

# Hāhā-uri, hāhā-tea - Desolate darkness, desolate light) Māori involvement in State Care 1950 -1999

The Crown Response to the Royal Commission of Inquiry into Historic Abuse in Care (abuseinquiryresponse.govt.nz) commissioned Ihi Research Social Change & Innovation (Ihi), an independent Māori research group, to consider the causes and impacts of Māori over-representation in State care, and past efforts to address it. The Crown wanted to know what happened, why it happened, how it happened and what the impacts were.

**This research brings together disparate information from existing research and from survivors' stories. It adds new elements including:**

- Data and information about Māori over-representation in State care
- Looking across the health, education, social services and justice sectors
- Looking critically at efforts to address Māori over-representation (Puao-te-Ata-Tū, Mātua Whāngai)
- The views and experiences of Māori staff.

Key Messages
To develop its response to the Royal Commission, the Crown needs to understand what sits behind Māori involvement with the State care system, its impacts, and how Māori involvement has changed over time.
The history of Māori involvement in State care is not well understood. Historical records and data relating to Māori in State care are patchy, and information is held in disparate locations and multiple agencies. This has highlighted the need for this research, given the known over-representation of Māori in State care both historically and today.
The Crown commissioned this research knowing it would not be an easy read. However, it shows the Crown is ready to confront its past.
Access to data and information has proved to be a challenge to the research – it was often fragmented, of low utility and quality.
The findings clearly demonstrate over-representation across all aspects of care (justice, health, care, education) and over time, resulting from colonisation and both societal and institutional racism. Māori appear more frequently at the more restrictive end of the care spectrum, for example in institutional care.
Since the 1980s a number of attempts have been made to address Māori over-representation with a lot of work put in by Māori, but initial momentum was often lost or undermined by a lack of funding and resources.
The voices of tamariki Māori and consideration of Te Tiriti o Waitangi rarely or never featured in decision making, programmes and policies relating to their care within the State system.

## Raranga

The Raranga design (the weave) represents the importance of collaboration and building relationships with our whānau and partners. The closer we work together, share our skills, knowledge and information, the stronger we become and the more unified our approach is to keeping tamariki safe.

## The Research

### The research deliberately considered the evidence base from a Māori-centred perspective.

The history of State care has been partially documented from a pākeha perspective, but this research is the first to focus solely on Māori involvement with State care from 1950-1999.

For six months Te Ihi: read documents of State agencies; searched for and read hundreds of records in the National Archives and other repositories; and interviewed 26 people, particularly Māori public servants. Survivors' experiences have come from existing literature and research.

The findings provide a comprehensive picture of the causes and impacts of Māori involvement in the State care system and align with other reviews, such as Whānau Ora, Children's Commission and Waitangi Tribunal reviews of Oranga Tamariki in the early 2020s.

### There were many challenges in doing the research

The complexities of care experiences and of the care system, and the depth and breadth of the topic, constrained what could be done.

It was challenging to source and access information and some key documents have been lost.

Time restraints also constrained what research could be done.

The actions and impact of faith-based care institutions are not included except where the State was involved.

### Measuring Māori over-representation is hindered by lack of data on Māori

There was wide variation in the availability and nature of Māori data. Prior to 1980, few institutions recorded ethnicity. Even when ethnicity was recorded, misidentified ethnicity distorted the recognition of Māori in State care.

The case management computer system introduced in the 1980s was not designed to monitor the experiences of children and families coming to the attention of Children and Young Persons Service.

**"... when it comes to prison statistics, of course, we can go right back to the 1850s. When it comes to child protection, it's really only about 2000, that they had a computer system that worked." (public servant researcher)**

Lack of recording and loss of key documents has hindered research.

**"The whole thing in terms of allegations of abuse ... all record of the allegations was often removed. So much of it was never written down" (non-Māori public servant researcher)**

## Research showed :

### Whānau suffered trauma and loss of connection under colonisation and a racist, deficit focused State care system

Urban migration split whānau and hapū ties and support networks.

Loss of whenua and access to traditional life-sustaining resources has had a dramatic negative effect on whānau wellbeing and economic prosperity. This resulted in economic disadvantage, social dislocation and cultural disconnection.

Racism positioned traditional whānau ways of living and models of child rearing as inferior and unhealthy. The State focus on perceived deficits of wāhine Māori and of non-Māori who had pēpi born outside of marriage meant many pēpi were put up for adoption.

This created conditions ripe for social problems including alcohol abuse and domestic violence.

Racism fuelled scrutiny of whānau Māori which was the start of over-representation of Māori within settler State care institutions.

The settler State's role of 'colonial parent' has not ensured the care and protection of Māori tamariki and rangatahi.

### Māori were, and continue to be, over-represented in the State care system by up to ten times

Where ethnicity data is available it shows Māori are over-represented across institutions, in care, educational, psychiatric and justice settings.

Welfare notifications and youth justice were significant pipelines into care for Māori despite amendments of the legislation and systems.

