



Meeting pack – 29 May 2024

Ministerial Group – Crown Response to the Abuse in Care Inquiry

Membership:

- Hon Erica Stanford as Minister responsible for coordinating the Crown Response to the Abuse in Care Inquiry (Chair) and as Minister of Education;
- Hon Dr Shane Reti as Minister of Health and Minister for Pacific Peoples;
- Hon Paul Goldsmith as Minister of Justice;
- Hon Louise Upston as Minister for Social Development and Employment and Minister for Disability Issues;
- Hon Mark Mitchell as Minister of Corrections and Minister of Police;
- Hon Tama Potaka as Minister for Māori Development, Minister for Whānau Ora and Minister for Māori Crown Relations: Te Arawhiti;
- Hon Matt Doocey as Minister for ACC, Minister for Mental Health and Minister for Youth;
- Hon Casey Costello as Associate Minister of Health; and
- Hon Karen Chhour as Minister for Children and Minister for the Prevention of Family and Sexual Violence.

Meeting pack:

- Aide-memoire: Agenda and items for discussion;
- Appendix One: Discussion paper - Public apology for abuse in care; and
- Appendix Two: Discussion paper – potential redress options for Lake Alice Unit survivors who experienced torture.
- Appendix Three: Working draft Cabinet paper – Acknowledgement of torture at Lake Alice.

Additional material provided to support the meeting pack:

- Appendix Four: Slide-deck Ministerial Group meeting 29 May 2024.

Aide-memoire



Listening, learning, changing
Mā Whakarongo me Ako ka huri te tai
Crown Response to the Abuse in Care Inquiry

Agenda and items for discussion

For: Ministerial Group – Crown Response to the Abuse in Care Inquiry

Date: 23 May 2024

Security level:

Purpose

1. This meeting pack provides the Ministerial group for the Crown Response to the Abuse in Care Inquiry (the Ministerial Group) with background and papers to support its meeting on 29 May 2024.

Agenda

	Item	Timing
1.	Public Apology to survivors of abuse in care	30 minutes
2.	Potential redress for torture experienced by some survivors at Lake Alice	25 minutes
3.	Any final feedback on work programme Cabinet paper	5 minutes

Item 1: Public Apology to survivors of abuse in care

2. On 27 March 2024 Cabinet agreed for a public apology for abuse in care to be delivered as soon as practicable after the release of the Royal Commission's final report [SOU-24-MIN-0019 refers]. A provisional timing of early November has subsequently been agreed by the Prime Minister.
3. Work is progressing on the apology text, event, and accompanying actions and ceremonies. There are various issues and options associated with each of these aspects and feedback is sought on issues that will be highlighted in the Ministerial Group's meeting. To support Ministers' discussion a paper is attached in Appendix One.
4. Awhkenga Rōpū, consisting of senior Māori advisors to Parliament and other esteemed tikanga experts, is providing advice to the Crown Response on the tikanga (protocols) for the apology. Leaders from the Rōpū, have offered to meet with members of the Ministerial Group to discuss the apology. Ministers are asked to consider if they would like to join the Hon Erica Stanford in meeting with the Rōpū leaders.

Item 2: Potential redress for torture experienced by some survivors at Lake Alice

5. The Royal Commission found that some of the experiences at the Lake Alice Psychiatric Hospital's Child and Adolescent Unit, which operated in the 1970s, meet the threshold for torture under the Convention against Torture and Other Cruel, Inhuman or Degrading

Treatment or Punishment. The UN Committee Against Torture has made recommendations that specific redress should be provided to Lake Alice survivors who were tortured.

6. The issues around Lake Alice have been thoroughly investigated and are not in dispute. The decision for Ministers is whether to consider specific torture redress now or to defer consideration to be part of broader redress redesign.
7. Based on previous advice, the Minister responsible for coordinating the Crown Response to the Abuse in Care Inquiry is anticipating taking a paper to the Cabinet Business Committee in early July 2024 to formally acknowledge that some Lake Alice survivors experienced torture. Subject to the views of the Ministerial Group and the Attorney-General, the planned paper could include options for specific torture redress.
8. To support Ministers' discussion on considering potential specific redress for torture, a paper is attached in Appendix Two. The discussion paper has a working draft of the intended torture acknowledgement Cabinet paper appended for reference, as Appendix Three.

