



**CONFIDENTIAL**  
**Listening & Assistance**  
**SERVICE**

Ratongo Matatapu mō te Rongo me te Āwhina

**ANNUAL REPORT OF**  
**THE CONFIDENTIAL LISTENING AND ASSISTANCE SERVICE**  
**2013**

**RATONGA MATATAPU MO TE RONGO ME TE AWHINA**

*Chair, Judge Carolyn Henwood CNMZ*

**INTERNAL AFFAIRS**



Te Tari Taiwhenua

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## Confidential Listening and Assistance Service

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## Background

The Confidential Listening and Assistance Service is part of a whole of Government response to historic claims of abuse and neglect in State care.

The Service was established in 2008 by the Government as an independent agency supported by the Department of Internal Affairs. Its purpose as set out in the Terms of Reference is stated as follows:

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

The Service offers an opportunity to be heard by a Panel chaired by myself. The Panel listens to the experiences and concerns of participants at a panel meeting and delivers quality, timely assistance to those participants who require it. The perceived legacy of effects resulting from the early lives of many of our participants and their experiences in State care has required the Panel to develop packages of assistance uniquely tailored to each participant.

The institutions of State care include psychiatric hospitals and wards, psychopaedic hospitals, health camps as well as child welfare care, including children's homes and foster homes. When the Service was established, it was estimated to have a lifespan of five years (initially anticipated to close in June 2013). Approval was given by Cabinet in April 2012 to extend the Service until June 2015. Funding is drawn from the Ministries of Social Development, Health and Education.

This report describes the work of the Service in its fifth year.

## Highlights

I am pleased to confirm that over the life of the Service to date we have met with a total of 908 participants.

Panel meetings began at the end of April 2009. The Service met with 101 people in 2009, 206 people in 2010, 189 people in 2011, 206 in 2012 and 206 in 2013. A further 10 people were invited to a panel meeting this year but for various reasons at short notice were unable to attend their scheduled meeting.

75 panel meetings days were arranged this year in 19 towns and cities and 9 different prisons. A list of meeting venues and participant numbers is attached in Appendix 3.

The Service is funded up until the end of June 2015. We are committed to meeting with all of the participants who have registered with us and providing them with the assistance they require. In order to do that the Service has had to select a date to cease taking registrations on the 31 October 2013.

Before registrations closed on the 31st of October 2013, 1446 people registered their interest in meeting with the panel. 250 people are waiting to be seen before the Service closes.

People have come forward as a result of reading our advertisements in national and local newspapers, hearing our advertisements on radio, or have been encouraged to attend by

counsellors or other professionals. This year an increasing percentage of people registering had heard about the Service from friends, relatives and counsellors.

This year registrations from prisoners have increased as a result of an intensive awareness campaign in prisons. This was undertaken with the cooperation and support of staff and management from Corrections. 189 prisoners have registered with the Service since registrations opened. To date we have met with 78 prisoners in 15 different prisons. Next year we anticipate meeting the remaining 76 prisoners waiting to attend a panel meeting. We have a sense that there are many more potential participants in prison who have not been able to register before registrations closed.

Our Facilitators have provided extensive, time consuming pastoral care to over 63% of our participants. The level of assistance provided to participants is outlined in Appendix 5.

Since panel meetings began participants have been telling us that it is important for them that the State learns from their experiences so that changes can be made to policy and practice. Consistent themes and our participant's perceived legacy of effects are reported for 2013 in Appendix 10.

We have made a particular effort to engage with Maori. This year over 47% of our participants have been Maori.

This year 75 % of the people we have met have been in child welfare care, 22% in psychiatric care and in health camps and 3% have been in residential education. This ratio has been consistent throughout the life of the Service.

A total of 18 referrals were made to the Police in 2013. Since the Service began 64 referrals have been made to the Police. Some of these have resulted in CIB investigations and prosecution of perpetrators of historical abuse.

The Panel continued to assist participants who wish to take up their concerns directly with a relevant Government agency. Since the Service began we have made 383 referrals to Historic Claims at team of the Ministry of Social Development and 48 referrals to the Ministry of Health. This year, 113 referrals were made to the Historic Claims team and 14 referrals to the Ministry Of Health.

### The Panel

I am immensely impressed with the calibre of people who have been selected to serve on our Panel. They have all demonstrated an ability to listen in an appropriately non-critical, non-judgmental, receptive and constructive manner. There is a pool of eight Panel members, two of whom sit with me on each panel. The Panel members are selected on their availability and participant need.

The Panel farewelled Mike Noonan in July of this year. Mike was appointed as a panellist when the Service was first established. He brought a wide knowledge of the disability sector and social service delivery to the Panel. I thank Mike for his contribution to the work of the Service and wish him well for the future in his new role with in the Catholic Church.

Last year, at my request Dr Barbara Disley was appointed by the Department of Internal Affairs to Chair a second panel for the Service. Dr Disley was able to Chair 46 panel meetings this year to address the demand that the Service is encountering.

## Conduct of the Meetings

We have to ensure our panel meetings provide a balance of comfort and formality combined with dignity and respect. We have continued to meet with participants in hotels and motels and this is working well. Security is an on-going concern but on balance these venues provide the safest and most accessible location to convene our meetings. We have devised a risk management procedure to reduce any potential security risks (as far as possible) for staff, panellists and participants. There have been no major security or health and safety concerns in the management of the panel meetings.

## Counselling and Assistance

The Service takes particular care to ensure that appropriate counsellors are matched to our participants to ensure the best possible outcome. Facilitators have forged fruitful relationships with counsellors in all of the regions visited. Occasionally counsellors are already known to the participant. The uptake of participants accessing the offer of ten sessions of counselling has been high although there was a slight decrease in the number this year. Over 54% of participants sought counselling last year. This year there has been a slight drop to 49%.

The Service is determined to ensure quality hearings at the panel meeting and the delivery of quality, timely assistance following the panel meeting to those participants who require it. The perceived legacy of effects resulting from the early lives of many of our participants and their experiences in State care has required the panel to develop innovative packages of assistance. Each assistance package is unique to the individual circumstances of participants (see Table 4.1, Appendix 4 for details of types of assistance our Facilitators have organised).

A total of 18 referrals have been made to the Police this year. Some of the 64 participants that we have referred to the Police since 2009 have resulted in prosecution of perpetrators of historical abuse.

The Panel has assisted participants who wish to take up their concerns directly with a relevant Government agency. This year we have made 113 referrals to the Historic Claims Team of the Ministry of Social Development. We have assisted 14 people to talk directly with the Ministry of Health about their concerns relating to their time in the care of the health system.

If our participants wish, they are given the opportunity of having their panel meeting recorded and a CD of the recording provided to them. Members of the Deaf community who have met with the Panel have been provided with an interpreter and a written transcript of their meeting in addition to a CD recording. We have requested and distributed historical records to participants who seek their files from the Ministries of Health, Education and Social Welfare. This requires sensitive handling and we often engage the participant's counsellors to assist them while the files are read.

Many people who have been in State care but placed at some time in church run homes and institutions. The Service has gained the support of the Catholic, Salvation Army, Anglican, Presbyterian and Methodist churches in assisting participants. It is important for these participants to access as much information as they can from their files held by the relevant Churches. Although they are not subject to the Official Information Act the churches have been very co-operative in providing files or records if they are able to be located.

## Prison Work

Because of issues of security and communication with prisoners, arranging panel meetings in prisons has been complex. A total of 189 prisoners have registered with the Service since we began. Some have since left prison and are not able to be located. However we have now met with 78 prisoners in total in 15 different prisons and a further 76 prisoners are registered and awaiting a panel meeting. In every prison Corrections members of staff have been very cooperative in arranging a venue and providing security for the panel meetings. They have demonstrated a willingness to assist the Panel and the Facilitators in the work they are doing prior to during and following the panel meetings.

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

I am convinced that our work within the prisons will contribute to the lowering of inmates risk of re-offending or the level or seriousness of that offending.

## Participant Engagement

It has been critical for me to ensure that the panel meeting process is respectful and dignified. We have established a process to gather feedback from our participants and they confirm that we have been successful in this regard (see Appendix 8). Our Facilitators play a key role in communicating with the participants before the panel meeting date, at the panel meeting and in providing follow-up and after care. The high level of communication with participants is critical in contributing to the quality of assistance that has been provided.

## Evaluation

The Service is determined to ensure a quality hearing at the panel meeting and the delivery of quality, timely assistance following the panel meeting to those participants who require it.

After their panel meeting all participants are asked for their feedback to give to the panel. The results of this feedback are provided in Appendix 8.

The Service has piloted a service evaluation phone questionnaire with a small number of participants who have received counselling and other assistance as agreed by the Panel. It had been hoped that the questionnaire would be fully implemented in 2013. However we have discovered that contacting people by phone well after our assistance is completed sometimes resulted in requests for further assistance which we are unable to provide. In my view a better way forward is to undertake a postal evaluation from a random sample of our participants before the Service closes.