**"[Statistical disparities were] always happening more to Māori girls and they tend to get forgotten because the numbers were not as great, but they were treated every step along the way, worse than the Māori boys.... [Between 1974-6 of the girls sentenced to prison, borstal or detention centre] 100% of the 15-year-olds were Māori." (advocate for Māori)**

### Institutional racism was embedded in the system

This research demonstrates institutional racism within agencies has contributed to the over-representation of Māori in State care. A history of imposed assimilation, colonial forms of welfare and justice, and Eurocentric perspectives of care have created the context for over-representation.

Residential institutions, special schools and psychiatric residences were institutionally racist. There was a lack of culturally appropriate programmes for Māori and an absence of a Māori perspective during assessments.

There was differential treatment towards pēpi, tamariki and whānau Māori across the system as clearly seen in racially based adoption protocols.

**"We are over-represented because of the Treaty, because of all the stuff that was taken away from us." (Māori social worker)**

### The State has consistently failed to incorporate Te Tiriti o Waitangi in relation to care

Government agencies have consistently failed to take responsibility for their role in perpetuating Māori inequalities, and the ongoing over-representation of Māori highlights a lack of commitment to Te Tiriti o Waitangi. Māori contend that incorporating Te Tiriti will provide a more balanced and holistic approach to social policy and practice.

**"[the treaty] wasn't talked about." (advocate for Māori)**

Māori used multiple settings to keep Te Tiriti discourse in the public arena (eg taking grievances through the courts, on marae, in community development, in social and academic dialogue, in political forums, and in national and international human rights, and indigenous rights forums).

Māori protest activism was eventually the key factor in achieving recognition of Te Tiriti.

### Puao-te-Ata-Tū heralded a time of hope, but implementation was not fully sustained

In 1985 the Minister of Social Welfare set up an advisory committee to provide a Māori perspective for the DSW so it could meet Māori needs in policy, planning and service delivery. The result, Puao-te-Ata-Tū, created a blueprint for systemic transformation and partnership with Māori.

**"Puao-te-Ata-Tū came along ... I think what was really great about it was, for the first time a government department acknowledged that it was racist. It came out with the definitions of racism, I think that was important.... The believers in Puao-te-Ata-Tū were basically Māori people ... because they were seeing it ... it is truly a document of the people ... people still talk about it. Thirty bloody years on." (Māori senior public servant)**

Thirteen recommendations covering the following kaupapa: Guiding Principles and Objectives; Accountability; Deficiencies in Law and Practice; Institutions; Mātua Whāngai; Funding Initiatives; Recruitment and Staffing; Training; Communication; Interdepartmental Co-ordination; and Comprehensive Approach

#### The report:

- Showed the State was aware of the crisis situation (i.e deprivation and alienation) facing many Māori communities and the dire situation of tamariki Māori in State care
- Acknowledged institutional racism within the Department of Social Welfare and grave concerns about cultural ignorance and detrimental policies / practices within other State departments.

Subsequent changes included a shift from residential institutions and a reallocation of funding towards Mātua Whāngai and community-based alternatives to State care.

However, there was inadequate action and deliberate inaction on the part of the State to fully implement recommendations from Puao-te-Ata-Tū.

### The State responded to Puao-te-Ata-Tū through the Children, Young Persons, and Their Families Act, 1989

The Act introduced a more culturally appropriate, accessible and whānau-based approach to promote wellbeing of tamariki Māori.

- increase in frontline Māori workers.
- made the distinction between 'care and protection' and 'youth justice'.
- family rights and responsibilities to be ensured by new practices, such as the Family Group Conferences (FGCs).

### Despite the intent of the 1989 Act Māori remained disadvantaged

Structural racism and whānau deprivation persists. Over-representation of Māori in State care and other negative statistics remain excessive and unacceptable.

Initial optimism amongst Māori communities following the release of Puao-te-Ata-Tū quickly dissipated resulting in increased mistrust of the State and scepticism that partnership could be achieved.

#### Some changes were reversed and funding was cut

For example Mātua Whāngai was disestablished after the 1992 Budget.

FGCs did not ensure tino rangatiratanga (self-determination) or sufficient resources to ensure whānau-centred solutions, were inadequate for ensuring wellbeing and some changes were perceived by Māori as tokenistic (e.g the introduction of karakia and inclusion of kai).

**"In practice Puao-te-Ata-Tū was ignored. Why? My view is that it would have required handing over the mahi, the funding to marae, or Māori based NGOs." (Māori social workers)**

Constant restructuring was a feature of the State system including a focus on managerial objectives, commercial branding and 'efficiencies', fuelled by a concern to reduce State expenditure

### Historically Māori perspectives and solutions have been ignored across the care and protection system.

Decades of reviews, reports and legislation on child welfare services have failed to produce a system that answers the needs of whānau and tamariki. The same mistakes seem to be repeated generation after generation.

### The voices of tamariki Māori and their whānau were not heard

Over a number of years advocacy by groups such as ACORD, Ngā Tamatoa and Arohanui Inc, alongside individuals and whānau, resulted in greater recognition of the rights of Māori children and whānau including the closure of Lake Alice, the establishment of legal aid and added to the pressure for deinstitutionalisation.