Item 3: Any final feedback on Work Programme Cabinet Paper

9. The work programme Cabinet Paper has now undergone targeted consultation with Ministerial group members and is in the final stages of broader Ministerial and Party consultation. A track change version of the paper reflecting feedback will be provided to Ministers on 27 May. The key changes to the paper to reflect consultation feedback are the addition of content on the redress design group proposals and an outline of the process for redress options development.
10. The paper is due to be lodged by 10am, Thursday 30 May for CBC on Tuesday, 4 June.



Appendix One

Discussion paper: Public apology for abuse in care

For: Ministerial Group – Crown Response to the Abuse in Care Inquiry

Date: 23 May 2024

Security level:

Purpose

1. This paper sets out the proposed approach for a public apology to people who were abused in care. Feedback will be sought from Ministers at their meeting on 29 May on approaches to the public apology text, apology events and tangible actions to accompany the apology.
2. It is recommended that you:
 - a. **note** that on 27 March Cabinet agreed for an apology to be delivered after the release of the Royal Commission's final report [SOU-24-MIN-0019 refers]; and
 - b. **provide feedback** on the proposed approach set out in this paper, with a focus on:
 - i. the apology content; and
 - ii. matters relating to the apology event, specifically concurrent and regional events and tangible actions to accompany the apology.

Executive summary

3. A public apology is planned to be delivered to survivors of abuse in care by the Prime Minister in early November 2024. The leaders of other parties, the Governor-General, selected survivors, and possibly leaders of faith-based institutions, may also have the opportunity to speak.
4. Work has begun on a draft text for the public apology in consultation with all the Crown Response agencies. It is based on the evidence survivors gave at the Royal Commission hearings and survivor engagement which took place in late 2022 and 2023. There are several issues survivors and the Royal Commission have raised that will require some consideration by Ministers, and potentially by Cabinet. These include whether the apology should include: systemic abuse, Treaty of Waitangi breaches and institutional racism.
5. It is proposed for the public apology to take place in Parliament House followed by an event in the Parliament banquet hall, and planning is well underway. Survivors should be involved in the event design, and advice is also being provided by an independent Pūkenga rūpū, a group of senior Māori leaders and recognised tikanga experts, including mana whenua. Survivor artists are being commissioned to create a taonga, or memorial, to be present at

the apology and are working with the Pūkenga rōpū to compose waiata, poi and karakia to be performed at the event.

6. After the main apology it is proposed to hold a small number of regional events around New Zealand to allow a more personalised event than the national apology, highlight the stories of each region, and raise public awareness. The Royal Commission recommended the public apology should be accompanied by tangible demonstrations of goodwill and reconciliation, and \$2.2 million was allocated for this in Budget 2023.
7. The Crown Response Unit is seeking agencies feedback and will test the text with a small number of survivors whom we have previously worked with before a draft is provided to the Minister responsible for coordinating the Crown Response to the Abuse in Care Inquiry, and then to the Prime Minister for review. Cabinet agreement will then be sought in early August after the Royal Commission's final report has been received.

Cabinet has agreed to deliver an apology to survivors of abuse in care

8. In March 2024, Cabinet agreed [SOU-24-MIN-0019 refers] for an apology to survivors of abuse in care to be delivered as soon as is practicable after the release of the final report.
9. This decision follows the recommendation from the Royal Commission of Inquiry into Abuse in Care (the Royal Commission) in its 2021 interim report on redress, *He Purapura Ora, he Māra Tipu, from Redress to Pūretumu Tōpū Whānui* (the redress report) that a public apology be delivered by the Prime Minister, Governor-General and heads of relevant faith-based institutions.
10. The redress report also made recommendations that a series of tangible actions such as memorials, archives of survivor accounts, projects to raise awareness of abuse in care, independent research, and social campaigns to eliminate abuse in care, accompany a public apology.
11. A public apology is a key part of the Crown's response to the Royal Commission. It is intended to:
 - a. respond to recommendations made by the Royal Commission in its redress report;
 - b. respond to expectations of many survivors that a public apology will be made;
 - c. be a step towards healing for some survivors whom the Royal Commission has said see a public apology as validation of the abuse they suffered and an element of ensuring accountability;
 - d. raise public awareness about abuse in care; and
 - e. demonstrate the Crown's commitment to a timely response to the Royal Commission.

Timing for the public apology

12. A public apology cannot be delivered until the receipt of the final report so it can cover the full range of survivor perspectives and situations of abuse identified in it. The final report is

due to be provided by 26 June 2024, with a likely public release date in July 2024. A minimum of three months is needed to ensure the apology text addresses all the issues in the final report and to allow six weeks to produce accessible, te reo Māori, and Pacific language, versions. The preferred time for the apology is therefore mid-October to end November 2024 and the Prime Minister has indicated his availability in early November 2024.

Initial drafting of the text of the public apology has begun

- 13. In drafting the text of the public apology, the Crown Response Unit is working closely with a range of survivors of abuse in care and survivor advocates to understand their expectations for an apology. The drafting is also being informed by the evidence provided to the Royal Commission, findings from the Royal Commission’s interim reports, and will consider findings from the Royal Commission’s final report, when released.
- 14. We have also reviewed approaches taken in other jurisdictions (2008 of residential schools in Canada, the apology in 2018 for child sex abuse in Australia, and the apology by the Irish Government and the Catholic Church in 2021 for abuse in mother and baby homes) and earlier apologies by the New Zealand Government. This includes the apology in 2008 for the treatment of Vietnam war veterans, the apology in 2017 for the invasion of the Parihaka settlement, and the apology in 2021 for the dairy raids.
- 15. The Crown Response Unit developed an outline of a public apology reflecting the matters that have been under investigation by the Royal Commission and which CRU anticipates will be the subject of findings by the Royal Commission. The apology outline is wide-ranging, reflecting the broad scope of the Royal Commission and its focus areas. This outline was drafted in consultation with the government agencies involved in the Crown response and was agreed by the previous Minister for the Public Service in 2023. It has since been refined following testing with around 40 survivors and is set out in Table One.

Table One: Proposed outline of the public apology

Section	Content would include:
Opening statement of the apology	<p>Acknowledge the scale of abuse in care.</p> <p>Apologise to everyone who has suffered abuse and neglect in State care.</p> <p>Apologise for the failures of the State in relation to those abused in faith-based care.</p> <p>Acknowledge those who haven’t survived to hear the apology.</p> <p>Thank those who had the courage to come forward and share their experiences.</p> <p>Reference to changes in care provision, particularly since abuse rates were at their highest in the 1970’s. Acknowledge ongoing instances of abuse and need to be upfront about this as well as need for ongoing vigilance.</p>
Types of abuse and types of care settings	<p>Set out the different types of care settings where abuse has happened (children’s homes, residences, foster care, schools, psychopaedic and psychiatric hospitals, community care settings etc.).</p>

Section	Content would include:
	Set out the different forms of abuse and neglect, including sexual, physical, psychological, torture, racial abuse, institutional racism and systemic abuse at some locations.
Addresses to specific groups	Apologise for the particular impacts of abuse in care on population groups, including: <ul style="list-style-type: none"> • Māori (for racial abuse, loss of identity and cultural connections, institutional racism, Treaty breaches); • Deaf and disabled (separation from the rest of society, pressure put on parents to institutionalise children, failure to recognise their personhood, abuse and neglect); • Pacific (racial abuse, loss of identity and cultural connections, institutional racism); and • LGBTQIA+ (discrimination, abuse, psychiatric mistreatment).
Adoptions	Apologise to parents, particularly mothers, who were pressured to put their children up for adoption, and to children who were abused in adoptive placements where follow-up was poor.
Family and whānau	Apologise to family and whānau for the harm caused to their loved ones. Acknowledge the widespread impacts of abuse for family, whānau and communities, including intergenerational harm.
Past government responses to abuse in care	Apologise for length of time agencies took to respond to abuse claims. Apologise for redress processes that sought to protect the state over survivor healing.
Record keeping	Apologise for poorly kept care records and the impact this has had. Acknowledge the difficulties those trying to access their records have had.
Address advocates	Thank the work of advocates and the Royal Commission in supporting survivors and bringing the truth of abuse in care into the public.
Commitment to action (details to be confirmed close to delivery date)	Set out the Government's responses to the final report and interim redress report (which are subject to future Cabinet decisions), announce tangible actions, and any other related work underway. Provide a strong commitment to measures to prevent, detect and respond to further abuse in all the care agencies.

16. Following discussion of the proposed outline of the apology, the Crown Response Unit will work with the Minister responsible for co-ordinating the Crown Response to the Abuse in Care Inquiry and the Prime Minister's Office on the drafting of the apology. This will include identifying aspects of the apology that need agreement through key Minister's and/or Cabinet. We anticipate this will likely include the following matters which are discussed further below:

- a. systemic abuse in the care system;
- b. Treaty of Waitangi breaches; and
- c. institutional racism in the care system.

Systemic abuse in the care system

17. It is likely the Royal Commission's final report will include findings of systemic abuse in the care system and survivors may have expectations that the apology will acknowledge this.
18. To date, the Crown has not acknowledged systemic abuse in the care system, except at the Lake Alice Child and Adolescent Unit, and neither the Crown nor the Royal Commission has a stated definition of it. However, the way systemic abuse has been described by the Crown, for example in advice to previous Ministers, has tended to focus on volume - implicitly equating systemic abuse with widespread abuse.
19. The Royal Commission quotes Associate Professor Brigit Mirfin-Veitch's definition of systemic abuse which is considerably wider. She describes it as involving: a system that routinely prioritises the order of a place over an individual's needs, has power dynamics where staff are dominant, and has conditions, policies and practices that are abusive.
20. The apology could consider a definition that sits between these two, for example to include routine practices that are abusive (such as harsh punishments) but not to imply that any routine is abusive.

Treaty of Waitangi breaches

21. Many Māori survivors have an expectation that the public apology will include an acknowledgement of historic Crown breaches of the Treaty of Waitangi relating to abuse in care. The Royal Commission has made statements that the Crown has breached the Treaty in its interim reports and it is likely to include breach findings in its final report.
22. The most common mechanism for the Crown to make Treaty breach acknowledgements is through the Treaty settlements process. Treaty breach acknowledgements are commonly developed by Te Arawhiti and Crown Law, in consultation with Māori. All Treaty breaches must be agreed by Cabinet. A9(2)(f)

24. **s9(2)(h)**

Institutional or structural racism in the care system

26. Some survivors want the public apology to acknowledge that institutional, or structural, racism has been a feature of the state care system. This was acknowledged by Oranga Tamariki and the Ministry of Health at the Royal Commission hearings, and there are likely to be findings of institutional or structural racism in the Royal Commission's final report.
27. Institutional racism is defined as: entrenched discrimination in legislation, policies and practices at the organisational level that create advantage for some groups and disadvantage for others. This generates inequitable access to power and prosperity across racialised groups. An example might be the lack of recognition of Māori whangai practices prior to the 1990s.

Planning is underway for the public apology event

28. Feedback from the Ministerial Group is sought on the proposed apology event, including any aspects of the event that Ministers want to be involved in.
29. The public apology event is tentatively scheduled for early November 2024. Informed by engagement with a diverse range of survivors, it is proposed that the public apology should be delivered in the House, with the Prime Minister delivering the apology and leaders of other political parties also delivering speeches. This is a similar approach to other apologies delivered in the House, such as the apology to Vietnam veterans in 2008.
30. We are working with survivors on the design and delivery of the event and also receiving advice from an independent Pūkenga rūpū, a group of senior Māori leaders and recognised tikanga experts, that includes Te Āti Awa and Taranaki Whānui (mana whenua) representatives, on tikanga Māori aspects of the apology event.
31. Survivor artists are being commissioned to create a taonga, or memorial, that will be a physical symbol of the apology to those abused in care and will be present as the apology is delivered. Work is also underway between the Pūkenga rūpū and survivors to compose waiata, poi and karakia based on their experiences and insights for the national event.
32. It is proposed that following the delivery of the apology in the House, an event involving survivors would be held in the Parliament Banquet Hall. There will be opportunities for survivors, the Prime Minister, Governor-General, and possibly faith-based leaders to speak at the event, and Ministers with relevant portfolios will be encouraged to be present. Te Āti Awa and Taranaki Whānui, as mana whenua of the region, would open and close the event.
33. There may be further opportunities for survivor involvement in the apology event, for example through an exhibition of works by survivor artists at locations around Parliament.