## Financial Performance

The Service has sufficient funds to undertake the mandate provided in its Terms of Reference. Funding for the Service reduces from July 2014 to reflect the winding down of the Service before closure. We will continue to manage our finances conservatively.

## Staffing

The Service has five full time and one part time staff members. No further appointments are planned. All of the staff were offered and accepted an extension to their fixed term contracts until the end of 2014. A review of staffing requirements to manage the closure of the Service will be made towards the end of 2014.

## Communications

The Service has used a communications strategy which primarily focussed on print media to build public awareness. Advertising in the free community newspapers was a particularly effective method of publicity. One newspaper campaign was implemented in June of this year which advised potential participants of the closure of the registrations in October. This campaign generated 178 new registrations between 24 June and 31 October 2013. In the last month alone we received over 50 registrations. Continued enquiries from potential participants would indicate that there are a number of people in the community who would be eligible to register with the Service but have not taken up the opportunity before registrations closed for a variety of reasons.

Since the Service began we have tried to ascertain how each participant heard about the Service.

Source	# of Participants
Internet	21
Newspaper	599
Radio	66
Television	18
Poster	21
Flyer/Pamphlet	98
Friend/relative told me	231
Key Worker told me	177
via Lawyer	69
via an Agency	126

Table 1 - Communication Sources

Presentations and articles about the Service have raised public awareness, not only amongst the public generally, but also amongst practitioners in the community who are working with our participants. Professionals include doctors, counsellors, probation officers and social workers. An article about the Service in the Listener this year also generated much interest and a large number of enquiries and registrations.

## Stakeholder Relationships

I have continued to consult widely with those agencies working with potential participants. In September I wrote to our key stakeholders advising them of the impending closure of registrations. I will continue to meet from time to time with stakeholders who provide services and assistance to our participants. A list of the persons we have consulted with this year is contained in Appendix 9.

## Estimated Uptake and Meeting Demand

Potential participants were advised through an advertising campaign held in June of this year that registrations were due to close in October of this year. Our website and after hours phone service were amended to reflect this change. Corrections distributed posters and fliers and staff advised prisoners of our impending closure.

Over the last five years we have been careful not to over stimulate demand for the Service so that we can safely see people within a reasonable timeframe. However it is possible that by adopting a low key approach to our advertising we may not have reached all of the participants who could benefit from registering with us. Over 50 people registered with the Service in October of this year before registrations closed which would support the contention that there is still a demand for the Service.

Since 2009 we have received 1446 registrations. While the Service has convened 908 panel meetings we will have a backlog of 250 participants waiting to meet with the panel at the beginning of 2014. We are committed to meeting with all of the participants who have registered with us and providing them with all of the assistance they require.

Our schedule for the first six months of next year should see the panel meeting with 115 people. To meet with the remaining 135 people will require the Panel to sit until February or March of 2015. In April 2013, Cabinet was advised that the Ministries of Health and Education are likely to have settled all outstanding claims by 2015. However, there are likely to be outstanding claims relating to the Ministry of Social Development at that time. The Ministry of Social Development anticipates that settling all historical claims will take until 2020

In the meantime a process has been agreed to refer late registrants directly to the agencies concerned: - Ministry of Social Development, Ministry of Education, Ministry of Health and STAND NZ (Health Camps).

## Challenges Ahead

As I reported last year delays are occurring in the Historic Claims process managed within the Ministry of Social Development. Participants referred to Historic Claims can expect delays of at least over three years before their concerns are investigated and resolved.

There are delays in the provision of historical files from the Ministry of Social Development. Since the Service was established, we have requested 775 files on behalf of our participants. Each file is

required to be vetted under the provisions of the Official Information and Privacy Acts before release. This takes considerable time. Often participants require support and assistance to read these files, usually provided by counsellors engaged by the Service. It is entirely possible that the Service will be closed before many of the files are made available to our participants. The Service (and the Government agencies involved) will continue to support our participants while they wait to receive assistance from these agencies. This will need to be managed carefully as the Service moves towards closure. For example ten sessions of counselling, are paid for by the Service. Counselling will need to be finished by the time the Service closes in order for counsellors to get paid. This may leave participants with no support when the historic files are ready.

It is worth repeating that I see a real risk for our participants, who are a vulnerable group, being left for a number of years before their cases are finalised. Their frustrations have the potential to be made more acute without the support of a Facilitator from the Service. We are already receiving angry complaints and calls on an almost daily basis from participants who have been waiting for an outcome from Historic Claims for two or three years already.

Participants say they come forward in the hope that policy and practice around the care of children is made safer for the next generation of children in care. It has yet to be established how the information that the Service has gathered and reported to you over the past 5 years will be used to improve the policies and practice of the Ministry for future generations.

## Conclusion

The total number of participants the Service has now seen is 908. This year the Service has met with a further 206 people over 75 meeting days in 19 cities and nine different prisons. In all, 1446 people registered their interest in meeting with the panel before registrations closed on 31 October 2013. The Service now has a waiting list of 250 participants to be seen before the Service closes in June 2015. At the completion of the Service a comprehensive final report will be provided to Ministers.

The Service has sufficient resources to undertake the task for which it was established although expenditure will be monitored very closely as the Service begins to wind down in the 2014/15 financial year.

I am confident that the work of the Service this year is of an exceptionally high quality. My thanks go to my dedicated staff and panel members.

Feedback from our participants confirms that our panel process is sound and the high level of extensive, time consuming pastoral care provided by the Service contributes to improving the wellbeing of our participants.

A substantial risk regarding the lengthy delays in the Historic Claims process at the Ministry of Social Development remains unresolved. A solution needs to be found that ensures on-going support for our participants who are waiting for their claim to be resolved when the Service is closed in 2015.

The service plans to close in 2015, and will have worked intensively for seven years. We have a sense that there are still many more people who have not registered. We believe they either do not know about the service, or are not yet ready to come forward. We have been gratified by the response to date, and feedback from participants has shown us how worthwhile the process has been.

## Recommendation

It is recommended that you:

- note the contents of this report.
- note that a short update to this report will be provided at the end of 2014 and a comprehensive final report to Minister's will be provided in June 2015 at the completion of the Service.



Judge Carolyn Henwood  
Chair, Confidential Listening and Assistance Service  
December 2013

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## APPENDIX 1 - Numbers of Participants Seen by the Service

Since the Service began meeting with participants in April 2009, 908 panel meetings have been convened.

In 2013 the Panel met with 206 participants over a total of 75 meeting days in 19 different cities and nine different prisons.

Participants have the opportunity of meeting with the Panel in a two hour session. The Panel has found that because of the intense nature of the panel meetings it is not appropriate to meet with more than four participants in any one day.

### Ethnicity of Participants Seen by the Service

Of the 206 participants who met with the Panel during 2013:

- 108 participants (52%) have identified as European.
- 97 participants (47%) have identified as Maori.
- 1 participant has identified as Pacific.

### Gender of Participants Seen by the Service

Of the 206 participants who have met with the Panel of the Confidential Listening and Assistance Service this year:

- 100 (49%) have been women.
- 106 (51%) have been men.

## APPENDIX 2 - Care Sectors of Participants Seen by the Service

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

Some participants have been in the care of the State in more than one sector. For example it is not uncommon for participants to have spent time in welfare care and in health camps (or other health facilities such as psychopaedic or mental health facilities) or in schools in the special education sector.

### Welfare sector

155 (75%) participants have come to the panel to express concerns primarily about their time in welfare care.

### Health Sector

46 (22%) participants have expressed concerns primarily about their experiences in the health sector including Health Camps.

### Education Sector

5 (3%) participants have met with the panel to express their concerns primarily about their time in special education facilities.

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### APPENDIX 3 - Locations of Panel Meetings and Numbers of Participants Seen

Hearing Location	# of Participants Seen	# of Meeting Days
Auckland	38	12
Christchurch	22	7
Wellington	33	11
Palmerston North	6	2
Tauranga	3	2
Whangarei	5	2
Dunedin	7	2
Whakatane	3	2
Hamilton	20	6
Napier	6	2
Rotorua	6	2
Masterton	3	2
Whanganui	7	2
Gisborne	6	2
Invercargill	7	2
Kaitaia/Kaikohe	4	2
Nelson	7	2
Taupo	1	1
Prisons	22	12
<b>TOTAL</b>	<b>206</b>	<b>75</b>
<b>Total since Service began</b>	<b>908</b>	<b>313</b>

Table 2 - Locations of Panel Meetings

## APPENDIX 4 - Types of Services and Assistance Provided to Participants in 2013

Service/Assistance	# of Participants
CD Recording of Meeting	198
<b>Requests for files to:</b>	
MSD	139
MOH	40
MOE	9
Health Camps	3
Barnados	1
<b>Referrals for counselling to:</b>	
Relationships Services	Nil
Private practice counsellors (mainly ACC registered)	100
Referral to Historic Claims team MSD	113
Referral to New Zealand Police liaison	18
Assisting in the provision of information/reports	16
NGO support/liasion (including churches)	5
Second hearing opportunity	5
ACC advocacy/liasion	4
Accommodation advocacy	3
Referral to Ministry of Health Legal team	14
Referral for legal advice	4
Advocacy with Work and Income	9
Letter to CEO /Chief Social Worker of MSD	13
Director of Mental Health - MOH	2
Education assistance/information/driving licence information	8
Referral to CEO of Children's Health Camps	5
Mental health referral/mood assesment	3
Assistance in writing life story	5
Letter to Minister of Social Development	5
Referral and advocacy for employment assistance	1
Referral to Ministry of Education Legal team	3
Referral to Maori provider/TPK	2
Letter to Minister of Health	1
Liaison with Department of Corrections/Probation	2
Referral to Births Deaths and Marriages	2
Ombudsman/Privacy Commissioner referral	1
Letters of Attendance	20
Requests for files from Churches	7
Inland Revenue	1
Referral to Health and Disability Commissioner	2
Referral to Adoptions Unit	1

Table 3 - Types of Service and Assistance Provided



## APPENDIX 5- The Level of Assistance Provided to Participants

For the purpose of reporting, The Confidential Listening and Assistance Service has established three measures of assistance to participants:

- Minimal level of assistance.
- Significant level of assistance.
- Extensive level of assistance.

The types of assistance provided by the Service are detailed in Appendix 4.

Not all participants requested assistance from the Service during their panel meeting. Some participants merely wished to attend the panel meeting, describe to the Panel their experiences in State care and have the State formally listen to their concerns. Some took away a recording of their meeting with the Panel while others simply wanted to tell their story and be heard.

### 1. Minimal Level of Assistance Provided by the Service

Participants were given the opportunity to meet with the panel, have their story recorded, and identify the assistance required. The Facilitator would in every case contact the participant the following day and offer further support. Practical advice and counselling support could be provided by the Facilitator if appropriate. In some cases the Facilitator would assist the participant by identifying information about services and programmes or obtaining copies of reports for the participants if they requested it.

Of the 206 participants who have met with the Panel in 2013, 17 (8%) received a minimal level of assistance from the Service.

### 2. Significant Level of Assistance Provided by the Service

The Service has met with a number of participants who have identified issues in their lives that stem from their time in State care. They have asked the Service to refer their cases to agencies that can assist them and to advocate with these agencies on their behalf. The Facilitator has had to develop a wide understanding of resources available at a local level in all of the regions the Service has visited to date (see Appendix 3). Once the appropriate resource or service has been identified the Facilitator has made referrals and assisted the participant through the process of engagement with the services they seek.

Of the 206 participants who have met with the Panel in 2013, 61 (29%) received a significant level of assistance from the Service

### 3. Extensive Level of Assistance Provided by the Service

The Service has provided an extensive level of assistance to nearly two thirds of the participants who have met with the panel. A large number of participants have sought counselling and access to their historical records. Appropriate counselling referrals are made by the Facilitator after an assessment of the participants needs. When counselling is established the Facilitator works with the counsellor to ensure that an outcome rating scale score is established which measures the clients own perception of their wellbeing. A further rating is finalised at the completion of counselling to determine the impact of the intervention. When an historical file is provided to a participant the Facilitator ensures that the participant has appropriate support when reading the file and that someone is available to answer questions and assist the participant to make a correction to their file if that is necessary. While many participants are in contact with the Service for weeks after their panel meeting, seeking advice and support, the Facilitator endeavours to find or craft local networks of support.

Of the 206 participants who have met with the Panel in 2013, 128 (63%) received an extensive level of assistance from the Service.

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## **APPENDIX 6 - Level of Assistance Provided by Agencies of the State to the Service**

Not all participants requested assistance from agencies during their panel meeting. Some participants merely wished to attend the panel meeting, describe to the panel their experiences in State care and have the State formally listen to their concerns. Some took away a recording of their meeting with the panel while others simply wanted to tell their story and be heard.

Of the 206 participants who have met with the panel in 2013, 30 (14%) did not seek any form of assistance from any of the State agencies listed in Appendix 7.

### **Short Term Agency Support and Advocacy for Less than 1 Month**

Of the 206 participants who have met with the panel in 2013, 28 (13%) received support and advocacy from one of the agencies listed in Appendix 7 for less than a month.

### **Medium Term Agency Support and Advocacy from Between 1-3 Months**

Of the 206 participants who have met with the panel in 2013, 53 (26%) received support and advocacy from one of the agencies listed in Appendix 7 for up to three months.

### **Support / Advocacy for Greater than 3 Months**

Of the 206 participants who have met with the panel in 2013, 95 (47%) received support and advocacy from one of the agencies listed in Appendix 7 for in excess of three months.

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## APPENDIX 7 - Agencies of State Providing Assistance to Participants

- Ministry of Social Development
- Historic Claims
- Work and Income New Zealand
- Adoption Unit (CYFS)
- Ministry of Education
- New Zealand Police
- Ministry of Health
- Health and Disability Commissioner
- Human Rights Commission
- Crown Health Financing Agency
- District Health Board's
- Housing New Zealand
- Ombudsman
- Accident Compensation Corporation
- Te Puni Kokiri
- Births Deaths and Marriages
- Department of Corrections
- Probation Service
- Department of Internal Affairs
- Ministry of Justice
- STAND -Children's Health Camps New Zealand
- Land Transport Authority
- War Pensions Office
- Work Bridge
- PATHS
- CADS

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## APPENDIX 8 - Participant Feedback on the Panel Meeting Process

After their panel meeting all participants are asked for their feedback to give to the panel. Feedback can be considered by the Chair to inform the management of the panel meeting process. For example some participants have reported that they did not say everything they wanted to say. To moderate this issue, participants can be offered the opportunity of a second hearing.

Feedback is gathered from the Facilitator in the “debriefing” time after the participants meeting with the Panel. Six statements are presented to the participant who circles the number that best represents their experience were 1 is worst and 5 best. The statements are:

- I felt comfortable in the environment.
- I felt understood and heard by the panel.
- I said everything I wanted to say to the panel.
- The information I received helped me prepare for the panel.
- I felt respected by the panel.
- Overall my expectations of today’s panel meeting were met.

The results of the feedback from the participants (see graph below), remains the same as 2012. Interestingly there has been very little change in the results since the Service began reporting on them in 2009. The number of participants being surveyed each year has increased from 101 in 2009 to 206 in 2013. Despite this increase the results remain consistent confirming that the panel process is robust and meeting participant need.

Average Feedback Results from Participants

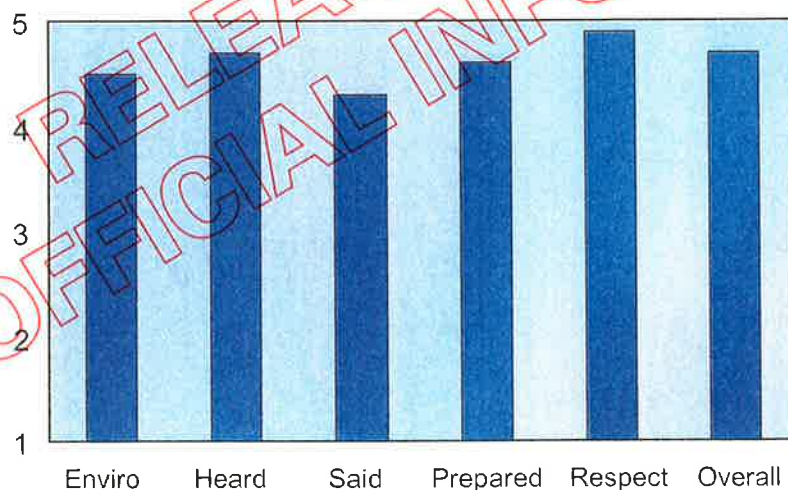


Table 4 - Average Feedback Results

## APPENDIX 9 - Ministers of the Crown and Agencies Consulted

This year I have met formally with the:

- Minister of Social Development
- Attorney General

At informal meetings I have also kept the Minister of Finance, and the Minister of Health advised of progress on the work of the Service.

Meetings have also been held with Chief Executives and staff of Government and Non-Government agencies including:

- Ministry of Social Development
- The Chief Social Worker (MSD)
- Ministry of Health
- Human Rights Commission
- Crown Law
- Ministry of Education
- Cooper Legal
- Howard Broad –consulting on CYF complaints process
- New Zealand Police
- Corrections Department
- The Methodist Church
- Melbourne University
- Male Survivors of Sexual Abuse Trust
- Tainui
- Te Rarawa
- Ngai Tahu

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## APPENDIX 10 - Consistent Themes and Perceived Legacy of Effects

It is important to remember that the Panel does hear evidence or make findings.

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

Consistent themes are a collection of reported information, complaints challenges and criticisms made voluntarily at panel hearings by participants. These themes are related to the Panel Chair and sitting panellists.

For the purposes of this report, consistent themes have been identified from data collected from the stories of participants since the Service was established. The Service's data base records the reasons why participants went into State care, the centres where they were cared for, the key concerns they have about their time in care and the long term impact of State care on their lives as they perceive it.

### Consistent Themes

Themes common to many participants throughout New Zealand have been reported to the panel in the individual narratives. These themes fall into eight categories.

- Placements- including transition into and out of care
- Monitoring and Support
- Sexual abuse
- Serious violence and emotional abuse
- Neglect- including neglect of education
- Criminal behaviour
- Institutional Practice
- Consent

This year a number of participants spoke about their experience transitioning into and out of care. They had concerns about the lack of preparation they faced moving from placement to placement, some reporting that they never bothered to unpack their suitcases before they were shifted again. In many cases they had no idea why they were shifted or where they were going.

One participant reported that she was not prepared for the difficulties she faced in dealing with her dysfunctional family of origin when she was discharged from care. Many spoke about of the difficulties they faced having to "sink or swim" without the necessary life skills to cope in the community and without adequate support from the state.

Participants who had spent time in Health Camps also spoke of their confusion about the reasons behind their admission to Health Camp. Some stated that they were told that they were going to Health Camp for health reasons or to "put on weight" but when they arrived discovered that many children were sent there for behavioural reasons. Some report that they were hit in Health Camp with some of the staff being very strict and punitive.

## Participants Report on Key Concerns

Key Concerns	This Year	# of Participants:
Concern:	2013	2009-2013
Allegations of Staff Corruption	1	13
Complaints	1	56
Consent Issues	31	238
Cultural/Religious Insensitivity	12	97
Disconnection from family	70	207
Institutional Routines and Practices	176	704
Lack of medical treatment	10	69
Monitoring/Support	119	596
Neglect	28	195
No/Limited Education	58	294
Physical Conditions	64	257
Physical/Emotional Abuses	145	649
Placement Decisions	173	713
Poor quality of food	16	75
Return home without monitoring	26	120
Police corruption	2	10
Psychiatric Treatments	51	194
Over medication	35	108
Punishment Regimes	151	579
Sexual Abuse	109	509
S/A Disclosed to staff at time	19	119

Table 5 - Participants Report on Key Concerns

### Legacy of Effects

The early experiences of participants in their families and in state care were perceived to have major impacts on the lives of those who came to speak to the panel. The common legacies of effects were seen in:

- Distrust
- Difficulty forming relationships
- Fear of authority
- Family breakdown
- Anger
- Depression
- Poor education and subsequent loss of potential

### Criminal behaviour and convictions

Some of our participants spoke about the impact of having criminal convictions which they received when in State care particularly in Boys and Girls homes. Many young people were placed in institutions for care and protection reasons. They were housed with young offenders and on many occasions were influenced by these young people to abscond and commit offences such as burglary or unlawfully taking a motor vehicle. Some went on to offend in their late teenage years leaving



them with a criminal record. Many believe that the lifelong impact of this early offending has seriously damaged the opportunities they face as adults and perceive this as a great injustice.

### Participants Report on Perceived Legacy of Effect

Impact of State Care:	This Year	# of Participants
Impact:	2013	2009-2013
Limited Impact	21	65
ACC sensitive claim	33	147
Anger	85	397
Anxiety	38	191
Benefit dependency	47	241
Cigarette addiction	24	116
Criminal behaviours/convictions	85	313
Depression	73	374
Difficulty forming relationships	130	481
Difficulty trusting others	155	558
Disconnected from Culture	11	56
Domestic violence	35	173
Drug and Alcohol addiction	70	306
Emotional abuser	4	15
Failure to thrive	3	54
Family breakdown	98	408
Fear/distrust of authority	84	311
Financial difficulties	19	150
Flashbacks	45	176
Gambling	8	14
Gang affiliation	27	121
Illiteracy	7	34
Loss of potential	87	219
Memory impairment	23	93
Nightmares	28	162
Ongoing Psychiatric Care	38	171
Phobias/fears	8	51
Physical abuser	26	79
Poor education	74	329
Poor physical health	41	204
Prison sentences	69	241
Prostitution	6	25
Sexual abuser	11	38
Self harm	10	38
Stigmatisation	35	157
Teen/ unwanted pregnancy	12	108
Unemployment	56	248