Māori/iwi organisations such as the Māori Women's Welfare League, New Zealand Māori Council, and Te Whānau o Waipareira, support Māori in the community but are constantly engaged in push-pull activity with the State – wanting to exercise rangatiratanga, while the system is designed to ensure power is retained by the State.

*"(There's) this dishonest resistance (in State care agencies) really because ... I'm not sure what it's about ... the so-called partnerships that they've had with iwi organizations and that, I'd contend that they weren't ever really true to partnerships. That was certainly funding that went from transactional relationships and based on a contract and you do what's expected really."* (Māori social worker)

Tu Tangata and Mātua Whāngai were examples of State led-interventions as a result of the policy change in the 1980s. However, funding constraints, the inability to influence other social indicators, and continued intervention by the State meant they fell short of Māori aspirations.

### There were not enough Māori staff or Māori capability to support tamariki Māori in State care

The implementation of the Children, Young Persons, and Their Families Act relied on a workforce that lacked cultural expertise. Literature demonstrates a continued shortage of skilled staff, particularly of Māori staff, in the State care sector since the 1950s.

*"We rushed around, and we put carvings in every office, to make it look like we were bicultural, because bicultural was the in thing then, and we put Māori names for Pākehā managers. We didn't change the faces behind the door."* (Māori social worker)

Māori staff often had unrealistic expectations placed on them for example to provide advice on Māoritanga. Their knowledge, skill and ability went unrecognised and unrewarded. Burnout and high turnover of Māori social workers resulted in a drain of Māori knowledge and capability from the State care system.

*"Our biggest challenge when we were in Social Welfare was to just be Māori."* (Māori senior public servant)

There are tensions involved in being a Māori public servant. Māori public servants could be perceived by their communities as 'monitors for the State'. Māori staff reported having to leave their 'Māoriness' at home and conform to the Pākehā domination within the workplace.

There was a commitment to recruiting Māori staff in the 1980s and 1990s, but it tended to focus on junior entry level positions. There were no policies for developing Māori leadership and career pathways for Māori public servants.

Māori staff developed their own practices and theoretical approaches. They voiced concerns to senior managers and were resistant to changes that they believed did not reflect te Tiriti o Waitangi/the Treaty of Waitangi or Puao-te-Ata-Tū. Māori staff described themselves as the 'squeaky wheel in the machine', realising their resistance could compromise their opportunities and ambitions within the sector.

### This report is a key element of the Crown's contribution to the work of the Royal Commission

The research was commissioned to support the Royal Commission in its work. The objectives were to:

- Inform the Royal Commission's thinking on Māori in State care.
- Fill knowledge gaps to enable a better informed Crown response to the Royal Commission.
- Contribute to the body of knowledge about Māori involvement with the State in New Zealand.
- Inform wider public policy of many Crown agencies in the future.

To achieve these goals the report should be disseminated as far and as wide as possible. We propose to distribute it to all social service agencies and key government decision makers, directly and through publication on the Crown response website.

### The future must involve working together with Iwi and Māori and across State agencies

The Crown is learning from the past. It will continue to listen, learn and make changes to State care.

The research indicates the following outcomes are needed:

- Active cross-agency work to improve the experience of tamariki Māori/vulnerable adults in State care and their whānau.
- A redress system that meets the needs of survivors and their whānau to support their healing, to stay connected and to enable them to grow and flourish beyond State care.
- A State care system with an informed understanding of Te Tiriti o Waitangi and te ao Māori and its application/use in work to support tamariki Māori and vulnerable adults.
- A consistent approach to collecting quality Māori information and data providing an integrated picture of Māori experiences in the care system.
- The Crown, whānau, hapū, iwi and Māori organisations work together on Māori information and data collection, the design and implementation of policies and programmes to continually improve and monitor State care.

### The Concessions

Government has taken some steps already. In response to the Waitangi Tribunal Urgent Inquiry (Wai 2915), Grainne Moss, then head of Oranga Tamariki, made significant concessions on behalf of the Crown acknowledging institutional racism, and failure to implement Puao-te-Ata-Tū and to work in a way that reflects Te Tiriti.

*The Crown has failed to fully implement the recommendations of Puao-te-Ata-Tū in a comprehensive and sustained manner. This implementation failure has impacted outcomes for tamariki Māori, whānau, hapū and iwi. Further than this, it has undermined Māori trust and confidence in the Crown, as well the belief in the Crown's willingness and ability to address disparities.*

*Structural racism is a feature of the care and protection system which has adverse effects for tamariki Māori, whānau, hapū and iwi. This structural racism has resulted from a series of legislative, policy and systems settings over time and has degraded the relationship between Māori and the Crown (Moss, Opening statement to Waitangi Tribunal 24 November 2020 Notice of Application for Leave to Appeal(SC) (orangatamariki.govt.nz).*

### Other work

There are a number of other pieces of work underway across government such as the cross agency Joint Venture for eliminating Family Violence and sexual violence, the transformation work at Oranga Tamariki and work to develop a Māori Health Authority.

## Timeline and primary legislation for children's placements into State care:

