

**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY
MARYLANDS SCHOOL**

Under The Inquiries Act 2013

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

Royal Commission: Judge Coral Shaw (Chair)
Ali'imuamua Sandra Alofivae

Counsel: Ms Katherine Anderson, Mr Simon Mount QC, Ms Kerry Beaton QC, Ms Jane Glover, Ms Anne Toohey, Ms Kima Tuiali'i, Ms Julia Spelman, Mr Winston McCarthy, Ms Echo Haronga, Mr Michael Thomas and Ms Kathy Basire for the Royal Commission

Ms Rachael Schmidt-McCleave, Ms Julia White and Mr Max Clarke-Parker for the Crown

Ms Sonja Cooper, Ms Amanda Hill, Mr Sam Benton, Ms Alana Thomas and Mr Sam Wimsett as other counsel attending

Venue: Level 2
Abuse in Care Royal Commission of Inquiry
414 Khyber Pass Road
AUCKLAND

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TRANSCRIPT OF PROCEEDINGS

1 **CHAIR:** So, a small pause while we get the AVL sorted.

2 **MS GLOVER:** That's correct.

3 **CHAIR:** Happy to sit and wait. Excellent, I think we have lift off.

4 **MS SCHMIDT-McCLEAVE:** Thank you, Madam Chair. And tēnā kōrua, Mr Galvin and
5 Ms Hrstich-Meyer. So, if I can introduce the Commission to our two new witnesses this
6 afternoon. On the left on the screen is Mr Peter Galvin from Oranga Tamariki and
7 Ms Hrstich-Meyer who I believe you've met before from the Ministry of Social
8 Development.

9 So, I'll hand you both over to the Chair to take the affirmation. Just before I do, I'll
10 just remind you that you are being transcribed and we have some fabulous sign language
11 interpreters as well, so please remember to speak slowly and clearly, thank you.

12 **CHAIR:** Good afternoon to you both and thank you so much for joining us even though it's
13 remotely and it's good to see you both.

14 **ORANGA TAMARIKI AND MINISTRY OF SOCIAL DEVELOPMENT**
15 **PETER ALVIN AND LINDA LJUBICA HRSTICH-MEYER (Affirmed)**

16 **CHAIR:** Thank you both very much, I leave you now with Ms Schmidt-McCleave.

17 **MS SCHMIDT-McCLEAVE:** Thank you Madam Chair. And I have discussed with my friend,
18 Ms Haronga, the timing. It's slightly unusual with two witnesses so I'm going to take my
19 half hour, lead each of them through their briefs of evidence and then hand over the pair of
20 them to Ms Haronga and the Commission for questioning.

21 **QUESTIONING BY MS SCHMIDT-McCLEAVE:** So, I'm going to start with Ms Hrstich-
22 Meyer. Tēnā koe, Ms Hrstich-Meyer.

23 **MS HRSTICH-MEYER:** Afternoon.

24 **MS SCHMIDT-McCLEAVE:** Can you please state your full name for the Royal Commission
25 and your role at the Ministry of Social Development?

26 **MS HRSTICHMEYER:** Linda Ljubica Hrstich-Meyer, I'm the General Manager of Historic
27 Claims at MSD, Ministry of Social Development. I'm responsible for the strategic
28 oversight and management of claims, of abuse against children in the care of the Ministry,
29 prior to 1 April 2017.

30 **MS SCHMIDT-McCLEAVE:** And how long have you been employed by the Ministry?

31 **MS HRSTICH-MEYER:** Over 20 years, about approximately three to four years in this role.

32 **MS SCHMIDT-McCLEAVE:** Now you've prepared for the Royal Commission a brief of
33 evidence which summarises information provided by your Ministry to, in response to

1 notices to produce 202 and 302. Do you have a copy of that brief of evidence with you in
2 Wellington?

3 **MS HRSTICH-MEYER:** Yes, I do thank you. Yes.

4 **MS SCHMIDT-McCLEAVE:** So, you will be mindful of our – we're running slightly behind
5 time, so I don't propose to have you read that out in the time available, the Commissioners
6 have that, and they have read it, but I'm going to just take you through some of the key
7 points from your brief.

8 So, can you first describe your role as General Manager of historic claims.

9 **MS HRSTICH-MEYER:** So, my role is responsible for the strategic oversight of the operations,
10 and I think the important thing is, whilst we began in 2007 with a number of reforms, prior
11 2018, and I provided quite a lot of evidence at the redress hearing that we did a detailed
12 assessment which can take up to six weeks or more for one claim and it was quite a fact-
13 based exercise where we had to determine whether there was sufficient information to take
14 an allegation into account. Then we had the two-path approach which was a one-off –

15 **CHAIR:** Just slowing down – sorry, you –

16 **MS SCHMIDT-McCLEAVE:** Yes, if you could just try and slow down a little Ms Hrstich-
17 Meyer.

18 **CHAIR:** Just do take a breather every now and again, please. Yes, sorry.

19 **MS SCHMIDT-McCLEAVE:** Right, no problem at all.

20 **MS HRSTICH-MEYER:** Sorry I can't see the signers as I did last time, which was a good
21 prompt. But my apologies. So, we had the two-path approach which was a one-off Fast
22 Track approach which was to reduce the backlog and that, and I'll talk a little bit more
23 about that.

24 In November 2018, we started a new process where we reduced the evidential
25 burden and we – the aim was to acknowledge a person's experience without doing a
26 detailed assessment, but only for the more serious allegations.

27 **MS SCHMIDT-McCLEAVE:** And as you've noted, you have given more detailed evidence on
28 those two approaches, or the change in approach as part of the redress hearing, where
29 obviously with the current hearing dealing with allegations in relation to faith-based care,
30 can you outline for the Commission the Ministry's current approach in responding to
31 allegations relating to faith-based care under your historic claims?

32 **MS HRSTICH-MEYER:** Yes, so we're talking about post-November 2018, which was a
33 combination of a number of processes, but the, potentially the better parts of those. And
34 what we do in relation to that is that we look at the assessment and the purposes of

1 determining what, you know, whether we can acknowledge it. And it isn't as evidential as
2 some of the earlier ones.

3 I think the big thing from that newer process for claimants and survivors, is that –
4 so, for example, in relation to faith-based institutions, NGOs [non-governmental
5 organisation], we, as well as looking at whether there are practice failures, we also look at
6 whether there is any inaction in relation to the work of the social worker so that we – and
7 then we look at the level of harm or abuse that has occurred from that. And I won't go into
8 that in a lot of detail other than to say that there is a matrix and that was explained in the
9 redress hearing, but I think the really important thing is that that provided that inaction part,
10 which was missing from the previous – certainly from the assessment, the full one.

11 So for example, so if, for example, there was a high level of inaction contributing to
12 extreme abuse in the context of chronic, wide, practice failures, that might, you know,
13 provide a significant high amount than you would perhaps get under the two-path approach,
14 or – but the other thing to remember is, so we had three periods of time, so we're talking
15 about now where we do look – we look at the degree of connection that we have with that
16 person. So, where a child had no involvement with Social Welfare and was abused by their
17 parent, we would not treat this as a failing, if we had no awareness of it, or report of it.

18 At the other end of the continuum is where an allegation is made by a person who
19 was in our custody. So it's talking about a degree of responsibility under that, 20-, pre2018
20 long assessment, we would not include abuse by, for example, the church, but we would
21 look at practice failures, and the two-path approach, we took a wider view, and in relation
22 to the current process, which I started with and then went back to the others, we would
23 certainly look at that element of inaction as to whether or not the actions for the purposes of
24 the claim did cause harm. But some – but so we look at the degree of connection and also,
25 we look at the church or the NGO had potentially paid out.

26 **MS SCHMIDT-McCLEAVE:** And I think in your brief you describe that new process you've
27 outlined, which is less, as you note, less detailed as the Ministry taking a more nuanced
28 approach – is that right?

29 **MS HRSTICH-MEYER:** Yes, and I suspect I haven't explained it as articulately as I had in my
30 previous redress brief, but it is actually set out there in quite a lot of detail.

31 **MS SCHMIDT-McCLEAVE:** Yes, and the Commissioners do have that as well as your current
32 brief.

1 So then moving on then, was there anything else you wanted to say in general about
2 the MSD approach to allegations at faith-based institutions before we move on to
3 Marylands in particular?

4 **MS HRSTICH-MEYER:** The one thing I did want to say right at the beginning, and I feel a little
5 remiss for not doing this, is that I have listened to all the survivors that had MSD
6 involvement, I've looked at their briefs and I've also looked into their circumstances and
7 their claim, and I have found – I would just like to say thank you and also acknowledge
8 their courage to actually give that evidence, and, you know, to bring this information to
9 light. So, I'd just like to say thank you to all those survivors that we have heard from
10 during this. And also, Ken and, you know, the others who have also provided support to
11 those survivors.

12 **MS SCHMIDT-McCLEAVE:** Thank you, and as part of that listening that you've done – and I
13 will take you to this in a moment – you have, as I understand it, followed up on a couple of
14 issues that we will discuss; is that right?

15 **MS HRSTICH-MEYER:** Yes, I have.

