Mobility Dogs and Family Services National Advisory Committee.

Her current roles include Chairperson Sight Loss Services (a Charitable Trust set up by Paula and a colleague in 2009, dedicated to the needs of people with low vision), Deputy Chair John Walker Find Your Field of Dreams, Trustee Camp Quality Endowment Trust NZ (dedicated to children with cancer), Trustee/Service Development Manager Auckland Kidney Society and Professional Coach & Mentor.

Dr Ian Hassall, MB, ChB, DCH, FRACP

Dr Ian Hassall is at present research associate at the Institute of Public Policy at AUT University where he has taught and researched children and public policy. He has 40 years' experience in working with children and families as a clinician, researcher, strategist, and advocate. He practiced for 10 years as a specialist paediatrician and was full-time medical advisor to the Plunket Society for eight years. He was New Zealand's first Children's Commissioner from 1989 to 1994. He has undertaken research, published 70 peer-reviewed papers and campaigned on a range of aspects of children's health and safety, children's rights and public policy for children. In 2010 he received UNICEF's Aldo Farina Award for child advocacy.

Dr Hassall helped establish the Child Abuse Prevention Society, the helpline Parent Help and the BrainWave Trust. He was a Trustee of the Kids Helpline Trust which oversaw the development of the national WhatsUp helpline for children. He is a member of the expert faculty of the International Society for the Prevention of Child Abuse and Neglect (ISPCAN).

He has held a number of ministerial appointments to public committees including the Child and Youth Mortality Review Committee, the Stakeholder Reference Group to the NZ Injury Prevention Strategy and the Advisory Committee on Assisted Reproductive Technology.

Malia TF Hamani QSM

Malia Hamani is the general manager of TOA Pacific, a member of the Carers Alliance executive committee and the Lu'i Ola Advisory group, and a member also of a number of Government department advisory groups.

Malia has a firm commitment to the promotion of Pacific older peoples' rights and wellbeing, and their carers and families. Malia is passionate about supporting Pacific people with limited abilities.

During Malia's 11 years of community development work through Methodist Mission Northern, TOA Pacific Incorporated emerged. TOA Pacific (Treasuring Older Adults and Pacific Aiga Carers) has membership representing the Samoan, Cook Island, Niuen, Tongan, Tokelauan, Tuvalu and Kiribati communities.

Malia is a Tongan-born mother of five young men and enjoys two grandsons and a granddaughter.

Malia was awarded the Queen's Service Medal in the 2009 New Year's Honours List for services to the Pacific Island community and senior citizens.

Bobby Newson, JP

Tarakeha Te Maunga. Matihetihe Te Marae. Tao Maui Te Hapu. Te Rarawa Te Iwi. Mitimiti Hokianga

Robert (Bobby) Newson has had over 40 years of service to the public beginning in Māori Affairs and the Māori Land Court, the New Zealand Army as a solider, 17 years as an officer in the New Zealand Police, 10 years as a cultural advisor in the Human Rights Commission and four years with the Families Commission. He has a Bachelor of Māori Studies from AUT and has lectured in Māori theology and spirituality. As a certified translator and interpreter of Te Reo Māori he has worked in the District and High Courts in Auckland and on Treaty of Waitangi claims. He currently serves on a diverse range of boards and committees including the Unitec Council, Mercy Charities, Waitakere Community Law Centre, Sport Waitakere and Te Runanga o Te Haahi Katorika.

Bobby is married to Gemma, has three children and four mokopuna.

Doug Hauraki

Ngati Porou, Ngati Kahungunu and Nga Puhi

Doug has over 40 years of management experience in a wide variety of public and private sector positions including many years as the Chief Executive of Māori Education Trust, Chief Executive of Aotearoa Traditional Māori Performing Arts Society, Deputy Māori Trustee, National Director Māori Development in the Department of Social Welfare and senior roles in Māori Affairs.

Doug is a fluent speaker of Te Reo and has his own translation company. He has a Bachelor of Arts and a Diploma in Social Work.

Doug has wide networks within Māoridom and in the business and academic world generally. Doug is married to Betty, has three grown-up children and five mokopuna.

Janice Donaldson

Janice Donaldson has a long and varied career in the public service and in the community sector. She holds a law degree and a Diploma in Social Work. Janice has worked for the Health Funding Authority, Southern Regional Health Authority, Christchurch City Mission and the Probation Service. More recently she has been a member of the Executive Management teams at Canterbury and Taranaki District Health Boards and at District Health Boards NZ. In addition, Janice has held governance roles with the Salvation Army Addictions and Supportive Accommodations Services, Nurse Maude, the Christchurch Community Law Centre and Te Ture Manaaki a Māori Legal Service.

Her experience has involved her in Māori and Pacific workforce and provider development initiatives in DHBs and with community providers including Ngāi Tahu Development Corporation.

She has provided strategic advice on community engagement processes with Māori, including the development of Treaty relationships and the development of close working relationships with kaumātua, taua and Māori staff.

Janice has been managing and coordinating a number of projects for Partnership Health PHO, Canterbury DHB and Pegasus Health. Janice was a founding member of the New Zealand Parole Board, and recently completed her term of appointment.

Winifred Jackson

Winifred lives in Palmerston North and has recently retired from 16 years as a Lecturer and as a Senior Lecturer in the Department of Arts and Language at Massey University College of Education. Her area of focus was in the teaching of reading and language skills for the primary classroom, and in the early childhood programme she developed and coordinated a programme for the development of literacy and language in young children. She has published articles in a variety of journals and has presented at conferences nationally and internationally.

In her career Winifred has also worked for the Clerical Workers Union, the Ministry of Justice and in a variety of roles in the UK.

Apart from her experience as a teacher and lecturer, Winifred brings to the Panel her personal experience of caring for someone with an intellectual disability, as one of her four adult children has Down syndrome.

In her career Winifred has also worked for the Clerical Workers Union, the Ministry of Justice and in a variety of roles in the UK.

APPENDIX 2: The Terms of Reference

Purpose

The Confidential Listening and Assistance Service (the Service) is to provide assistance to people (participants) who allege abuse or neglect or have concerns about their time in State care in health residential facilities (for example psychiatric hospitals and wards, and health camps, but excluding general hospital admissions), child welfare or residential special education sector prior to 1992.

The Service is to have an estimated lifespan of five years, to:

- provide the opportunity for participants, supported by their families if participants wish, to talk about their concerns and/or experiences with a group of suitably qualified people (the Panel), with a focus on their current needs;
- provide assistance for participants to identify and get assistance to meet their needs and those of their family and with access to existing services on a non-preferential basis compared to other members of the public;
- assist participants to access available information held about them by the State, in an environment where they can ask questions and seek corrections to the information held; and
- assist participants to come to terms with their experience and to achieve closure, as far as is reasonable, within the context of the Service.
- The Service is to be accessible to all eligible people. In particular, some people may have intellectual, physical or sensory impairments that will need to be accommodated.
- The Service will accommodate, as appropriate, the cultural needs of participants.

Panels and Meetings

One or more panels of appropriately qualified individuals will be appointed by the Department of Internal Affairs to meet with participants who wish to take up this opportunity and to hear their stories. One panel will be appointed initially for a fixed term of 18 months. Further panels may be appointed if needed.

- The panels will comprise members who, in addition to having the necessary skills for the role, meet some or all of the following criteria:
- familiarity with at least one aspect of State care in New Zealand from a consumer's perspective;
- have a significant and respected community profile;
- a gender mix; and
- a cultural mix to reflect the cultural background of likely participants.

Each panel will have a chairperson, with a member of the first panel being appointed by Cabinet as Chair of the Service. This person will be responsible for overall leadership of the Service.

Panels will normally comprise three members. A meeting may be held with two panel members if necessary and in circumstances where a participant prefers to tell their story to only one individual that may be permitted if the panel agree.

Processes and Consultation

The Chair of the Service will:

- consult with appropriate persons or groups over proposed processes, administration and accessibility, including sitting locations and assistance with travel costs for participants; and
- ensure that the Service determines its own processes and operations, within the parameters of these terms of reference.

Access by Participants

The Service will:

- publicly call for participation by eligible people once systems are in place;
- make facilitators available to participants to provide them with information and support throughout the process;
- arrange for meetings to be held in locations and at times determined by the Chair that are reasonable and accessible for participants;
- arrange for participants to be assisted, if necessary, with actual and reasonable transport costs in attending meetings (and other necessary costs in special circumstances), all assistance to be determined at the discretion of the panel within specified parameters;
- permit participants to be accompanied by support people to the meetings (but not legal representation), noting that support people will not have speaking rights except with the permission of the panel;
- take into account the needs of people unable to speak for themselves; and
- permit participants to bring to the meeting any documentary material that assists them.

Environment, Confidentiality and Process

The panel will:

- arrange to hear a participant's experiences and stories in a comfortable, confidential and private setting, where the participants can be confident of being heard in an appropriate manner;
- ensure adequate processes and systems are established to maintain complete confidentiality;

- advise each participant that they participate on the basis that what is said at a meeting will be treated as strictly confidential to the extent possible under the law. Participants will be able to record their session with the panel if they so desire; and
- listen in an appropriately non-critical, non-judgmental, receptive and constructive manner.

Counselling and Support

The panel will:

- advise the participant of any current services, such as counselling services, the ACC, the Health and Disability Commissioner or other services as may be appropriate to provide additional treatment, support, assistance or management of any claims, including, if appropriate, referral of the participant to the Police; and
- in recognition that some participants may find participation in the Service traumatic, pay for an initial assessment for participants who wish to attend counselling and if that assessment indicates that counselling is required, pay for up to ten counselling sessions with a registered counsellor that is appropriate to the individual's needs.

The facilitator will:

- ensure that counselling is available to those participants who find participation in the Service traumatic and will co-ordinate the assessment of each participant's needs, where these are related to the person's participation in the Service;
- work directly with services and assessors to help people identify and access services; and
- refer participants who wish to take up their concerns directly with a relevant Government agency to the person or position identified within that agency.

Reporting

The Chair of the Service will:

- report to the Ministers of Health, Justice, Education, Social Development and Internal Affairs after 12 months operation and thereafter annually for the duration of the Service on:
- the numbers of participants seen by the Service and in which sector/s they were in care;
- the consistent themes reported to the panel by participants;
- the perceived legacy of effects on participants' lives;
- the types of services and assistance provided by the Service;
- the level of assistance provided by the Service;
- the level of assistance provided by agencies to the Service;
- the estimated further uptake of the Service; and
- what is needed to meet this demand.

Outside the Scope of the Service

The Service must not:

- require or compel anyone to attend a meeting;
- determine liability or the truth of the participants' experiences or stories;
- pay, or recommend the payment of, compensation;
- judge participants or anyone mentioned by a participant, or to reach a conclusion about what might or might not have happened, including recommending a particular course of action to address issues raised;
- in any way attempt to resolve differences of views;
- acknowledge liability or make an apology for past actions by any official;
- report to Ministers, or share or make public any information relating to specific participant stories it hears or make any public comment about those stories presented to it; or
- allow participants to have legal representation at meetings.

Administration and Support

The Service will be reliant on agencies including, but not restricted to, the Ministry of Social Development, the Ministry of Education, the Ministry of Health, District Health Boards, the Accident Compensation Corporation and the Department of Corrections to support its functions. Relevant agencies will ensure they have appropriate arrangements in place to provide participants with access to their records, help with assessment of eligibility for assistance, and facilitate access to services.

The Service will be established in the Department of Internal Affairs.

The Department of Internal Affairs will establish initial and on-going administrative and financial services and support that will facilitate the operation of the panel(s) and ready access by participants, including when necessary the assistance of kaumatua, kuia, disability sector and mental health experts.

APPENDIX 3 - Locations of panel meetings and numbers of participants seen

Hearing Location	# of Participants Seen	# of Meeting Days
Auckland	219	67
Christchurch	129	43
Wellington	123	41
Palmerston North	47	14
Tauranga	43	17
Whangarei	35	11
Dunedin	51	17
Whakatane	6	3
Hamilton	86	27
Napier	38	13
Rotorua	28	10
Masterton	13	5
Whanganui	33	12
Gisborne	6	2
Invercargill	26	8
Kaitaia/Kaikohe	10	4
Nelson/Blenheim	38	13
Taupo	5	3
New Plymouth	16	6
Timaru	9	4
Prisons	131	67
Greymouth	7	3
Australia	4	1
Total since Service began	**1103**	**391**

Table 1 - Locations of panel meetings and participants seen

APPENDIX 4 - State and other agencies providing assistance

A range of State and Non-Government agencies were involved with the Confidential Listening and Assistance Service over the years, including:

Ministry of Social Development

Child, Youth and Family New Zealand (CYF)

Historic Claims

Work and Income New Zealand

Adoption Unit (CYF)

Ministry of Education

New Zealand Police

Ministry of Health

The Health and Disability Commissioner

Human Rights Commission

Mental Health Commission

Crown Health Financing Agency

District Health Boards

Housing New Zealand

The Ombudsman

The Privacy Commissioner

The Children's Commissioner

Accident Compensation Corporation

Te Puni Kōkiri

Department of Internal Affairs - Births, Deaths and Marriages

Department of Corrections

Probation Service

Department of Internal Affairs

Ministry of Justice

Crown Law

STAND - Children's Health Camps New Zealand

Land Transport Authority

Public Trust

War Pensions Office

Work Bridge

Community Alcohol and Drug Services (CADS).

The Chair met formally with the:

Minister of Social Development

Minister of Health

Associate Minister of Education

Minister of Justice

The Attorney General

Minister of Internal Affairs

Minister of Māori Affairs

Minister of Pacific Island Affairs.

The Minister of Finance was also kept advised of progress on the work of the Service.

Meetings were also held with Non-Government agencies, including:

Relationship Services Whakawhanaungatanga

New Zealand Association of Counsellors

Christchurch City Mission

Auckland City Mission

Deaf Aotearoa New Zealand

Royal NZ Foundation of the Blind

Victim Support

Cooper Legal

Roger Chapman-Johnston Lawrence

CLAN (Care Leavers Network- Australia)

Victoria University- Institute of Criminology

Waikato University- Faculty of Law

The Methodist Church

Melbourne University - Centre for Applied Social Research

Male Survivors of Sexual Abuse Trust

People First

IHC New Zealand

UNICEF

Tainui

Te Rarawa

Ngāi Tahu.

APPENDIX 5 - Types of services and assistance provided to Participants

Service/Assistance	# of Participants
CD Recording of Meeting	970
Requests for files to:	
Ministry of Social Development	676
Ministry of Health	194
Ministry of Health	37
Health Camps	18
Ministry of Justice	11
Churches	20
Referrals to:	
Relationships Services for counselling	45
Private practice counsellors (mainly ACC registered)	642
The MSD Historic Claims team	514
Ministry of Health Legal team/CHFA	87
Ministry of Education Legal team	28
New Zealand Police	89
Māori provider/TPK	17
CEO of Children's Health Camps	20
Ombudsman/Privacy Commissioner	9
Advocacy:	
Referral to Health and Disability Commissioner	11
ACC advocacy/liaison	40
Housing NZ Accommodation advocacy	41
Advocacy with Work and Income	48
Advocacy with Inland Revenue	1
Advocacy and liaison with Ministry of Justice/Corrections	22
Referral to Births Deaths and Marriages	10
Referral to Adoptions Unit CYF	6
Referral and advocacy for employment assistance	37
Mental health referral/mood assessment	23
General Health Referral	19
Referral for legal advice	53
Letter to CEO /Chief Social Worker of MSD	42
Letter to Director of Mental Health /DG of MOH	2
Letter to Minister of Health	11
Letter to Minister of Social Development	15
NGO support/liaison (including churches)	65
Assisting in the provision of information/reports	77
Education assistance/information/driving licence information	48
Assistance in writing life story	18
Provision of information and quote on tattoo removal	6
Letters attesting to Attendance	72
Second hearing opportunity offered	50

Table 2 - Types of services and assistance provided to Participants

APPENDIX 6: Participants report on key concerns

Key Concerns	# of Participants:
Concern:	**2009-2015**
Allegations of staff corruption	17
Complaints	58
Consent Issues	257
Cultural/religious insensitivity	108
Disconnection from family	271
Institutional routines and practices	878
Lack of medical treatment	82
Monitoring/support	714
Neglect	226
No/limited education	334
Physical conditions	301
Physical/emotional abuses	787
Placement decisions	877
Poor quality of food	86
Return home without monitoring	142
Police corruption	10
Psychiatric treatments	236
Over medication	143
Punishment regimes	730
Sexual abuse	626
Sexual abuse disclosed to staff at time	135

Table 3 - Participants Report on Key Concerns

APPENDIX 7: Examples of social work practice failure

1. Failure to follow policy (knowing at the time they were doing this).
2. Social workers failed to monitor and provide real oversight.
   - Social workers failed to check sleeping arrangements.
   - Social workers failed to check who else was in the home and had access to the child.
   - Social workers failed to pick the signals of abuse.
   - Children used as free labour in the home or on the farms.
3. Social workers didn't transition children into care or out of care.
4. Children had multiple social workers.
5. Social works didn't communicate with children.
   - The legal process was a mystery to children.
   - Children in care lost their identity, lack of personal possessions, lack of photos.
   - Social workers failed to engage with the child.
   - Social workers lacked understanding of the emotional impact of coming into care.
   - No proper complaints system existed with access to justice or legal help.
6. Social workers left the child in the care of known abusers.
   - Social workers failed act when abuse was reported.
   - Social workers returned children to abusive families after years of separation.
   - Failure in process of investigation into allegations of abuse by foster parents.
7. Mixing of children in care for care and protection and youth justice.
8. Lack of support for caregivers.
   - The selection of caregivers was random, lacked consistency or proper policy.
   - Children had multiple placements.
   - Children appeared to be abandoned by the system after placement.
9. There was a lack of assessment and planning for children in care.
   - Failure to ensure appropriate educational and vocational opportunities for children.
   - Social workers failed to arrange professional support and counselling.
   - Social workers failed to provide medical and dental care.
   - Placements split up families.
   - Social workers failed to look for family options.
   - Children were placed a long way from their own homes.
   - Many Māori children were institutionalised as soon as they came into care.
   - Children and young people were locked up and left alone for days.
   - Staff were sexually and physically abusive particularly in institutions.
   - Staff sought sexual favours in exchange for cigarettes or other privileges.
   - When children absconded there was a lack of real effort to find them.
   - Poor evaluation of correct cultural placement.

APPENDIX 8: Participants report on perceived legacy of effect

Impact of State care:	# of Participants
Impact:	**2009-2015**
Limited impact	73
ACC sensitive claim	169
Anger	480
Anxiety	225
Benefit dependency	289
Cigarette addiction	131
Criminal behaviours/convictions	413
Depression	428
Difficulty forming relationships	619
Difficulty trusting others	703
Disconnected from culture	68
Domestic violence	207
Drug and alcohol addiction	386
Emotional abuser	30
Failure to thrive	59
Family breakdown	496
Fear/distrust of authority	393
Financial difficulties	176
Flashbacks	199
Gambling	16
Gang affiliation	146
Illiteracy	40
Loss of potential	283
Memory impairment	112
Nightmares	179
Ongoing Psychiatric Care	212
Phobias/fears	56
Physical abuser	98
Poor education	386
Poor physical health	243
Prison sentences	320
Prostitution	32
Sexual abuser	48
Self harm	58
Stigmatisation	190
Teen/ unwanted pregnancy	119
Unemployment	290

Table 4 – Participants report on perceived legacy of effect

APPENDIX 9 - Conduct of panel meetings

The Terms of Reference (TOR) require the Chair to ensure that the Confidential Listening and Assistance Service determine its own processes and operations, within the parameters of the terms of reference (TOR 9 (b)).

While taking into account practical considerations, as a guiding principle participants will be heard on a "first come, first served basis" to ensure that participants have an opportunity to meet with the panel in a timely fashion. Set out below, are the procedures for the conduct of panel meetings.

1. Hearing Times

Panel meetings will be held between 9am and 5:30pm with early evening sittings possible on a 'case by case' basis, but not as a general rule.

2. Number of panel meetings per day

There will be up to four panel meetings per day.

Panel meetings are by appointment with appointment times generally 0900; 1100; 1330 and 1530 – with up to 90 minutes allocated per hearing.

3. Quorum

There will be three panel members including the chair at each panel meeting.

As a general rule, all three panel members should be present for panel meetings.

In the event of a request from a participant, fewer than three can be present; such requests to be decided on a case by case basis by the panel chair. (TOR 8).

4. Conflicts of interest

If , at any stage before or during a panel meeting, a panel member feels they may have a conflict of interest, such as a personal or professional relationship with any participant, this should be brought to the attention of the Chair, who will decide on the appropriate course of action.

5. Panel Preparation

The Chair will arrange with the panel members to meet on the morning of the panel meeting for a background briefing on the participants appearing that day. The Facilitator will prepare this information for the Chair using the data that has been gathered in phone calls prior to the panel meeting.

The Panel will meet together with the Facilitator and the panel meeting manager in the panel meeting room just prior to the 9 o'clock start to the day and a karakia or inspirational reading will be provided by one of those gathered.

6. Hearing Process

The Facilitator and panel meeting manager will meet the participant in the hotel foyer and take the participant to the Facilitator's room to prepare for the panel meeting.

The Chair meets the participant in the Facilitator's room and brings the participant to the panel meeting room where the panel is waiting, standing.

The Chair will welcome participants, introduce the panel to participants and support people. The Chair will offer the participant an opportunity for karakia or other relevant protocol. The Chair will commence the hearing with a statement about confidentiality followed by opening, introductory remarks and questions to assist the participant to begin.

All panel members can ask questions through the Chair.

Panel meetings can be digitally recorded at the request of the participant.

The panel meeting manager attends panel meetings, unless a participant expressly asks that the panel meeting manager not be present, but has no speaking rights.

Participants may have up to two support people (but not legal representatives) at a time with them in the panel meeting. The Chair may agree to allow more support people to accompany the participant to the panel meeting if it is appropriate.

The Chair will consider all requests for speaking rights by support people on a case by case basis (TOR 10(e)).

Participants and panel members can request a break during the hearing. The Chair will decide the length of the break.

As the panel meeting draws to a close the Chair will summarise the key issues raised by the participant, clarify with the participant the type of assistance they have identified would be useful to come to terms with their experience and record any action required by the Service.

The Chair will offer the participant an opportunity for karakia or other relevant protocol to close the meeting.

7. Note Taking

The Chair and the panel may take notes to record key points from the participant's story.

At the completion of the panel meeting panel member's rough notes are to be destroyed.

The Chair's hand written notes are collated and form part of the participant's file until they are no longer required.

8. Hearing participants twice

The Chair may, in special circumstances, permit a participant to reappear at a panel meeting.

These special circumstances will vary on a case by case basis and will be determined by the availability of the panel and what is in the best interests of the participant.

9. Confidentiality

The panel will hear the participant's experiences in a private and confidential setting (TOR 11(a) (b) (c)).

The panel must not share or make public any information relating to the stories it hears or make any public comment about anything presented to it (TOR 15 (g))

The Chair must ensure that at the beginning of each panel meeting, participants are aware that what is said will be treated as strictly confidential 'to the extent possible under the law' (TOR 11(c**)).**

In practice this may mean that if a possible crime is divulged by the participant the Chair may need to support the participant to convey this information to the police.

If the participant discloses to the panel information which could impact on the safety of the participant or others the Chair will determine a course of action consistent with the law. (TOR 11(c)).

10. Venue for Panel Meetings

The guiding principle for meeting venues is that where possible they should be accessible, comfortable and private.

The Chair will determine the location of panel meeting, ensuring that the venue is accessible for participants (TOR 10 (c)).

Where possible the venue will be well lit with natural light.

Ideally the panel meeting will be held in a venue separate from where the panel is staying.

A Facilitator for participants will be present at the venue, to greet participants, answer any queries about the process, and to be available for participants to talk to after the panel meeting.

Before and after panel meetings there will be hot and cold drinks available to participants. A sandwich will be provided for the participant after their meeting. Participants and their support people waiting to attend a panel meeting will have a separate waiting area (arranged with the hotel) so that participants and supporters who have already had their meeting with the panel will not meet the next participant on their way out.

Written information for participants on organisations and groups that can assist with providing support post-hearings will be available at the venue.

11. Security

In order to maintain safety for the panel and staff who are to meet with participants, a number of measures have been agreed.

The panel are to be made fully aware of all entry and exit points from the panel meeting room prior to each panel meeting.

The table should be positioned to allow the participant and the panel easy access to an exit point. Ideally the table should be side on to a door without making the layout of the room appear unnatural.

Ideally glasses and pitchers are not to be made of glass which could shatter and be used as a weapon.

Participants should be requested to leave coats and baggage with the Facilitator prior to the commencement of each meeting. If this is not possible then bags and coats should be placed out of the direct reach of the participant – perhaps on a table or clothes rack by the door.

The Facilitator should not meet the participant for the first time on her own. She will be accompanied by the panel meeting manager to meet the participant in the hotel lobby for the first time. A judgement call at this stage will be made as to whether the participant should meet with the Facilitator alone prior to and after the panel meeting.

12. Dress at Panel Meetings

Panel members and Service staff are expected to dress smartly - i.e. a skirt, dress or tailored trousers, suit or jacket and collar and tie when meeting participants at panel meetings.

13. Support for panel members

At the conclusion of each panel meeting the Chair will provide the panel an opportunity to debrief. The panel will review and evaluate their meeting with the participants, establish what went well or identify opportunities for improvement.

By its very nature the panel will be exposed to the distressing stories of people who have been traumatised by their time in state care. Panel members may wish to access support

from time to time to help them cope with hearing these stories and to deal with issues that may be raised for them.

The Chair will consider each request for assistance on a case by case basis and arrange for confidential external support for panel members.

APPENDIX 10: Summary of participant satisfaction survey

Objective

The Service was determined to ensure a quality hearing at the Panel meetings and the delivery of quality, timely assistance following the Panel meeting to those participants who required it. It was therefore important to get feedback from participants on their interactions with the Service, once they had completed counselling and assistance, as agreed by the Panel.

The Service piloted a service evaluation phone questionnaire with a small number of participants. When this was found less than ideal, a postal satisfaction survey was undertaken.

Methodology

The Service sent out postal satisfaction surveys to a total of 500 clients, randomly selected from clients who had met with the Panel from 2009 to 2013, had been referred for funded counselling from the Service and had completed that counselling since their Panel meeting. Some clients had received a settlement offer from the Ministry of Social Development or Health and some clients were still waiting for their claim to be settled at the time the survey was sent. We received 141 completed surveys, reflecting a return rate of more than 28%.

There were five sections in the survey to capture feedback about:

- Reasons for contacting the Service.
- The quality of client/staff interactions.
- The experience of attending the panel meeting.
- The assistance offered to clients.
- To what extent the Service has helped people achieve closure.

Clients were asked to rate their agreement on a series of statements from 1=strongly disagree, 2= disagree, 3=neutral, 4=agree, and 5= strongly agree. In addition each section contained an 'open comment' box. The results for each section are presented below.

Key findings

Overall, the feedback from clients regarding interactions with the Service shows that the process was helpful in improving the well-being of the participants. The majority of clients felt their interactions with the Service were very positive, and that they were treated with dignity and respect. The assistance provided, especially counselling assistance following panel meetings, was seen as helpful in achieving closure.

Some clients expressed frustration at the length of time taken to settle claims with the Ministry of Social Development. In many cases clients have waited three years for an outcome. This may be reflected in some of the results of the Satisfaction Survey.

Reasons for contacting the Service

1. I wanted to tell someone in authority about what happened to me.

93% either strongly agreed or agreed with this statement.

> *"To help myself face the past, and to enable myself to move forward in a positive calm way."*
>
> *"I needed to tell someone about my experience in a safe and reliable environment."*

2. I wanted to see changes for people in State care in the future.

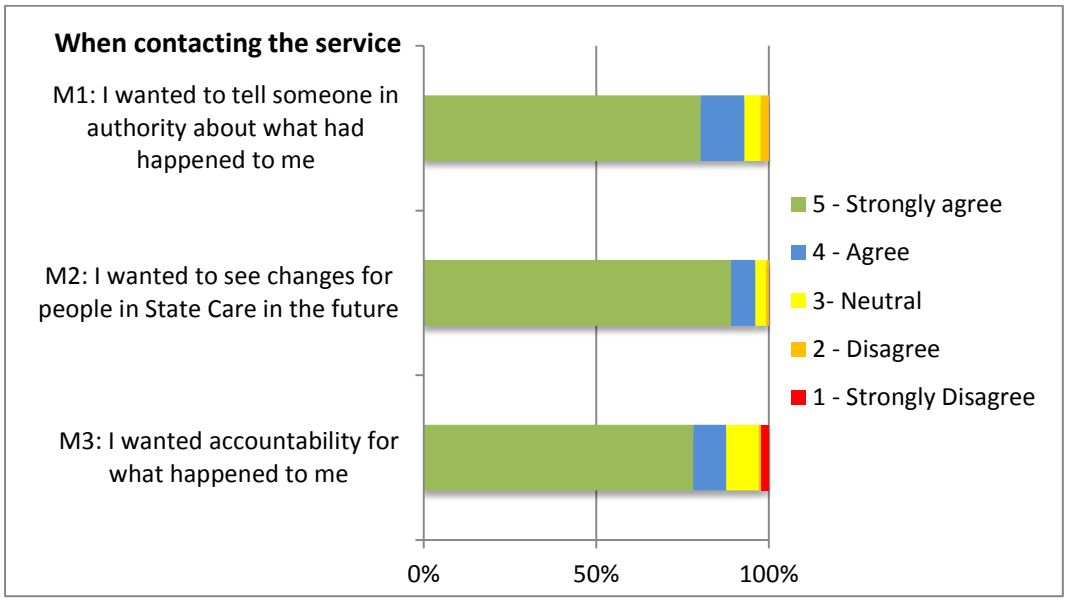
96% either strongly agreed or agreed with this statement.