Table 6 - Participants Report on Perceived Legacy of Effect

## APPENDIX 11

### The Panel

#### Judge Carolyn Henwood, CNZM – Chair



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

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

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

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

Paula Daye - FNZIM



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

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

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

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

#### Dr Barbara Disley - ONZM

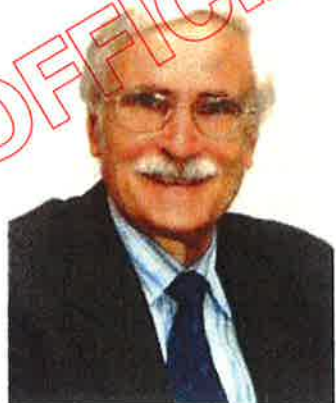


Dr Barbara Disley is the Chief Executive of Richmond Services Ltd, a charitable organisation that provides housing and recovery services. Barbara has an extensive career in the health and education sectors. She was the Chief Executive of the Mental Health Foundation where she conducted research and community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

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

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

#### Dr Ian Hassall, MB, ChB, DCH, FRACP



Dr Ian Hassall is at present research associate at the Institute of Public Policy at AUT University where he has taught and researched children and public policy. He has forty years experience in working with children and families as clinician, researcher, strategist, and advocate.

He practiced for ten years as a specialist paediatrician and was full time medical advisor to the Plunket Society for eight years. He was New Zealand's first Children's Commissioner from 1989 to 1994. He has undertaken research, published seventy peer-reviewed papers and campaigned on a range of aspects of children's health and safety, children's rights and public policy for children. In 2010 he received UNICEF's Aldo Farina Award for child advocacy.

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

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

#### Malia TF Hamani QSM



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

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

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

Malia is a Tongan born mother of five young men and enjoys two grandsons and a granddaughter. Malia was awarded the Queen's Service Medal in the 2009 New Year's Honours List for services to the Pacific Island community and senior citizens.

#### Bobby Newson, JP



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

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

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

### Winifred Jackson



syndrome.

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

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

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

### Doug Hauraki



*Ngati Porou, Ngati Kahungunu and Nga Puhi*

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

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

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

### Janice Donaldson



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

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

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

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

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## APPENDIX 12 - The Terms of Reference of the Confidential Listening and Assistance Service

### Purpose

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

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

- provide the opportunity for participants, supported by their families if participants wish, to talk about their concerns and/or experiences with a group of suitably qualified people (the panel), with a focus on their current needs;
- provide assistance for participants to identify and get assistance to meet their needs and those of their family and with access to existing services on a non-preferential basis compared to other members of the public;
- assist participants to access available information held about them by the State, in an environment where they can ask questions and seek corrections to the information held; and
- assist participants to come to terms with their experience and to achieve closure, as far as is reasonable, within the context of the Service.

The Service is to be accessible to all eligible people. In particular, some people may have intellectual, physical or sensory impairments that will need to be accommodated.

The Service will accommodate, as appropriate, the cultural needs of participants.

### Panels and Meetings

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

The panels will comprise members who, in addition to having the necessary skills for the role, meet some or all of the following criteria:

- familiarity with at least one aspect of State care in New Zealand from a consumer's perspective;
- have a significant and respected community profile;
- a gender mix; and
- a cultural mix to reflect the cultural background of likely participants.

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

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

## Processes and Consultation

The Chair of the Service will:

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

## Access by Participants

The Service will:

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

## Environment, Confidentiality and Process

The panel will:

- arrange to hear a participant's experiences and stories in a comfortable, confidential and private setting, where the participants can be confident of being heard in an appropriate manner;
- ensure adequate processes and systems are established to maintain complete confidentiality;
- advise each participant that they participate on the basis that what is said at a meeting will be treated as strictly confidential to the extent possible under the law. Participants will be able to record their session with the panel if they so desire; and
- listen in an appropriately non-critical, non-judgmental, receptive and constructive manner.

## Counselling and Support

The panel will:

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

The facilitator will:

- ensure that counselling is available to those participants who find participation in the Service traumatic and will co-ordinate the assessment of each participant's needs, where these are related to the person's participation in the Service;
- work directly with services and assessors to help people identify and access services; and



- refer participants who wish to take up their concerns directly with a relevant government agency to the person or position identified within that agency.

## Reporting

The Chair of the Service will:

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

## Outside the Scope of the Service

The Service must not:

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

## Administration and Support

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

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

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

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