16 **MS SCHMIDT-McCLEAVE:** Thank you. So, moving then to Marylands itself. Has, or can you
17 please outline the claims of abuse that the Ministry has received which involve Marylands?

18 **MS HRSTICH-MEYER:** Yes, I can. So, there are six case studies from my understanding. So,
19 we had three that relate, that were assessed under the full assessment process, Mr DI,
20 Mr MI and Mr Akula, and so those assessments would have occurred under that full
21 assessment process in each of those cases. And bearing in mind that our assessment
22 process looks at the claim in totality and that it won't necessarily just – sadly, the
23 Marylands claim it will be in relation to all the placements. So, in those three cases,
24 bearing in mind that Mr MI rejected a two-path approach offer and went through the full
25 assessment process, is that in those three cases we made payment for practice failures, but
26 not for the church.

27 And there are three – there are a number of reasons for that and bearing in mind this
28 is the thinking at the time, is that many faith-based institutions had their own processes.
29 There was a view that it's not appropriate to receive multiple payments for the same
30 allegation of abuse. We're not in a civil context where we're looking at joint tortfeasors and
31 trying to apportion that.

32 The other thing is that we presume that the church would have the documentary
33 records, and lastly that it's more appropriate to get an acknowledgment and apology from
34 that particular organisation. So that relates to those that were under the full assessment.

1 In relation to two-path approach, which was the one-off assessment, there was three
2 claimants: Mr Ku, Mr GRO-B and the last one, he's been regularly referred to by his full
3 name, but I notice that he does have a – I'm just trying to see what his alias is, Mr DF.

4 So, in relation to Mr DF, who received \$5,000, it was the lowest category, and part
5 of the reason for that is that his claim had insufficient particulars, even when sexual abuse
6 is referred to, and so I've gone through his circumstances in detail and also listened to what
7 he said.

8 Now by listening to him, and certainly there was a lot more evidence that came out,
9 that I would like to – and I have advised Cooper Legal today, is that there are a number of
10 new allegations that were in relation to various places, and some of them were quite serious
11 such as physical abuse that were not previously assessed. We have offered to Cooper Legal
12 that Mr DF is very welcome to put in an application to lodge a new claim in relation to
13 those allegations that weren't referred to.

14 Bearing in mind this is not revisiting the claim he made under the two-path
15 approach, it's the information that has been provided. And then we'll go through, if Mr DF
16 and counsel want to do that, we will look at why he felt he wasn't able to do it at the time,
17 what he understood the scope and a whole lot of other factors. But Cooper Legal are very
18 familiar with that process. So, I would hope that Mr DF considers that.

19 **MS SCHMIDT-McCLEAVE:** Thank you. And while we're on that topic of steps you've taken
20 after hearing the survivor evidence, did you hear the evidence of Mr DG last Thursday?

21 **MS HRSTICH-MEYER:** Yes, I did thank you.

22 **MS SCHMIDT-McCLEAVE:** Is he one of the six that you've just referred to?

23 **MS HRSTICH-MEYER:** No, he isn't, and the reason he wasn't included is that he lodged a claim
24 under our new process in January 2021. So, his claim has not been assessed, but I would
25 like to reference that we did have – we've had quite a bit of contact with Mr DF.

26 The latest–

27 **MS SCHMIDT-McCLEAVE:** Mr DG.

28 **MS HRSTICH-MEYER:** Sorry, Mr DG, my apologies. So, we had a number of contacts
29 through the year, in April we made contact, in July we made contact, they were, they were
30 in order to do a wellness check to see how he was getting on and there were a number of
31 missed calls, so I haven't even called those out. But the last one on 14 January 2022 was a
32 three-monthly welfare check.

33 We asked him what his concerns were, we gave him the number again for the
34 Catholic Church, and we noted in our engagement log that he advised us that no supports

1 were currently needed. So, we haven't assessed his claim, but we certainly have been
2 checking in for those wellness checks.

3 **MS SCHMIDT-McCLEAVE:** And just on that, I know you address this more fully in your
4 previous evidence, but as part of this new process you've outlined, are those welfare checks
5 standard now for MSD?

6 **MS HRSTICH-MEYER:** It is something that we've put into place and bearing in mind that we
7 look at what a claimant wants or needs. Some people don't want that contact. In this case
8 the claimant did want the contact, so that contact occurred in April, July, and January. And
9 there were a couple of others which we had no – we couldn't get in touch with them.

10 **MS SCHMIDT-McCLEAVE:** Just a couple more questions before I move on to your colleague,
11 Mr Galvin. I'm just referring to footnote 3 which is in your written brief of evidence, and
12 you state there that it is possible due to the way that claims are recorded in the historic
13 claims database that other claims relating to allegations of abuse at Marylands may have
14 been registered but will not be reflected in the database until the claims have been assessed.
15 So, the situation you've just been outlining with Mr DG, is that an example of what you've
16 said in footnote 3?

17 **MS HRSTICH-MEYER:** Yes, it is, because – and particularly for direct claimants that come to
18 us direct, we most recently try and not ask for too much information to retraumatise them,
19 so we try and get as much information in order to determine whether they have a claim that
20 falls within our process. And that may mean that we don't have all the information about
21 all the placements.

22 So, we actually log all that information when we're ready to do the assessment, we
23 will go through and add in all those names. So that is exactly why this claimant didn't
24 come up in our search for Marylands.

25 **MS SCHMIDT-McCLEAVE:** And I take it then from what you're saying that there may possibly
26 be others that, because of just the way that is recorded?

27 **MS HRSTICH-MEYER:** Possibly.

28 **MS SCHMIDT-McCLEAVE:** Thank you.

29 **MS HRSTICH-MEYER:** Yes.

30 **MS SCHMIDT-McCLEAVE:** Just before I move on to Mr Galvin, is there anything else you'd
31 like to say to the Commission?

32 **MS HRSTICH-MEYER:** Not at this point thank you.

33 **MS SCHMIDT-McCLEAVE:** Well, thank you, Ms Hrstich-Meyer. Tēnā koe Mr Galvin.

34 **MR GALVIN:** Tēnā koe.

1 **MS SCHMIDT-McCLEAVE:** Your full name is Peter Bernard Galvin?

2 **MR GALVIN:** Correct.

3 **MS SCHMIDT-McCLEAVE:** And you were the General Manager of Partnering for Outcomes at
4 Oranga Tamariki?

5 **MR GALVIN:** Yes.

6 **MS SCHMIDT-McCLEAVE:** How long have you held that position and how long have you
7 been employed at Oranga Tamariki and its predecessors?

8 **MR GALVIN:** I first joined the Ministry of Social Development in January of 2014 with the
9 office of the Chief Policy Advisor. I was in that role and a couple of other roles where I
10 was covering, including as a General Manager for policy of Community, Family and
11 Young People and was also then the General Manager for what was called Community
12 Outcomes and Services, which was the funding and relationship management arm of the
13 Ministry for its relationship with funded social service organisations.

14 I was in that role when the review of the sufficiency into child Care and Protection
15 system was carried out and the new Department, Oranga Tamariki, was established as a
16 stand-alone entity, and the new legislation was introduced, I got a – was able to secure a
17 role there, my current role there in just, in May 2017.

18 So, I was with either the Ministry or Oranga Tamariki through that change process
19 and have been there since.

20 **MS SCHMIDT-McCLEAVE:** Thank you. And can you describe what your role as GM of
21 Partnering for Outcomes involves?

22 **MR GALVIN:** Sure, there's two parts to it. One part is I have responsibility for the relationships
23 we have with what we call national providers, so that's organisations that have a national
24 function, so they might be specialist groups which provide support across the country, or
25 they might be large NGOs who have a presence around the country in their own offices.

26 And then I also have responsibility for how we take opportunities to work with
27 those same partners on a sector-wide level, so trying to advance collective sector interests.
28 So, for example, issues around workforce, you know, that we have a shared challenge there,
29 other more topical issues like information sharing and how do we better share information
30 between Oranga Tamariki and the NGOs.

31 **MS SCHMIDT-McCLEAVE:** And like Ms Hrstich-Meyer, you've prepared for the Commission
32 a brief of evidence and that summarises information provided by Oranga Tamariki in
33 response to a number of notices to produce. I understand you yourself provided one of

1 those responses and your colleague provided the others, but you're familiar with the content
2 of all of those – is that correct?

3 **MR GALVIN:** Yes.

4 **MS SCHMIDT-McCLEAVE:** I'm very mindful of time and the comparative length of your brief,
5 so I'm not going to, again, propose to have you read through that, the Commissioners have
6 a copy and have read it, but just to take you through some of the key points.

7 Perhaps if we start by a brief reference to the responses to the notices to produce
8 that have been provided and summarised in your brief. Can you outline what these were
9 based on and if there's other, potentially other information that could exist out there?

10 **MR GALVIN:** Indeed, and so we conducted a review of documentation, information, and records
11 we held about the Hospitaller Order of the Brothers of St John of God in particular. We
12 also looked at our own administrative material concerning the general policies and practices
13 that were present, you know, that we could find from that time from 1955 forward. And
14 then we were – with the information provided by the Commission we were able to do a
15 review of the 152 cases of children or young people that we'd understood had some
16 association with the formal Care and Protection body at that time. And we did a sample of
17 those, about a fifth of them, so 35 of those we had a closer look, and we were able to
18 establish from that that there were 12 of those 35 where there was that formal relationship
19 with the State at the time that the child or young person was attending Marylands.

20 There are inherent limitations in what we're able to be able to discover out of our
21 own review of files and interrogating the databases that we have, which are a mix of hard
22 copy and digitised and electronic information. So, it's possible that information might sit in
23 other files, either administrative files or the like that could pertain to this.

24 So, you know, but it's – we've done as much as we can, you know, and we've been
25 very diligent in trying to do as much as we can for the Commission's work.

26 **MS SCHMIDT-McCLEAVE:** And just to be clear on those numbers you mentioned, so your
27 review was of 35 case files of the 152 individuals who had attended Marylands and whose
28 file had indicated some form of involvement with Oranga Tamariki and its predecessors –
29 is that right?

30 **MR GALVIN:** Yes.

31 **MS SCHMIDT-McCLEAVE:** Thank you. So, I want to jump forward in your brief now and talk
32 about the nature of the regulatory framework for those in State care and placed in faith-
33 based institutions at the time, and you speak in your brief about the overarching framework

1 in that regard. I'm mindful there is a lot of detail in your brief, but could you please
2 summarise that framework for the Royal Commission?

3 **MR GALVIN:** Certainly. From the work we did we established that there were, over time, four
4 different pieces of legislation that guided who had the formal statutory responsibility for the
5 Care and Protection function for children who had been brought into the care or
6 responsibility of the State. They're listed in my brief.

7 I think there's a consistent sort of theme in them which is the, you know, the Head
8 of the Department when it was a function within the Ministry, or the Department of
9 Education, or the Director-General of the Department of Social Welfare was the person
10 who was charged with the responsibility for the care of that child. And there is information
11 in my brief about how that role was expected to be discharged.

12 And the thing I take from the policies at the time was that the, that role was very
13 much akin to being a parent, you know, that you had the best interests of the child or young
14 person at heart, but that you are looking to make arrangements for their care that would,
15 you know, give them the best chance in life.

16 **MS SCHMIDT-McCLEAVE:** And what about the frameworks for placements specifically into
17 boarding schools and faith-based institutions?

18 **MR GALVIN:** Yeah, so I think that analogy extends into that situation too. Because those
19 institutions were private institutions, they were, you know, they were schools, and so our
20 interests in those institutions was very much akin to what a parent's interests would be, in
21 that, you know, we were concerned, we'd be interested in how well the children in our care
22 or the care of the Superintendent or the Director-General was being provided for and, you
23 know, how they were – how well they were going and that was the, you know, particular
24 interest that we had.

25 My brief also notes that for completeness's sake, those, both those institutions,
26 either the Department of Education or the Department of Social Welfare, would still be the
27 responsible agency for investigating any allegations of abuse at that institution as well, that
28 came, that surfaced.

29 **MS SCHMIDT-McCLEAVE:** And to be clear on that last point, in relation to – are you saying in
30 relation to those for whom the organisation had a role, or more generally?

31 **MR GALVIN:** I mean more generally, so if there was an allegation of abuse which was brought
32 to their attention, they would have responsibility for investigating it.

33 **MS SCHMIDT-McCLEAVE:** Thank you. So, I'd like to move now to the framework for
34 admission and monitoring of State wards at Marylands in particular, and again,

1 Commissioners have got your brief and there is a large amount of detail in that. But if you
2 could please summarise what that framework was please, Mr Galvin?

3 **MR GALVIN:** So each child that was being considered for placement into Marylands was
4 already in a – where they were already in our care, would have had a local social worker
5 who was responsible for their case and they would make application for that child or young
6 person to be able to attend Marylands, you know, given its – the education service it
7 provided and the children who it was, you know, set up to support. That application would
8 be made through the Head Office and then approval given, and then the relationship
9 endured between the, what they call the “home social worker” and the young person,
10 though there was also a, it appears, a liaison officer who was based in the Christchurch
11 office who had a relationship directly with Marylands as well, and so there were, you know,
12 monitoring expectations from the – on the home social worker in terms of keeping touch
13 with the young person, and also supplying information back to Marylands on the,
14 particularly towards the end of the long, you know, summer holiday about how that child
15 had fared over that long break, and similarly there was an expectation that the school would
16 provide information back to the home social worker as well, so that they could, you know,
17 inform each other about priorities(?).

18 **MS SCHMIDT-McCLEAVE:** And you speak in your brief about visits. What were they and did
19 these occur in relation to Marylands?

20 **MR GALVIN:** Yeah, so that was the main focus of the exercise we did in terms of reviewing the
21 case files, and the expectation, they, they sort of overlap from what I have understood from
22 the information we obtained. So, there was a fairly standard expectation that any child in
23 care would receive, you know, on average four visits a year, generally they were timed
24 throughout the year but not necessarily. I think a boarding situation where there was some
25 removed from where they would normally, you know, their parents – or they were normally
26 domiciled – would make that tricky. But alongside that there was also the expectation if
27 they were placed in Marylands that there would be an annual report generated on the
28 progress of that child and that there would be certainly the visits that were signalled in
29 terms of towards – in each of the school term breaks and then towards the end of the
30 summer holiday as well.

31 Our files did show that those visits, of the files we reviewed did occur, on average
32 about four times a month. As I said, their timing and, might have varied, I suppose,
33 depending on opportunities where the child was placed.

1 **MS SCHMIDT-McCLEAVE:** And your reference there to "four times a month" should have
2 been "four times a year" from what you said earlier?

3 **MR GALVIN:** Sorry, four times a year, yeah.

4 **MS SCHMIDT-McCLEAVE:** And you also talk in your brief, and you've touched upon it now,
5 about the progress reporting, was there any guidance for social welfare staff in reporting for
6 those State wards?

7 **MR GALVIN:** There was. It was fairly high level. They said that the guidance suggests that they
8 should provide information on their general well-being and how they're coping with school
9 life. They said that they don't necessarily have to be as particular as a social worker's
10 monitoring visit report, but they should generally address progress.

11 **MS SCHMIDT-McCLEAVE:** Now I'd like to move on now to the part of your brief dealing with
12 the Hebron Trust. Can you outline the framework, in summary, the framework for
13 approval and monitoring of that trust?

14 **MR GALVIN:** So, at the time there was an entity called the Community Funding Agency which
15 was a separate entity but sort of a part of the wider departmental structure for Social
16 Welfare, and that was the organisation that had responsibility for, the term I think we use
17 now is "accrediting" that organisation as being one that could provide services for children
18 in the care of the Chief Executive. And that was provisions that were brought through in
19 the Children, Young Persons and Their Families Act, and there were particular sections
20 which were referenced.

21 So, the process would be that any organised, community-based organisation, could
22 make application to the Community Funding Agency to be a provider of services to a
23 specified group and that they would conduct an assessment, there was a District Committee
24 structure to help make that informed choice. There were particular criteria that were
25 applied to that decision and then – which are covered in my brief – and then the
26 organisation was approved as an accredited provider. And from that point forward there
27 would be the funding sought to be made available to the organisation and there would be
28 monitoring visits that would follow-up the delivery of the services that were being funded
29 to ensure that they were being provided.

30 **MS SCHMIDT-McCLEAVE:** I'd like to move now to allegations of abuse specifically at
31 Marylands School. Have you been listening to the survivor evidence over the course of this
32 hearing?

33 **MR GALVIN:** I have listened to parts of it, I've read and read summaries of them.

1 **MS SCHMIDT-McCLEAVE:** Was there a process for complaints which existed at the time of
2 Marylands?

3 **MR GALVIN:** Yes, there was in terms of the manuals for the social work practice that they – the
4 manuals suggested that the social worker upon receiving a complaint should investigate
5 those complaints. There was guidance about, you know, the degree to which they should
6 apply themselves to that.

7 **MS SCHMIDT-McCLEAVE:** And the – was there a process for complaints at the time of the
8 Hebron Trust?

9 **MR GALVIN:** Yes, there was, so bearing in mind too that the Hebron Trust was an accredited
10 provider, so it wasn't necessarily our social workers who were working with those children.
11 So, the expectation of any – from what we can find from the file at that time was that any
12 organisation that was accredited needed – a part of that was that they also had to have a
13 process for managing those complaints. So that was over to them to determine.

14 **MS SCHMIDT-McCLEAVE:** So, in the Oranga Tamariki review of files that you've described,
15 and which is detailed in some of the responses to the notices to produce, what was found in
16 relation to the disclosure of abuse at Marylands? And also, the Hebron Trust?

17 **MR GALVIN:** So, in the files we reviewed we found two instances where disclosures were made
18 about sexual abuse, and they're detailed in my brief. One was that there was a – one of the
19 boys was sexually abusing other boys, and there's a record on the file about how that
20 progressed, and in the other instance there's a record – there's a record of the allegation but
21 there's no further information on that file that we could identify.

22 **MS SCHMIDT-McCLEAVE:** What about the Hebron Trust, was there anything identified in
23 that review?

24 **MR GALVIN:** The best information we have about the Hebron Trust comes from a note that was
25 prepared, I think it's been referenced already earlier today, by the General Manager of the
26 Community Funding Agency which outlined the sequence of events around May of 1992
27 where there was, through until August 1992, where it was seen that the Community
28 Funding Agency was –there was an allegation made from – to the Child Youth and Family
29 part, it would seem, of that network of Department of Social Welfare, but that that
30 complaint wasn't made visible to the Community Funding Agency group. And that they
31 only became aware of that particular complaint or series of complaints against Brother
32 McGrath until much later in October, I think, or after October where it became more public
33 that the Police were prosecuting him.

1 **MS SCHMIDT-McCLEAVE:** I'm aware, Mr Galvin, that your evidence until now has been
2 based on what Oranga Tamariki has in effect been able to deduce from DSW [Department
3 of Social Welfare] records. You set out in your brief in some detail, and I'm very conscious
4 of time, and Ms Haronga is chafing at the bit, I think, to question you, so I will refer the
5 Commission to the detailed evidence you've given as to the changes over time and the
6 safeguarding and oversight of third party providers, but just to finish off, can I ask you, are
7 there any special residential schools – in light of what you've just said – which you have set
8 out in your brief, are there any special residential schools operating today which children in
9 the care of Oranga Tamariki might attend, and if so how are these assessed and monitored?

10 **MR GALVIN:** Special residential schools, as I understand it there are three of them, and it's
11 technically, you know, possible that a child in the care of the Chief Executive of Oranga
12 Tamariki could be referred to them. I understand currently there is no child in the care of
13 Oranga Tamariki who attends that school. In terms of the oversight of the functioning of
14 the school, it's similar to the broad arrangements that existed through this period of
15 investigation in that Oranga Tamariki is not responsible for the functioning or the oversight
16 of the school, it's responsible for the, and the interests of the child who's attending the
17 school, and the functioning of the school falls within the structures that are set out, you
18 know, and managed by the Ministry of Education, and the various mechanisms they have
19 for managing and overseeing the performance of schools.

20 **MS SCHMIDT-McCLEAVE:** And I'd also draw the Commission's attention to the piece in your
21 brief which refers to the National Care Standards in 2018, and the changes to the Oranga
22 Tamariki Act coming into force in July 2019, so in the interests of time I won't ask you to
23 go through those, but they are all there in your brief. So finally, Mr Galvin, is there any
24 external oversight and monitoring of Oranga Tamariki itself?

25 **MR GALVIN:** Yes, there is. Currently there's the Independent Child Monitor that's been
26 established and it's just released a report recently on our ability to deliver against the
27 National Care Standards in terms of children who are in our care. There's also the Office of
28 the Children's Commissioner which still has a few different roles in terms of advocating for
29 the interests of children, as well as doing thematic reviews of the care and support of
30 children that we manage. And I think there is also a full role for the Ombudsman as with
31 any other agency of state.

32 **MS SCHMIDT-McCLEAVE:** Government agency, yes. Thank you, Mr Galvin, is there
33 anything you'd like to say in conclusion before Ms Haronga questions you and Ms
34 HrstichMeyer?

1 **MR GALVIN:** Certainly. No, only to, as my colleague has done as well, and others have done, is
2 to acknowledge both the pain and the courage of the survivors who have come forward.
3 For me the key part of, often what they say is a hope that, we might, and the system might
4 have learned from their experience, and I do believe that there is good things that are now
5 in place in the system that perhaps weren't there at the time when these terrible things
6 happened. And that said though, I know that we have a culture at Oranga Tamariki of
7 wanting to continue to learn and to grow. So, we look forward to whatever advice or
8 insight the Commission can provide us.

9 **MS SCHMIDT-McCLEAVE:** Ngā mihi ki a kōrua, I'll pass you to Ms Haronga now to answer
10 questions.

11 **CHAIR:** Tēnā koe, Ms Haronga.

12 **MS HARONGA:** Tēnā kōrua e te Kōmihana, tēnā kōrua e te tario(?) o Pōneke.

13 Madam Chair, I just thought I'd raise with the timings. Now, we do have survivors
14 looking on to watch the pre-recorded evidence at 4.45, and I'm loathe to put my learned
15 friend on the spot, but I wondered if we could see what capacity we have to- sit slightly
16 after that in case –

17 **CHAIR:** Yes, and do what we did the other day, maybe, just to slot that pre-recorded account in
18 and then perhaps return to finish off, rather than trying to race through at this moment.

19 **MS HARONGA:** Thank you.

20 **CHAIR:** Does that suit you?

21 **MS SCHMIDT-McCLEAVE:** I have discussed that with Mr Clarke-Parker, and I understand that
22 both witnesses are happy to take that approach.

23 **CHAIR:** Very grateful to both of you and our signers and stenographers can take a break during
24 the recording so hopefully you're able to carry on just a little longer. Is that all right for
25 you? Thank you.

26 **MS HARONGA:** We will still be quick, we do have not one but two pregnant ladies up here, so...

27 **CHAIR:** Exactly.

28 **QUESTIONING BY MS HARONGA:** My first question really is to Ms Hrstich-Meyer, and it's
29 only because I have so few for you, thank you for your evidence. I was interested to hear
30 about the latest approach and also of course what you've confirmed that you will do and are
31 doing for the survivors who have given evidence in this hearing. I just wonder how do you
32 reconcile the issue that not everyone is, who's a survivor – who has either gone through the
33 process or about to – can present evidence through the Royal Commission in a dedicated

1 case study in this way, and what might the Historic Claims Office do to deal with that
2 issue?

3 **MS HRSTICH-MEYER:** That's a very good point that we considered in 2020 and, which has
4 resulted in two pieces of policy which is the policy to reconsider whether a new claim
5 should be made, and secondly there's a limited policy on revisiting earlier claims. Now
6 I could explain that, but I'm mindful of time, but I, that was a document that we produced
7 for the redress hearing which fully sets out that there are two options. Bearing in mind that
8 they don't resolve all issues, for example 2BA, which was a one-off, but certainly there's
9 the ability in those two ways to actually apply for one of those aspects to be considered by
10 me.

11 **MS HARONGA:** Thank you, I do appreciate that. And I really just raised it as a matter of course
12 for the survivors watching specifically for this context. So, I won't say you're exactly off
13 the hook because of course there may be questions from the bench. But just turning to you
14 and your brief Mr Galvin, thank you for outlining, you know, what we might say in
15 colloquial, in other terms, is a duty of care at the time that the Director-General of the
16 Department of Social Welfare might have had towards State wards in Marylands' care.

17 Your brief goes through it, in some detail, and I just thought I'd call out some
18 phrases from your brief, not on the documents or anything, but just to dig a bit deeper into
19 those, if that's okay.

20 So, paragraph 16 of your brief notes the duty of the Director-General of Social
21 Welfare to take positive action to prevent children and young people from being exposed to
22 unnecessary suffering or deprivation. My question on that is, would you agree that's an
23 obligation to take positive preventative action?

24 **MR GALVIN:** Yeah, no, my brief goes on to clarify that point I think in that context, which is the
25 prompt inquiry where he knows or has reason to suspect that any child or young person is
26 suffering or is likely to suffer from ill-treatment.

27 I imagine, in terms of interpreting this policy, that they would still be reliant on
28 being made aware of concerns about well-being. Though you could say too that the
29 deliberate process that they went through to make sure that they were thinking through who
30 are the best people to refer, or young people to refer, to places like Marylands suggested
31 that that was an example of that proactive concern for the children's and young person's
32 well-being.

33 **MS HARONGA:** Yeah, so you've sort of identified two aspects there, one being what kind of
34 duty or obligation the agents of the Director-General might be under if a disclosure of

1 abuse was made, but also that admissions and placement process – do I take that to be what
2 you're saying?

3 **MR GALVIN:** Yes.

4 **MS HARONGA:** That there are assessments being made in the intention to place a State ward at
5 Marylands?

6 **MR GALVIN:** Yeah, it was to, you know, provide the best education opportunity for that child.

7 **MS HARONGA:** Just thinking then, and I know you pointed that out from your brief, we're
8 talking about knowledge, but that also does include reason to suspect. So that would be, as
9 you mentioned, kind of the disclosure of abuse might lead to a reason to suspect?

10 **MR GALVIN:** Correct.

11 **MS HARONGA:** Although it might not be complete knowledge on the part of the agent or the
12 Director-General, the social worker?

13 **MR GALVIN:** Yeah, I mean – possibly yes, it's hard to know exactly how the practice played out
14 at the time.

15 **MS HARONGA:** Yes, well that's – and of course we do all appreciate that you weren't around at
16 the time and there weren't many of us who were. So, we're trying to tease out what to your
17 knowledge you say would be what kind of steps an agent of the Director-General might
18 have taken to feed that information up, and what kind of steps might have played out in
19 practical terms from the Director-General down. Do you have any knowledge of that?

20 **MR GALVIN:** No, other than what's captured in the manuals that we've been able to submit into
21 evidence, you know, but it does suggest that there is a – some kind of initial assessment and
22 then it is beholden on them to, if they're concerned, to pursue further in investigation as
23 well.

24 **MS HARONGA:** Thank you. So, you can't give us any common examples past what you just
25 said of any positive steps that were taken in relation to Marylands?

26 **MR GALVIN:** No, other than what I've, you know, outlined.

27 **MS HARONGA:** And I guess this follows the same line of questioning, and you have explained
28 that there's only a selection of the files reviewed in preparation for the hearing, we
29 understand the reasons for that. So, there weren't any examples in those inquiries from the
30 Marylands files that you found?

31 **MR GALVIN:** Oh, there were two that I identify in my brief.

32 **MS HARONGA:** Aside from those two –

33 **MR GALVIN:** No, aside from those two, no, those are the two we found.

1 **MS HARONGA:** And if it had happened that there had been any other inquiries to satisfy that
2 particular duty, you know, to take positive actions or steps, that would have been recorded,
3 would that, that would be your understanding?

4 **MR GALVIN:** Yes. I mean it's hard to know, again, what the extent of record-keeping
5 expectations of the time, and it's also hard to know about potentially there might be other
6 places where that record has been kept, and that was part of the caveat I suppose upfront
7 about the limitations of the information that we have.

8 **MS HARONGA:** Just moving to that general theme of placement and admission, we take it from
9 your brief, you know, that State wards were placed there for their education, if it was
10 deemed to be the most satisfactory placement for the ward. I guess I'm just putting to you
11 that that must include the placement being a safe and appropriate placement?

12 **MR GALVIN:** Yes. Yes, for the – as understood, you know, by the social workers' interaction
13 with the young person, I expect. I think this is a point of the – my brief that, you know, it's
14 probably important to understand as to – the social workers at the time under that provision
15 I expect would, you know, have focused more on “is this school setting providing in the
16 way that we'd hope for this young person?”, rather than them feeling any broader obligation
17 to understand the quality of the schooling or the education system per se.

18 **MS HARONGA:** Would you have any sense of what due diligence would have been done on the
19 suitability of the placement for – not in an individual case but in general terms by social
20 workers of the time?

21 **MR GALVIN:** No, other than what the process seems to suggest, which was the – the assumption
22 was that this was a boarding school that would provide, you know, a good quality of
23 support for a particular, you know, what we might call now a cohort of children with, you
24 know, particular learning challenges or – and so they would have been, you know, focused
25 on making sure that the young people who could have gone there aligned with the service
26 that the school was providing. But beyond that...

27 **MS HARONGA:** And, you know, knowing what we all in the room know now and looking back
28 on hindsight that this was a Catholic-run institution, if I propose to you that social workers
29 of the time would have considered that it simply being a Catholic-run institution might have
30 indicated a place of safety or, like you say, lead to an assumption that this was a place of
31 education, would you agree with that proposition that that might have fed into a social
32 worker's assessment?

33 **MR GALVIN:** Oh, it, yeah, I'd be speculating, I think, as would anybody, but yeah, I mean the
34 fact that they continued to refer children to the institution over that time suggests, and that

1 they had a process for, you know, limiting the number of people who got supported to
2 provide that, yes, I would say.

3 **MS HARONGA:** Do you have anything else that you can really add around how social workers
4 might have gone about ensuring that this placement was the most satisfactory available for
5 those State wards?

6 **MR GALVIN:** No, other than the information that's already in my brief about the way in which,
7 you know, the place, or the school and it's, the child's relationship to it was monitored
8 through those home visits and through looking at the reports from the school, no.

9 **MS HARONGA:** So, you can't point to anything that really shows assessments being made in
10 every case, or even in most cases of State wards who were placed at Marylands?

11 **MR GALVIN:** Oh, in terms of the assessment, you mean?

12 **MS HARONGA:** Yeah, is there any more detail you can give us around what the social worker
13 might have done –

14 **Mr GALVIN:** No.

15 **Ms HARONGA:** – what practical steps they might have taken?

16 **MR GALVIN:** To – in making the initial assessment and the referral to Marylands?

17 **MS HARONGA:** Yes.

18 **MR GALVIN:** Yeah, no, no, other than what's in my brief, you know, which was that there was,
19 you know, criteria that needed to be met and then a decision then was made at national
20 office here.

21 **MS HARONGA:** So, I think the first example you had was from the field officer manual from the
22 time and that did include some lists of considerations expected when recommending a ward
23 be placed at a boarding school, not specifically Catholic here but boarding school generally.
24 So, you're familiar with those, is that what we're talking about here?

25 **MR GALVIN:** Yes.

26 **MS HARONGA:** We can call them out on the screen, so that's reference number ORT0006821.

27 It's a bit blurry we'll just make it slightly bigger. Those are those considerations (a) through
28 (g). Maybe Trial Director can make that slightly larger again. So, this is referring to a
29 memorandum that would be drafted, I suppose, by a social worker in that placement
30 assessment.

31 **MR GALVIN:** Yeah.

32 **MS HARONGA:** And these were the considerations that would be expected when recommending
33 a ward be placed there. Are you familiar with these ones?

1 **MR GALVIN:** No, so I'm not sure that this was – I'd have to check with my counsel, but I'm not
2 sure that this was in our bundle that I had ahead of this. I did just see a copy of it.

3 **MS SCHMIDT-McCLEAVE:** Yes, it was disclosed today Mr Galvin so I'm hoping you've seen
4 a copy this afternoon. Is it coming up on the screen for you?

5 **MR GALVIN:** No, it is, thank you. Yeah no, I did see a copy of it just this afternoon, yes.

6 **MS SCHMIDT-McCLEAVE:** Thank you.

7 **QUESTIONING BY MS HARONGA CONTINUED:** Sorry, Mr Galvin, I actually took it – it's
8 footnoted in your brief as well, so I had thought you might be slightly more au fait with it
9 even though it didn't make its way into the bundle in time. So just looking at these
10 references and talking about a few of them, you know, the social worker should be looking
11 for particular advantages in becoming a boarding pupil, what those appeared to be for the
12 ward, how did the present foster parents and headmaster of the child's school view the
13 proposal, what other placements could be tried instead, and others – I won't go through
14 them all. To your knowledge, were those social worker recommendations made in the
15 Marylands files you reviewed?

16 **MR GALVIN:** I'm not aware of it, no, I can't make a, I don't know.

17 **MS HARONGA:** Thank you, Trial Director, we can have that down now. Just keeping an eye on
18 the time. Do you, are you aware of any assessments being made by social workers as to
19 suitability of placements of boys with their specific disability at Marylands Schools? We're
20 just talking about cohort of State wards who had diagnosed disabilities at the time they
21 were placed at Marylands.

22 **MR GALVIN:** No, not from the information we obtained for the purposes of responding to the
23 notice to produce, no.

24 **MS HARONGA:** And again, in that same thread, we've heard evidence, some boys were at
25 Marylands with physical disabilities, again same limitations as you can't be sure about
26 whether they were under –

27 **MR GALVIN:** No, I am sorry, I can't.

28 **MS HARONGA:** – those specifics were under DSW care, but you would accept there isn't any
29 reference of social workers making assessments about physical mobility around the
30 grounds or around the residence for specific boys and, placed at Marylands ahead of them
31 going there?

32 **MR GALVIN:** No, I'm not aware of – I mean, it could – the information could be on the
33 individual's files, you know, there might be more detail in the files, you know, relevant to
34 your question, but I just don't know, I'm sorry.

1 **MS HARONGA:** And again, in that same thread, thinking more of learning disabilities, to your
2 knowledge and what you've reviewed, would social workers have made assessments about
3 individual learning needs in tailoring their recommendation for a boy to be placed at
4 Marylands?

5 **MR GALVIN:** Yeah, I think again, I just don't know the answer based on the file information.
6 I mean, the simple fact that there are those criteria which is prompting that and, also, that
7 there was an established purpose for Marylands with a particular, you know, group of
8 children in mind, would suggest that that was part of the assessment process. But I can't
9 point to anything that I know of that could confirm that at this point.

10 **MS HARONGA:** Thank you, Mr Galvin, I think we'll just have to pause here for...

11 **CHAIR:** Yes, we'll take a break now because we're going to listen to the pre-recorded- evidence
12 of Mr DL. So, if you don't mind just waiting there and we'll return to you – how long do
13 you expect, is this going to be about 15 minutes?

14 **MS HARONGA:** Yes, ma'am.

15

1 **QUESTIONING BY MS HARONGA CONTINUED:** Just wrapping up on that theme of
2 placement and admission to Marylands, and granted that we're only really talking about
3 what was in the manual at the time, can you confirm that there were no cultural
4 considerations to be taken into account when placing State wards of either Māori or Pacific
5 descent at boarding schools at the time?

6 **MR GALVIN:** That's my understanding from the – basically, the guidance seems to be silent on
7 those sorts of considerations.

8 **MS HARONGA:** So, I just want to talk to you about two survivor experiences that have been
9 shared with us in the last week of evidence in relation to placements. For Mr Danny Akula,
10 he gave evidence last week about his expert report doubting that placement at Campbell
11 Park or Marylands would be appropriate, it was recommended instead that he should be
12 placed in a warm and safe home and instead of foster care placement the Department of
13 Social Welfare went on to recommend placement at Marylands.

14 My question around that, and I appreciate you can't speak with any specificity on
15 that case, is really with the safeguards that are there in the manual, do you agree that that's a
16 failure?

17 **MR GALVIN:** I just can't conclude either way, you know, it's because I don't know all the other
18 bits of information that were available to the decision-makers at the time, you know, but
19 I mean in terms of, you know, how you might look at it from modern day practice, yeah,
20 I mean very much so, it's – the focus these days is, you know, much more on understanding
21 the interests and the needs of the tamariki and making sure that, you know, the care
22 arrangement is one that's going to get the best outcome for them. So...

23 **MS HARONGA:** You must accept though that at the time that concern was raised, that Danny
24 Akula would not be – that wouldn't be a most satisfactory place for him there?

25 **MR GALVIN:** Yeah, I mean prime facie, you know, if this is, you know, their assessment was
26 that this is not a good thing for them to do and then they made the decision to do that
27 anyway, then yes, that does seem to be bad practice.

28 **MS HARONGA:** And certainly, Ms Hrstich-Meyer is familiar with that case from her angle and
29 that was of course found to be a failure. But I really just raise that as an example of the
30 manual being in place at the time and those social work practises not being met.

31 **MR GALVIN:** Yeah, which is always a possibility, absolutely, I would accept that.

32 **MS HARONGA:** We have another survivor experience that has been shared with us from
33 Mr Alan Nixon, and I'm not going to put the document up, but he records in his written
34 statement that his father told social workers that he wanted him removed from Marylands

1 because it was not at suitable placement owing to the, and in quotation marks, "retardation
2 of the other boys there". His father also pointed out he was not a Roman Catholic, and later
3 his mother recorded as having firmly advised Child Welfare that both parents wanted him
4 home.

5 I raise that because there was reference in your brief to considerations that should be
6 made when placing boys in the care of a Catholic institution if they weren't of that religion.
7 Is that right?

8 **MR GALVIN:** Yeah, it does, I do touch on that, there was policy on that, yes.

9 **MS HARONGA:** So, it appears from your brief and from the footnoted evidence there, that there
10 was explicit direction when placing a protestant ward into a Catholic institution. So, would
11 you accept on the example of Mr Alan Nixon that that policy wasn't met, the policy of the
12 time wasn't met in placing him there when the parents' consent wasn't obtained in terms of
13 his placement there?

14 **MR GALVIN:** I'm just trying to remind myself of the policy, sorry.

15 **MS HARONGA:** Of course, so, paragraph 13 of your brief.

16 **MR GALVIN:** 13, yeah. Yeah, no, so again, that does seem to be an inconsistency between what
17 the policy required and what – the decision that was made.

18 **MS HARONGA:** Would you have any information you can share with the Commission about
19 how parental consent might be obtained in the case of placing children into the care of a
20 Catholic institution when the child or the family they've come from has no knowledge of
21 the Catholic faith?

22 **MR GALVIN:** No, I couldn't give you any idea about how consent practice worked at the time.

23 **MS HARONGA:** So, you wouldn't know how parental consent would have been informed?

24 **MR GALVIN:** No, I'm sorry, no.

25 **MS HARONGA:** Moving now to the social work practice of the day in terms of monitoring visits
26 and reporting, are you able to confirm for us, which I think you did in your
27 examination--in--chief, that those visits were not always at – conducted at the Marylands
28 grounds?

29 **MR GALVIN:** Yeah correct. It would seem from the policy and from the information we did get
30 that in fact the majority of the visits were expected to happen when the child was back
31 home away from Marylands, though my brief of evidence does also include examples
32 where it seems that the person filling the district liaison officer role in Christchurch did go
33 and visit the ward at Marylands.

1 **MS HARONGA:** How many in-person- visits do you know from that sample that you took
2 occurred – either from the liaison social worker or the home office social worker occurred
3 in those Marylands files you reviewed?

4 **MR GALVIN:** I couldn't give you an exact number, I'm sorry.

5 **MS HARONGA:** Is that something you'd be happy to follow-up on for us?

6 **MR GALVIN:** Yeah, I expect so. If we've still got the information about where, and if it's just
7 particular to those 12 files.

8 **MS HARONGA:** If the visits had been made, you'd expect a record to be available in those files,
9 or the individual files, is that right?

10 **MR GALVIN:** Yeah, well, so the review we did was looking particularly at whether or not those
11 monitoring visits had occurred, so I'm assuming from that that the files do capture
12 information on the visits, yeah.

13 **MS HARONGA:** Yes, of course because you were looking for records to show the regularity and
14 the substance of any visits to State wards at Marylands.

15 **MR GALVIN:** Yeah, certainly the regularity, I think my brief also caveats that that we couldn't
16 really conclude on the quality or the depth of the visit per se from the file.

17 **MS HARONGA:** I think you mention in your caveat in your brief that multiple monitoring visits
18 could occur in short succession. Are you able to fill us in on what you might mean by
19 "short succession", like within the same week or the same day?

20 **MR GALVIN:** Again, I'm reading into this without having a particular analysis of it, that, you
21 know, if there was an extended break like the summer break then, you know, that would be
22 – two visits could occur within a six-week block as opposed to, say, once every three
23 months, you know, which is kind of what the policy anticipates, but, you know, and it was,
24 again from the file, it would seem that it- was geared around the school holidays. So, it
25 would then also require about, you know, whether or not the child would come home for
26 the school holidays, so I expect that they wanted to try and maintain the frequency of visits
27 but maybe there wasn't the opportunity for the home social worker to do that.

28 **MS HARONGA:** And if the visit did occur at the Marylands grounds, we've heard evidence about
29 State wards being visited in the company of a Brother or another staff member. So, to your
30 knowledge or to your view of the obligation at the time, that would have been sufficient to
31 discharge any obligations to visit, the child didn't have to be visited alone?

32 **MR GALVIN:** Yeah, no, I think my brief does talk about the fact that there's no particular
33 guidance on that that we could find, you know, that there needed to be provision for a, you
34 know, a visit away from the Brother.

1 **MS HARONGA:** And now, you said this in your evidence-in-chief as well, where you talk about
2 four-monthly visits on average across the time of the State ward's stay at Marylands, that's
3 an average that you've calculated in preparing this brief, is that right?

4 **MR GALVIN:** Yes.

5 **MS HARONGA:** So I'd suggest to you that this is slightly different from the policies and
6 practises of the time that have been quoted. I can call out the reference here and it is in
7 your brief of evidence paragraph 20, footnote 12. But it's ORT006833 and we're looking
8 specifically at clause I184.

9 **MR GALVIN:** If you could zoom in that would be helpful.

10 **MS HARONGA:** Certainly. So, I went to this looking to see reference to an average time being
11 calculated into that, which I couldn't find.

12 **MR GALVIN:** Yes. I mean, I would reflect on that first sentence, "There is no statutory
13 provision or regulation governing the frequency of visits to children under our supervision."
14 So, whatever was being developed was operational policy, I suppose, and there's a sense of
15 a minimum visit. I mean, it is one of those slightly tricky areas where I, there is mention
16 too about, you know, having – in other areas of my evidence about there being a minimum
17 requirement of one report per year or two visits, so – and my reading of that would be to do
18 with how – their assessment of the need for those visits, I suppose, if they – if the social
19 worker developed some confidence about there needing to be, you know, more frequent
20 visits then presumably the social worker would have done that, but that's speculation on my
21 part.

22 **MS HARONGA:** Certainly, so I'm just really lingering on the evidence that you've prepared for
23 this Commission and using that term of an average or an aggregated form across the length
24 of time at Marylands School, because that's the first sentence you read out, but the second
25 sentence says, "The Superintendent requires that a child placed under supervision by the
26 court order must be visited not less than once every four months".

27 **MR GALVIN:** Four months, yeah correct.

28 **MS HARONGA:** So it goes on to give recommendations but not requirements, further down, of
29 the frequency varying according to the needs of the case. But the suggestion looks more
30 like at the beginning of a placement, a supervision period may ideally commence with
31 weekly visiting, will perhaps be reduced to fortnightly frequency.

32 So, what I'm putting to you, Mr Galvin, really is when Oranga Tamariki takes an
33 average across the duration of a boy's placement at Marylands, you're really working with
34 the furthest outreach of interpretation of the minimum requirement, would you accept that?

1 **MR GALVIN:** Yeah, it is a – yeah, it's an interpretation of that, yes.

2 **MS HARONGA:** So, I'd further put to you that the Director-General would not have been
3 satisfied that their obligations were discharged with an average number of visits across the
4 duration of time at Marylands, would you accept that?

5 **MR GALVIN:** Again, on the surface, yes. I do think, I mean again, if you look towards the end
6 of even that guidance, and I'm not sure if this is guidance that's particular to settings like
7 Marylands, you know, where there was a boarding school arrangement where the child was
8 physically removed, you know, by some distance from the home social worker, whether or
9 not the Superintendent would have had that, maintained that level of expectation. But like
10 I say, it's speculation. I think even if you read the last sentence of that extract there, "The
11 aim should be to make a definite and intensive beginning and then gradually to withdraw
12 from the situation if progress is being made".

13 **MS HARONGA:** Do you have any –

14 **MR GALVIN:** So, I know that there was – sorry.

15 **MS HARONGA:** Were you going on to specify on Marylands files?

16 **MR GALVIN:** I was going to talk a bit about the other part of my evidence which is also that,
17 you know, there were – there was a process in place which was the idea of the log, the visit
18 logbooks which would have been administered by the, you know, some role in each of the
19 district offices where they seem to have been maintaining a log of the visits that were being
20 made, you know, to a ward by a social worker, and there did seem to be a process that
21 would at the very least prompt the social worker to, if they hadn't kept up with their
22 scheduled visits as per that logbook to then do the visit, so again, I just don't know, you
23 know, there's, like we talked about before, there's the formal practice and then there's how
24 different people applied that in those different circumstances. So, I'm by no means, you
25 know, suggesting that it's the right thing to do to talk about, you know, on an average
26 concept, I am suggesting that it may well be that there was some discretion about how that
27 was applied.

28 **MS HARONGA:** And that's been your interpretation looking at the files in hindsight, that that's
29 an available interpretation.

30 **MR GALVIN:** Yes.

31 **MS HARONGA:** Madam Chair, I'm very aware of time and a little bit at a loss as to what to do
32 here –

33 **CHAIR:** Do you have many more questions?

34 **MS HARONGA:** I do, ma'am, but I think...

1 **CHAIR:** I think that we can cut to the chase here.

2 **MS HARONGA:** Ok, thank you ma'am.

3 **CHAIR:** Quite honestly, I think we can.

4 **MS HARONGA:** Perhaps I could hand it to you, Commissioners.

5 **CHAIR:** Yes, I think if you were to do that, I think we could probably cover things off. I've got
6 some questions, I'm sure my colleague has as well. So, in a way – sorry, to cut you short,
7 but I think we have enough from these two witnesses. Alright.

8 **MS HARONGA:** Thank you.

9 **CHAIR:** Thank you. Can I start with you Mr Galvin. I've got two areas that I want to cover. The
10 first is sort of procedural but it's to do very much with the capture of information about
11 these children and what happened to them, and it seems from your evidence, and I'm not
12 going to go through all the details in here, but it's quite clear that, for example, 35, "The
13 disclosure in 1980 to a social worker was held in on individual case file and wasn't
14 discovered", etc. And there's a lot of reference in your evidence, isn't there, to material
15 being held on individual case files and not easily found. And it's quite clear that
16 information gathering, as it was back in those early decades, was, from any of today's
17 standards, poor and decentralised and makes gathering of that information extremely
18 difficult and, therefore, and importantly, makes it so hard to find out what actually
19 happened and who actually knew, which is what this Commission of Inquiry is all about.

20 I know that you're not responsible for that, but what I do want to know is, given
21 your present position, what is being done today to improve this capturing of vital
22 information about the welfare of our children?

23 **MR GALVIN:** No, it's a very good question. There's a number of things that are designed to
24 improve that and to monitor its improvement. So, there is an explicit standard within the
25 care standards now about, or the sorry, the practice standards for social workers, I hasten to
26 add, I am not a social worker, but I have read through the practice standards, and there is a
27 particular standard about capturing information and recording it. So – and I think that the
28 frustrations you are experiencing were frustrations which were shared by the team that, you
29 know, did the initial review or the most recent review of us and established Oranga
30 Tamariki which is what motivated that very strong emphasis on recordkeeping. You would
31 also see too that the independent child monitor has a number of- particular things it wants
32 to know about whether we are able to – we are able to and are, self-monitoring about our
33 understanding about the care being provided for a young person, and you would have seen

1 recently too they expressed some concerns about our current state- and we made a
2 commitment, you know, that this is a – remains an ongoing focus for us. And I think –

3 **CHAIR:** Sorry can I just suggest to you that self-monitoring is not a very safe practice in this
4 area. This needs an independent overview to ensure that the vital information is kept and
5 kept well and accessibly. Would you agree with that?

6 **MR GALVIN:** Yes. The way I understand the system is being set up is that there is
7 self--monitoring but there's also the function of the Independent Child Monitor who ensures
8 that that self--monitoring is occurring and is of a good quality. I know too that we have our
9 own internal processes for doing, you know, routine reviews of the quality of information
10 that's being captured as well, so it's not something that we leave to chance, put it that way,
11 it is very – it is very much a focus, I know from my colleagues who work in that area, that
12 we know the value of it and the importance of it.

13 **CHAIR:** Would you understand the perspective of those outside who have suffered the
14 frustrations that you refer to, particularly survivors, that they find it difficult to trust the
15 system whereby we are asked to trust what's going on internally, and even with the
16 independent monitor who's more or less independent, but do you understand that that
17 might, the perception from outside is that this needs to be much more rigorous?

18 **MR GALVIN:** Yes, in terms of information gathering, yeah, no, I totally get that. I think there
19 are other parts of the care standards framework which also talk to that, how do you get past
20 our history, you know, and the perception of us as an agency of state about – how easy is it
21 for me as a child, a young person or a child in care to raise concerns and to have them
22 listened to in a safe and proper way? And I do think that, you know, alongside what
23 information we're capturing, the care standards and, is very focused on ensuring, you know,
24 as best as a system can, that there are regular and easily accessed and clear channels by
25 which children and young people can raise concerns, and there are equally clear
26 expectations about how we respond to and manage those. So again, that also forms part of
27 the independent care monitor's function.

28 **CHAIR:** I'll move away from that, and I'll just come to this question of the standards or
29 breakdown in practices which are being measured against the matters that Ms Haronga's
30 just been putting to you, and which I think, Ms Hrstich-Meyer, you refer to in terms of
31 assessing claims for redress. So, you say what was the practice of the day that was required
32 by the regulations, or practice and policy, has it been breached, and if so what's it worth.
33 So, it's very important – it's not just what was the standard, but what it's worth now to a
34 complainant.

1 I'm going to suggest to you that this is really quibbling, that to say a person should
2 be visited every four weeks, three weeks, or whatever, and that they weren't and therefore
3 that's worth a certain amount of money, that an assessment was done according to some
4 certain procedures and maybe it wasn't, and therefore that's worth a certain piece of money,
5 we get that from an administrative point of view.

6 But can I just turn it on its head and refer you to the evidence, I don't know if you
7 watched Mr DL who just gave his evidence. He went with expectations of having a good
8 time and a good education, as did, hopefully, most of the children who went there. The fact
9 that they were placed there, just that fact, ended up as abject failure. Whether you can point
10 to a breach of this regulation or a breach of that regulation or a breach of this procedure, the
11 fact was the mere fact of placement of all of these children resulted in serious and
12 unnecessary suffering.

13 So, I'm giving a bit of a lecture here. I want you to consider, when you're
14 considering this, is it fair and just to be measuring the pain and suffering according to a
15 breach of a policy or a regulation? Or should the mere fact that these children for whatever
16 reason were placed there and the intense suffering they suffered, is that not enough to
17 justify giving them proper consideration?

18 A long question, but I would invite a response from each of you.

19 **MR GALVIN:** I can respond in a more general way, I think, than where the part of your question
20 ended up, ma'am. I think that your very well-made- point, which is the experience of these
21 survivors is terrible and, you know, we can't be quibbling about that, and that that needs
22 to – the point I would take up from that is that that's what the current system needs to
23 completely avoid and to be very focused on ensuring never is repeated. And I talked a bit
24 earlier about my role in the Ministry and my transition into Oranga Tamariki, only because
25 it gave me a bit of an opportunity to understand what the focus of that group was who were
26 under the leadership of Dame Paula Rebstock who led the exercise that set up Oranga
27 Tamariki, and they – it was unequivocal for them, I think, that the voice of the child and the
28 young person has to be at the centre of a Care and Protection system, and I do think that,
29 you know, the things that we have put in place as the Care and Protection agency around
30 re-enforcing that, you know, they do echo those things. There are other institutional, you
31 know, inadequacies that I think the recent reforms also target, which I think one of the
32 counsel alluded to which is a much stronger focus on the Chief Executive's Treaty
33 obligations as well, you know, which also plays into this space.

1 So, you know, the great value you'll get out I, think, of the Commission too is, you
2 know, an opportunity for you to reflect on those – that history and with your understanding
3 of how we tackle these things, if you feel that there are things that we're still not getting to,
4 then that will be invaluable.

5 **CHAIR:** Thank you. Ms Hrstich-Meyer, my question addressed the redress process.

6 **MS HRSTICHMEYER:** Yes, and certainly I acknowledge all the comments, and they were so
7 reflective of the evidence that we actually have seen over the past week. And my comment
8 is that our system of redress process is not perfect. We've been constrained over time by
9 various policy settings etc, and I think the Royal Commission is our opportunity to learn
10 and listen. We have been listening, but I think, you know, this is where we've heard voices,
11 and my comment would be that this Commission has provided comprehensive
12 recommendations as to how things, you know, could change or should change. And I think
13 now is the time that Cabinet will be, you know, will in the future be making decisions on
14 that. But certainly, I'm grateful to hear from those survivors, because there's nothing more
15 heartfelt or brings you to tears just to hear them. And I think it is a challenge to us that we
16 just have to keep doing better and we'll keep trying that while – you know, and we will do
17 that while the current redress process is in place.

18 **CHAIR:** Thank you for that assurance. I'll just hand over to Commissioner Alofivae.

19 **COMMISSIONER ALOFIVAE:** Thank you. If I could just go first to Mrs Hrstich-Meyer-. I
20 think we've asked enough questions around redress to understand the Ministry's position,
21 but could I just ask you for an update if you're at all possible – if at all possible and if you're
22 able to do it, has there been an improvement in the response times of being able to get back
23 to survivors who have got claims currently in the system?

24 **MS HRSTICHMEYER:** Right, so I think – I pulled the figures today actually. As at 30 June, the
25 average time is 4.3 years. What I would comment on is that there have been a number of
26 obstacles that the Crown has had to work through and, in relation to our assess program,
27 and one of those is the inappropriate detention area where we have released and, on our
28 website, and there is policy on how we do those assessments. And I don't have a number to
29 hand as to how many we have done, but certainly a number of those that have been on hold
30 have actually – are being processed each week. So, in that sense I think – that doesn't
31 specifically answer your question about whether it's got faster, we've actually been able to
32 unblock a blockage.

1 **COMMISSIONER ALOFIVAE:** Ok. Because I think that might be a concern for some
2 Marylands survivors who are listening who might then be considering bringing claims
3 again around the current delays in the system. Thank you.

4 Mr Galvin, thank you for the comments and your responses to Ms Haronga's
5 questions. I've got a couple of questions for you if I can. So, in respect of Marylands at the
6 time when children, and they were children, were being placed there by the State, so you've
7 helpfully set out the acts that would have been operational – in operation at the time, Child
8 Youth and Family of '74 and earlier. The overriding principle really was the welfare of the
9 child was paramount. Are you able to give a reflection or a comment, in terms of the
10 overall placement, was that guiding principle of that legislation actually honoured?

11 **MR GALVIN:** I mean, in hindsight, it clearly wasn't, there was a number of children who
12 suffered at the hands of the people responsible, who should have been responsible for their
13 care and education. At the time, I mean again, it's very – it's hard to conclude on a –
14 reliably, I mean there's other parts of my evidence which also point to the fact that there
15 was no investigation, wider investigation ever conducted against Marylands, which, you
16 know, I hope would suggest that that was because there was simply an absence of
17 escalation of the issues, you know, rather than anything more sinister. But again, it's hard
18 to know.

19 **COMMISSIONER ALOFIVAE:** So, it wasn't honoured, thank you. Appreciating that you
20 weren't there at the time, but now in your current role reflecting back, just being able to
21 give an honest assessment of how you actually see matters today.

22 So, and what we've heard is actually the policy and the practice were two different
23 things, always subject to discretion around interpretation, but in essence when you actually
24 place it in the context of the principles, there was failure, there was failure at the time and
25 what I'm hearing you say is that actually you're putting, or the national care standards in
26 particular are actually hoping to address a lot of those failures that emerged with this
27 particular case. Is that a fair statement to make?

28 **MR GALVIN:** Yeah, yes, I mean it's hard to conclude from this point about the degree of, you
29 know, compliance or otherwise, what else was in the heads of the decision-makers at that
30 time. But again, with the benefit of hindsight, and simply looking at the fact that, you
31 know, someone went to a place that should have been responsible for their care and they
32 suffered, you know, that does suggest to you that the system wasn't working well in that
33 case.

1 And yes, very much so, you know, like it's exactly these sorts of experiences
2 which was, you know, a big motivator for, as I understand it anyway, for the work that was
3 done through the reform of the Child, Young Persons, and Their Families Act to create the
4 Oranga Tamariki Act and the establishment of Oranga Tamariki and the other legislative
5 changes that were made at the time, which includes things like the care standards. You
6 know, they were driven by, you know, a reflection on the experiences of people previously
7 in the care system, and where the care system had failed them, so in that sense yes.

8 **COMMISSIONER ALOFIVAE:** Thank you. So, coming now to Hebron Trust because that
9 was, I think it was approved in about May 1990. So, it was coming hot off the back of
10 what we all were referring to as a landmark piece of legislation, the 1989 Children, Young
11 Persons and Their Families Act, which is now the Oranga Tamariki Act, and there were
12 some big changes in there. One of the changes of course was being able to set up what we
13 refer to as the section 396 providers of which I understand Hebron Trust was such a
14 provider – is that correct?

15 **MR GALVIN:** So, this is this thing I can't quite figure out personally. My read of the General
16 Manager's note is that they actually applied under – originally under a section – to become
17 a section 396 provider but in fact they were rebuffed and advised to re-apply as a section
18 403 provider, and there's a difference in terms of what you are able to be approved to do in
19 terms of which type of – which part of the Act you were approved under.

20 It would seem, though, that based on Ms Clark's memo, that they actually became a
21 section 396 provider in about October 1993 – 1992 sorry, but after Brother McGrath had
22 left.

23 **COMMISSIONER ALOFIVAE:** Ok. So, it doesn't matter what section it was, because really,
24 we're just talking about the mechanics of maybe funding and responsibilities and what not.
25 But you referred to the word "accreditation", so today in our contemporary climate, we
26 would be, you'd talk about accreditation and that there's a number of policies and legislation
27 compliance that's actually required of providers.

28 Were you able to find in your records what the compliance records were required
29 for the providers of that time?

30 **MR GALVIN:** I just have to refresh myself. My memory of my evidence is that we do have the
31 standards of the time, yes, but we don't have any reports about the Hebron Trust's meeting
32 of those standards – other than what's referred to by the General Manager CFA in her
33 memo, but it seems that they, you know, ultimately met them.

1 **COMMISSIONER ALOFIVAE:** Okay, so a provider is approved, but there's no record that we
2 can find currently in the system. I guess what I'm really asking is, today providers fill out
3 forms and you would send out someone from the relevant offices and the relevant teams to
4 actually go through the policies and what not. Was that actually required in your standards
5 at that time? To help you, I'm really trying to understand the systemic issues here. So,
6 there's no blame, you know, there are loopholes and grey areas here.

7 **MR GALVIN:** Yeah, yeah, I know that – so as you say, this was right on the heel of the
8 introduction of the new legislation which really set up the – sort of the more modern system
9 of, you know, us as the – the Care and Protection system's a funder of a service, you know,
10 the provider. What we do know is that it – so it changed from pretty soon after they had, at
11 the time when they'd done the Hebron accreditation, which was in 1990, so even – and two
12 years later they'd refine that process, and so you'd, I'd expect that they would have had
13 standards, they would have gone into the organisation, they would have asked to see
14 evidence that those standards were being met, but again, generally, that is at a level of, you
15 know, “do you have a policy that describes this”? And they would show them a policy that
16 says “yes, we do”. You know, “do you have a policy” – which would include “do you have
17 a policy of checking people's criminal record?” “Yes, we do.” You know, so – and so long
18 as those, you know, and this is probably more the modern standards, but so long as those
19 standards are met, you know, and then at some point they can evidence that that's what
20 they've been doing then that's how you become accredited.

21 So, it seems that in 1990 when they were accredited it was a bit more of a
22 straightforward process, you know, that there was a District Committee, there were really
23 three things that they were looking at which was more about the, the sort of their capability
24 to deliver the service that they said that they were going to, and sort of more capability and
25 capacity questions.

26 **COMMISSIONER ALOFIVAE:** So, with the passage of time there's been a maturing of your, of
27 the Ministry's processes, is that what I'm hearing?

28 **MR GALVIN:** Yeah, very much so. That process has continued to mature over the years, yes, it's
29 a function that is provided by the Ministry of Social Development, as part of a business
30 group within them.

31 **COMMISSIONER ALOFIVAE:** And so just in light of the comments that you've just made
32 then, reflecting back, are the current monitoring mechanisms actually enough? Are they
33 robust enough? I mean, your comment back then, were they robust enough back then, but
34 even now?

1 **MR GALVIN:** So, I do think they are. In terms of a robust and complete set of expectations, the
2 issue is always about compliance, it's always about, you know, I've been in this area for six
3 years now and, you know, I have seen examples where with the best will in the world and
4 the best practice you will still get people who commit wrongdoing, and that could be
5 against the entity itself in terms of fraud and it could be against young people. So I feel that
6 there are, even with – so with the accreditation process, with the Children's Act
7 requirements, with the care standards, there is a much more complete and robust set of
8 formal expectations and requirements that gives me some, you know, confidence that many
9 of the issues that are evident in the, you know, the individual cases for Marylands, you
10 know, you can never say, you know, wouldn't have happened today but, you know, would
11 have been much, much, much less likely to have happened, or happen on an ongoing basis.

12 **COMMISSIONER ALOFIVAE:** Thank you. Mr Galvin, Mrs Hrstich-Meyer, look, can I thank
13 you both, it's been a very long day, I want to thank you for your evidence, thank you for the
14 time and how you've responded to the questions that have been put to you. It's been very,
15 very helpful and we wish you well in your continuing work. Thank you for your
16 commitment to helping us in our work.

17 **MR GALVIN:** Thank you.

18 **MS HRSTICH-MEYER:** Thank you.

19 **CHAIR:** Altogether too late in the day, it's time to draw to a close. Electronic beeping means
20 something's going to happen. Is our kaikarakia at the ready? He is. Can I just ask you
21 please to stand for our karakia waiata.

22 **[Karakia mutunga by Ngāti Whātua Ōrākei]**

23 **Hearing adjourns at 5.49 pm to Thursday, 17 February 2022 at 10 am**