> *"To be heard, to be acknowledged and to ensure measures are put in place to avoid a new generation coming into care doesn't go through what I did."*

3. I wanted accountability for what happened to me.

88% either strongly agreed or agreed with this statement.

> *"To get someone to fight for me to get compensation and accountability for their actions."*
>
> *"Wanted closure and compensation for what I went through."*



When talking to staff at the service

1. I received clear information about the Service.

92% either strongly agreed or agreed with this statement.

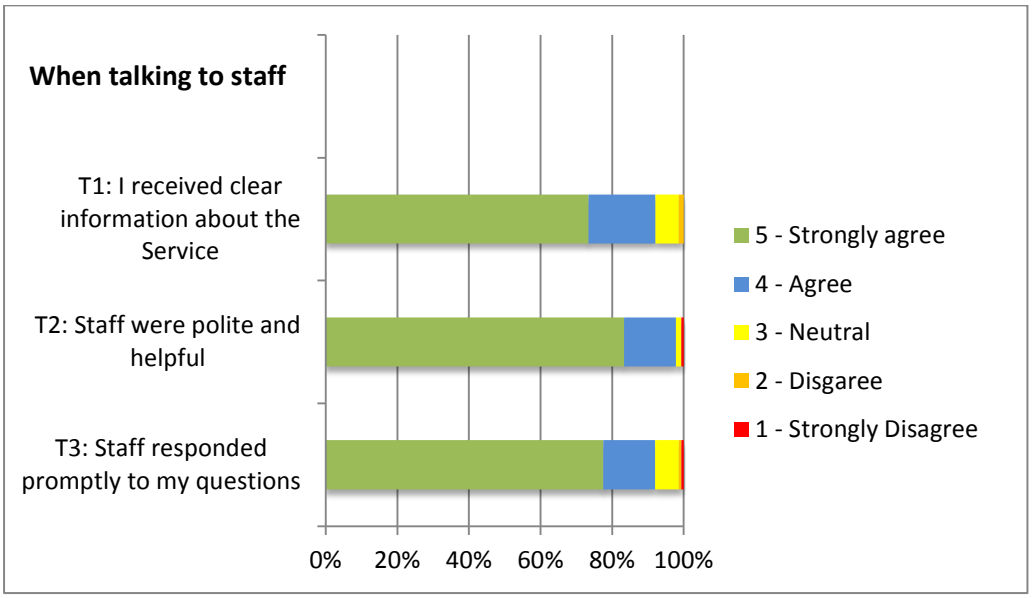
2. Staff were polite and helpful.

98% either strongly agreed or agreed with this statement.

3. Staff responded promptly to my questions:

92% either strongly agreed or agreed with this statement.

> *"Thank you to all, it was immensely helpful for me to move forward."*
>
> *"I believe the committee was very responsive to my queries."*
>
> *"Staff were excellent in all aspects of my contact with them. Showed respect for my dignity – a refreshing change from other state agencies – as a human being. All in all, a very good experience and should be used as an example/benchmark as to how sensitive matters and contact should be managed/handled."*
>
> *"I particularly appreciated the telephone check on me the day following my interview."*



At the panel meeting

1. Telling the Panel about my experiences was helpful

80% either strongly agreed or agreed with this statement.

> *"I feel like it has let me move on, close the book on that part of my life."*

2. I felt heard and understood by the Panel

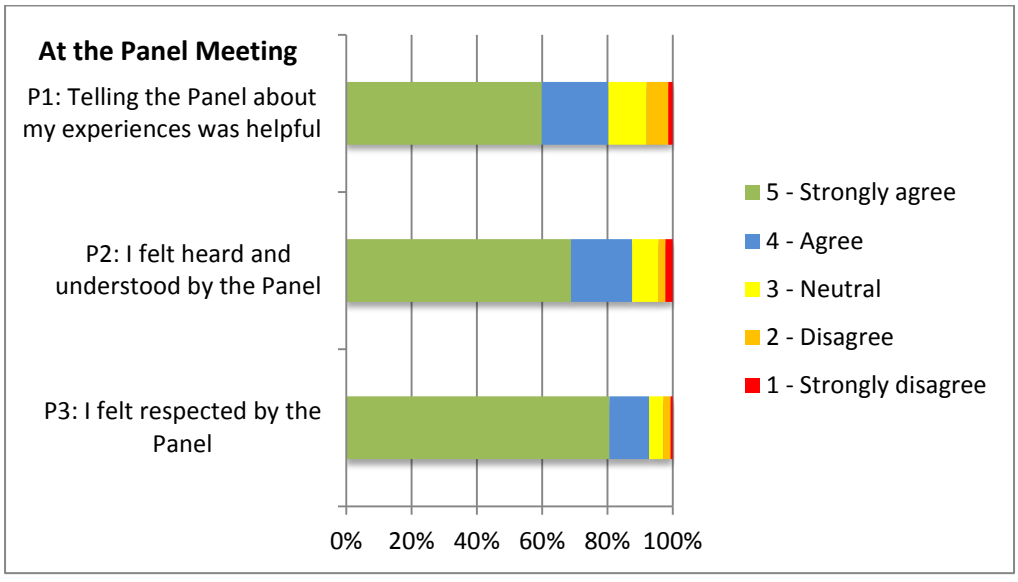
88% either strongly agreed or agreed with this statement.

> *"Thank you for the empathy and compassion I received."*
>
> *"I felt comfortable during the process and it was easy for me to speak about my history and experiences. All staff made me feel listened to."*

3. I felt respected by the Panel

93% either strongly agreed or agreed with this statement.

> *"The Panel was very good and respectful"*
>
> *"How the Panel thoughtfully listened to me made a huge difference to how I felt I could trust them. I don't like crying in public, I keep it in. But I let the tears go."*



Assistance

Common themes of assistance offered to clients of the Service included:

- Providing them with a copy of the audio recording made at their meeting with the Panel.
- Requesting copies of files and records held about them by the State and providing this information to them.
- Making referrals for formal redress with the Ministries of Social Development, Health and Education and sometimes with NGO organisations.
- Liaison with Work and Income, Social Housing, ACC and local NGOs for practical assistance; liaison with the NZ Police.
- Provision of up to 12 sessions of funded counselling with specialist practitioners.

Counselling assistance was not considered specifically in the Satisfaction Survey. This was because the effectiveness of counselling was measured for every client in the Service who was offered counselling. The effectiveness of counselling will be considered in the following section.

1. Staff made referrals for the assistance I was offered.

87% either strongly agreed or agreed with this statement.

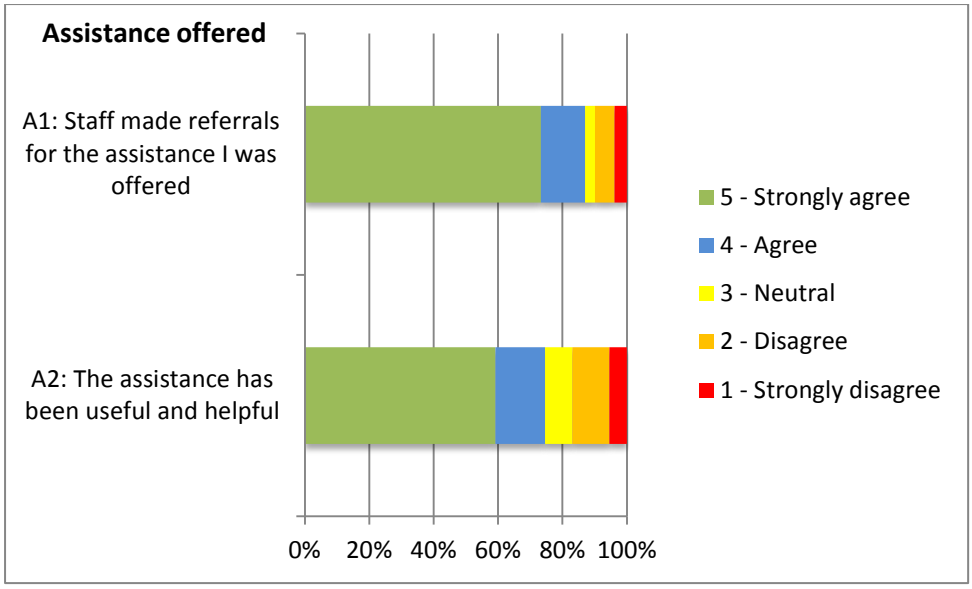
> *"All of the assistance offered was received. Counselling has been invaluable – thank you."*

2. The assistance has been useful and helpful

75% either strongly agreed or agreed with this statement.

> *"Since being given the opportunity to receive counselling, it has helped tremendously and I've felt I've made progress dealing with the past abuse-issues. I feel different and speak different as well; I believe it's the service that was provided for me. Thanks."*
>
> *"Obviously there has been no outcome or even consideration by HC at the MSD to date. I am hopeful that they may be able to assist in restoring me to a useful/productive member of society, which I would undoubtedly have become, but for my interactions with State Care."*

In this section, the percentage of clients who either 'agreed' or 'strongly agreed' was somewhat lower. This may reflect the reliance of the Service on partnerships with external stakeholders in Government and NGO agencies to provide the assistance that the Service brokered. The Service was able to strengthen the formal pathways for redress with other Ministries and Church organisations but the Service had no influence over outcomes or offers of settlements. In particular, clients have expressed frustration at the length of waiting time to settle claims with the Ministry of Social Development. As noted, in many cases clients have waited years for an outcome.



Achieving Closure (Overall)

One of the Terms of Reference of the Service is to 'assist participants to come to terms with their experience and to achieve closure, as far as is reasonable, within the context of the Service'.

We have tried to measure the success of this in four ways:

1. Asking for comment on three statements which reflect feelings of 'achieving closure'.
2. Providing an 'open comment' section.
3. Looking at improvement in well-being over time, determined by changes in clients' well-being self-report scores, as measured by the Outcome Rating Scale (ORS), before their Panel meeting and at the time of the satisfaction survey.
4. Considering the effectiveness of counselling through changes in clients' well-being self-report score as measured by the ORS at the beginning and end of counselling.

These four ways to assess 'achieving closure' are explained in more detail in the following section of this report.

Achieving Closure Questions

The three questions asked in the satisfaction survey were as follows:

1. My life feels more on track.

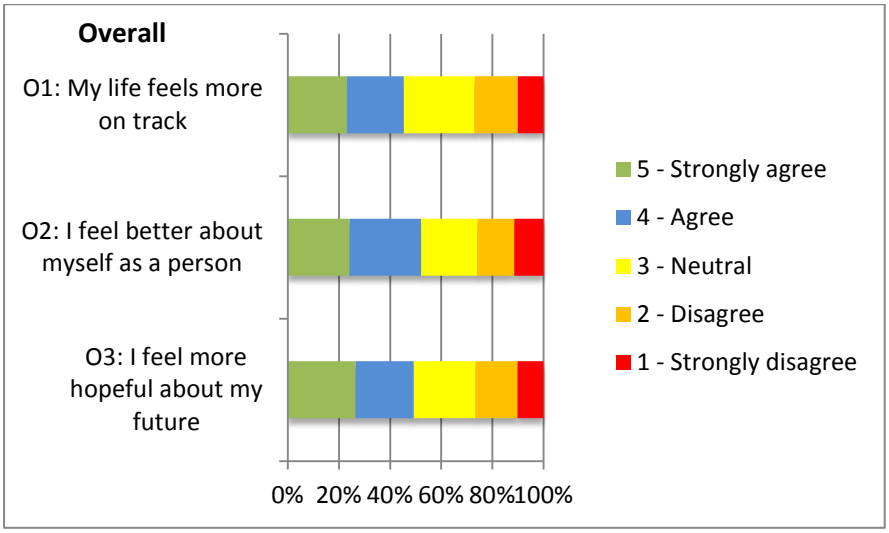
45.4% either strongly agreed or agreed with this statement.

2. I feel better about myself as a person

52.2% either strongly agreed or agreed with this statement.

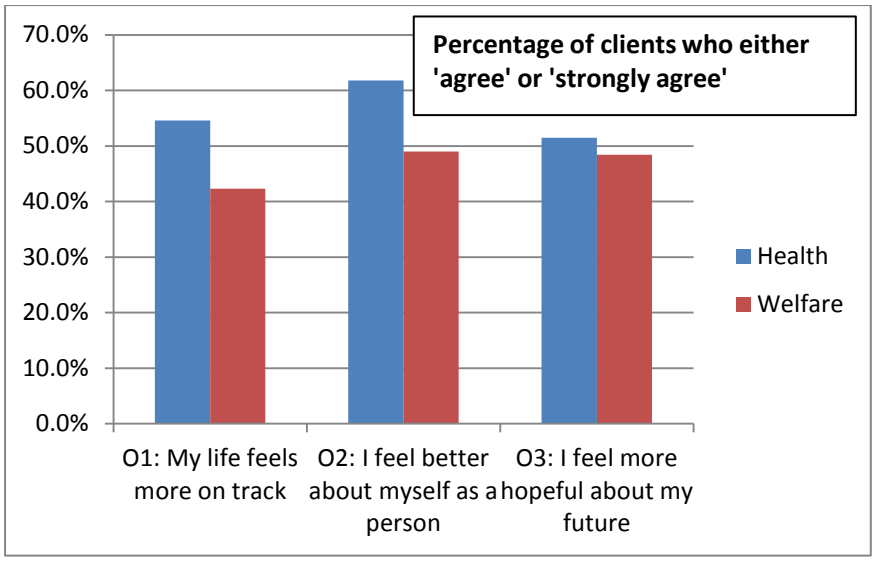
3. I feel more hopeful about the future

49.2% either strongly agreed or agreed with this statement.



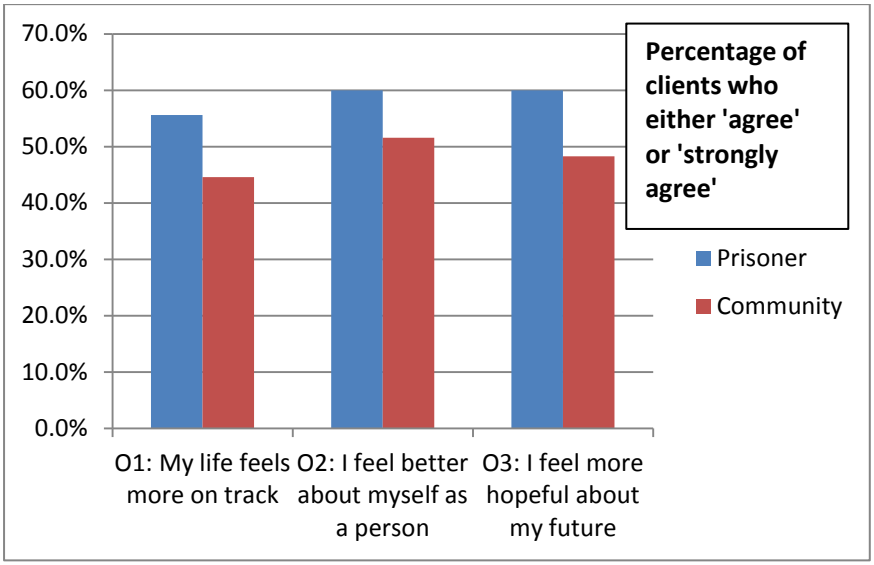
We were interested in understanding these mixed results. We further examined those clients who were reporting that they had 'achieved closure' by their positive responses to the questions in the survey. The results for those respondents who 'agreed' or 'strongly agreed' with the 'achieving closure' questions are shown below. For these respondents we looked at clients who had primarily psychiatric care concerns and compared them with those who had concerns about child welfare. We made another comparison for clients in the community and clients who were in prison at the time of their meeting with the Panel.

Health compared to Welfare achieving closure



These results show that overall clients who have primarily health concerns feel that they have achieved closure more so than clients with welfare concerns. This result may reflect the frustration felt by some welfare clients who have been waiting for a long time for settlement from the Ministry of Social Development.

Prison compared to Community achieving closure



Overall, the percentage of prisoners surveyed feel that they have achieved closure more so than clients who were in the community at the time of the panel meeting.

Examples of open comments

"If I hadn't had the opportunity to have assistance from this panel I would still be unheard and unhappy so the service has been invaluable."

"No, dealing with my past takes time, but I feel a lot better since I participated in the Panel Meeting. I do not blame myself any more for what happened to me when I was a teenager. Most importantly, that experience no longer dominates my life. I am very grateful for the opportunity to tell my story. I think the people I saw are influential in my life still - THANK YOU FOR LISTENING."

"The only issue I have is the amount of time it has taken to respond to assistance offered outlined on previous page. I had hoped a resolve would have occurred before the Service closes in 2015 and in doing so had a chance to personally thank the Panel. This would have also given the opportunity to talk about the healing process to date and answered the questions relating to the panel meeting, well-being rating and overall. It didn't need to be done separately to other service users if all in agreeance (sic)".

The Outcome Rating Scale (ORS) – clients' self-report of well-being

Client well-being was measured by the clients' self-report questionnaire used in the therapeutic setting, called the 'Outcome Rating Scale' (ORS). This measure is a brief, simple to use, and internationally recognised clinical measure of emotional well-being. It is used

widely in New Zealand, Australia, the UK, and the US in primary mental health and social care. (See www.heartandsoulofchange.com Barry Duncan and Scott Miller).

The ORS is a positively scored '4 item questionnaire' that has a range from 0 to 40, with the clinical cut-off for 'normal' population at 25.

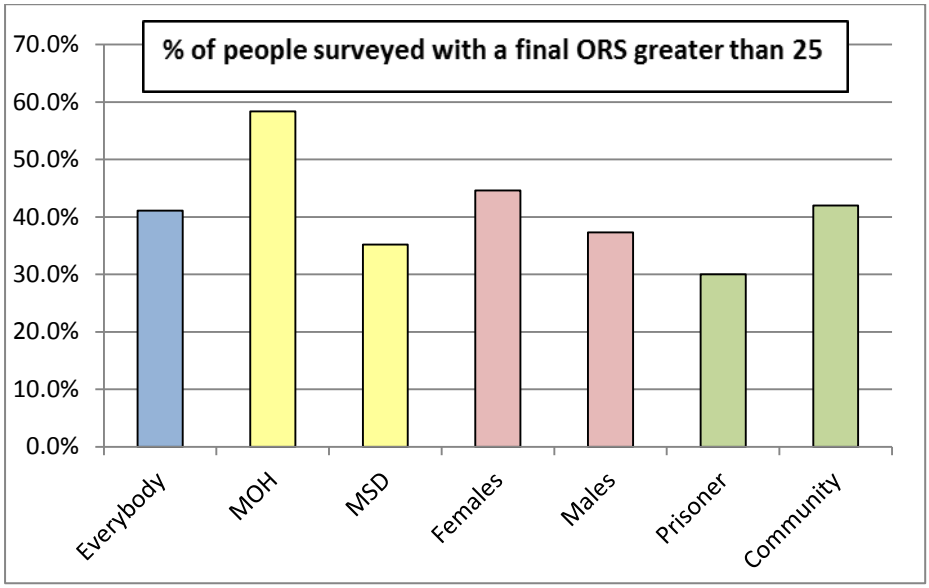
All clients attending the Service were asked to measure their well-being using the ORS before the Panel meeting, during funded counselling, and at the time of the survey ('Final ORS').

We had planned to offer the Satisfaction Survey to each client once counselling assistance was completed, ideally within 12 months of their panel meeting. We had confidence that changes in the ORS score would reflect improved well-being in that time-frame. However, due to circumstances, the Survey was not completed until towards the end of the Service. For some clients this was three or four years after they had completed their first ORS. Many clients had finished their counselling assistance months or even years before they received the Survey and many had been waiting with increased frustration for settlement of their claim with the Ministry of Social Development. This extended time-frame may well have affected the ORS scores at the time of the survey.

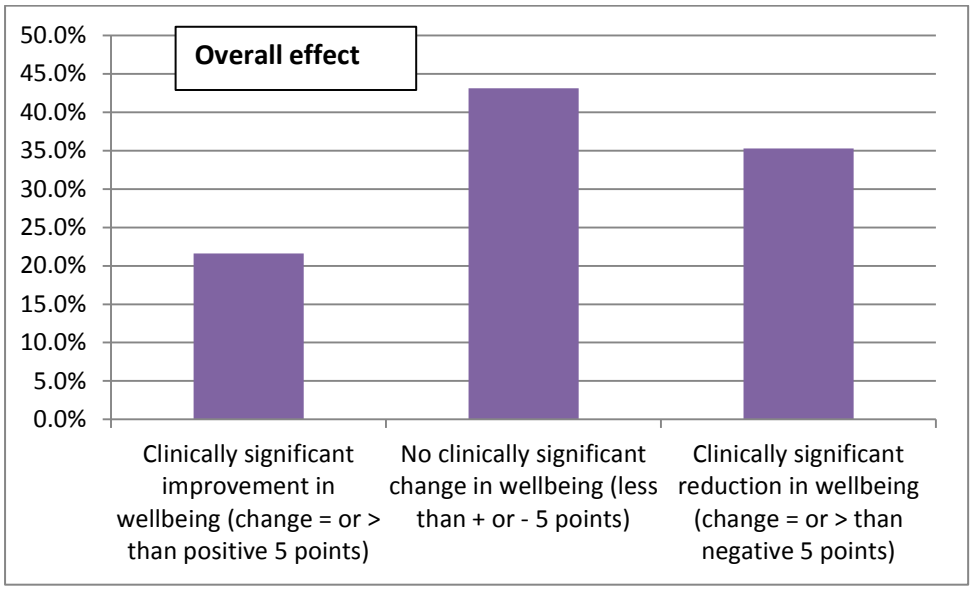
The results are presented below.

Results

The ORS has a range of 0 to 40 with the clinical cut-off for 'normal' population at 25. The graph below shows the percentage of clients surveyed who have an ORS of 25 or greater, which is further broken down into categories to show clients in health or welfare care, females and males, and those in prison or communities.

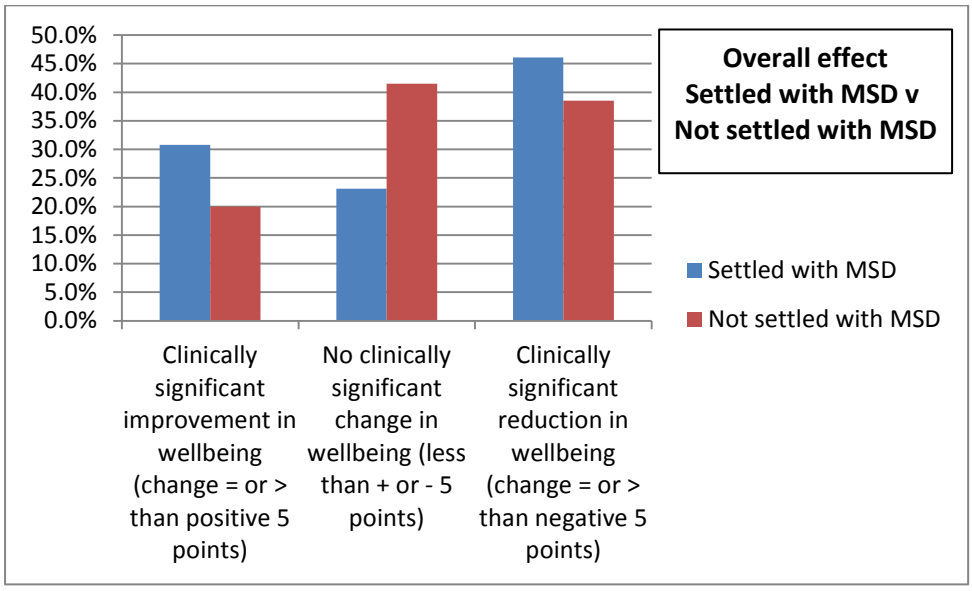


A change in the ORS score of 5 or more points is considered 'clinically significant' symptomatic change. A change in ORS score of less than 5 points is considered 'not clinically significant'. The results for clients surveyed are shown below.



There was a very large range from -26.7 to +25.2 points change. The graph shows that 22% of clients showed a clinically significant improvement in well-being from the beginning of attending a panel meeting to the time they were completing the Survey; 43% showed no clinically significant change; and 35% showed a reduction in well-being.

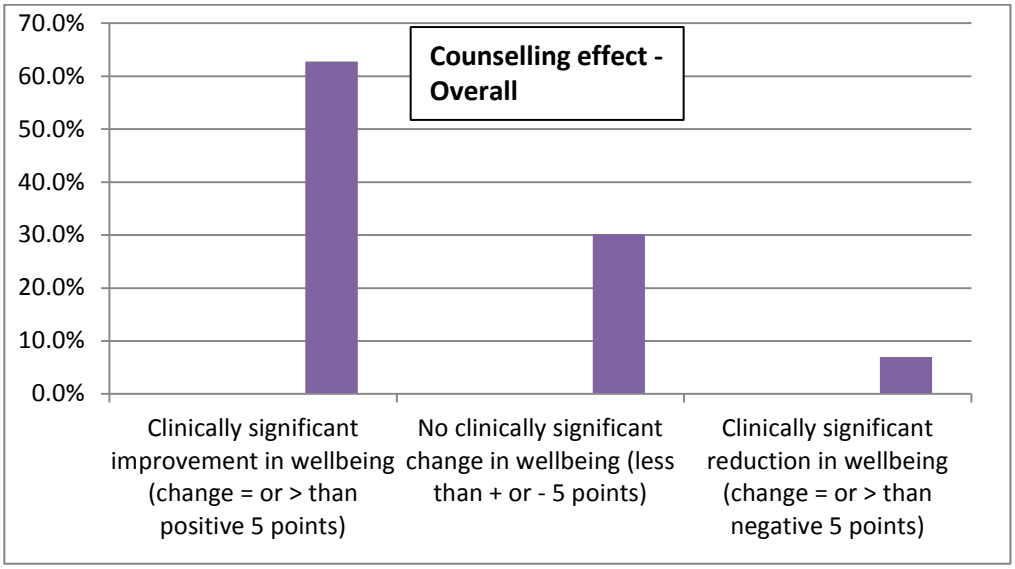
Further analysis was done to see if other factors were involved in this result. We compared those clients who had received a settlement from the Ministry of Social Development with those who are still waiting. From this it was apparent that a higher percentage of clients who have settled with MSD showed a clinically significant improvement.



Counselling Assistance – improving well-being

One of the most important direct roles the Service had in improving well-being for clients was through the funding of expert counselling assistance. To measure the effectiveness of counselling for those who responded to the Survey, we looked at changes in clients' well-being self-report scores, as measured by the ORS at the beginning and end of counselling.

It is important to remember that, in the counselling setting, a change in the ORS score of 5 or more points is considered a 'clinically significant' symptomatic change while a change in ORS score of less than 5 points is not considered clinically significant.



These results clearly show that for the majority of clients who received and finished counselling (63% of clients surveyed), there was a clinically significant improvement in well-being. Another 30% of clients reported no clinically significant change, and 7% of clients reported a reduction in well-being.

Conclusion

We acknowledge the limitations in drawing any definitive results from a Survey that was sent to a percentage of clients. Whilst all of those surveyed had been in the care of the State in the past, had attended a panel meeting and had been referred to and completed counselling, there were any number of variables happening in their lives when they completed the Survey. The legacy of effect of their time in State care had often led to chaotic lives, affected by drug and alcohol abuse, times of imprisonment, economic hardship, unemployment, homelessness, relationship difficulties and failures and any manner of crises. It would be wrong to draw any sort of straight line from the questions asked in the Survey to conclusions and generalisations. However, with caution, we will discuss some tentative outcomes from the Survey.

Participation in meeting with the Panel and being part of the Service processes seems to have been helpful. Whilst clients were, understandably, nervous, afraid, and sometimes distrustful, they told us of feeling they had been listened to, understood and believed. For

some, this was the first time they had felt they could tell their story in an environment where they were not judged and where they were believed. The Panel did not cross-examine clients or dispute their story. They listened as clients told their accounts of their lived experience.

Many clients asked that the Service make a referral to the Ministry of Social Development and, in much smaller numbers, the Ministry of Health on their behalf; asking for an investigation with a view to accountability being shown by an apology and financial settlement. These referrals were always made very soon after the panel meeting. The Ministry of Health responded to referrals quickly, often with settlements reached within weeks. The Ministry of Social Development has not been able to offer settlements in a timely manner and many were still waiting several years after the panel meeting. The positive effect of a panel meeting may have been short-lived when followed by a very lengthy wait for the referral to be actioned. For many clients, this might have been seen as yet another example of being let down, after a lifetime of broken promises.

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