Options for concurrent viewing of the apology

34. Inevitably, some survivors will not travel to Wellington for the apology event. Survivors have expressed a range of reasons for this, including the cost of travel and accommodation, illness and age, feelings of discomfort about attending an apology at the location that represents the Crown, and accessibility concerns from disabled survivors. The national apology will be broadcast live and streamed online.
35. There will likely be options for survivors to hear and view the apology at informal events around the country concurrent to the apology event organised by survivors and their supporters. We are looking at using a small amount of funding that has been appropriated

for the public apology to make available for local survivor groups and Disabled Peoples Organisations to organise and host informal gatherings.

We are seeking feedback from Ministers on proposed regional events following the public apology in Wellington

36. It is proposed that after the apology event, there are a small number of subsequent regional events around New Zealand, to enable a larger number of survivors to participate in the apology process than is possible at the Wellington event. Ministerial feedback is sought on the proposed approach to regional events.
37. Many survivors have expressed support for regional events, including some who would not be able to attend the apology. Many survivors viewed regional events as providing an opportunity for a more personalised event than the national apology.
38. The regional events could involve survivors, their families and whānau, Ministers and local MPs, mana whenua in each area and local government representatives. Each regional event would be different, reflecting the diversity of survivor experiences and the institutions, and residences in each region. Regional events could also support the raising of public awareness of abuse in care across New Zealand.
39. Decisions about where regional events could be held would be guided by:
 - a. where care institutions were located and where survivors were abused;
 - b. where tamariki, rangatahi & vulnerable adults were taken from;
 - c. where survivors are currently located; and
 - d. travel distances and accessibility for survivors and their family and whānau.
40. A small amount of funding is available in the Crown Response Unit budget to support a small number of regional events after the main apology. There may also be opportunities to work with other agencies or partners to draw on additional resources or in-kind support for regional events.

Funding has been agreed for tangible actions to accompany the public apology

41. The Royal Commission has recommended that acknowledgements and apologies should, where appropriate, be accompanied by tangible demonstrations of goodwill and reconciliation. After engagement with survivors, \$2.2m was allocated as part of Budget 2023/24 for tangible actions.
42. Informed by the Royal Commission's recommendations and insights from survivors engagement, work is underway on the following tangible actions:
 - a. Regional memorials or reflection spaces at sites of significance for survivors;
 - b. Scholarships and/or grants to support survivors and their families to access education opportunities that they had been unable to due to abuse in care; and
 - c. A fund to support the creative projects of survivors of abuse in care.
43. We are seeking feedback from Ministers on this mix of proposed tangible actions.
44. The Crown Response Unit are working with survivors and partnering with relevant government agencies, including Ministry of Education, Creative NZ and Ministry for Culture & Heritage, on the delivery of tangible actions.

45. It is intended the tangible actions will support the healing process for survivors and their family and whānau, raise public awareness of the history of abuse in state care, enhance the livelihood of survivors and their whānau through funded education support, and provide a platform to enable and elevate survivor cultural and artistic expression.

Managing and meeting survivor expectations of the public apology

46. The public apology and associated events, including media coverage, present a significant and important opportunity for healing and reconciliation. We are confident that through the Royal Commission and our own survivor engagement we have a good understanding of what different survivors want to see, hear and feel through the apology process.
47. Survivors have a diverse range of perspectives on a public apology. For many survivors, it will be a significant part of their healing process. Others don't have an interest or won't accept, an apology from the Crown. Given these diverse survivor perspectives, the public apology will inevitably receive mixed responses from survivors.
48. Additionally, clear and transparent communications will be needed to help manage expectations around what can be delivered with the funding available for concurrent and regional events and tangible actions. It will be important that our communications approach contextualises these elements of the public apology within the wider set of redress actions underway as part of the wider Crown response, for example the care records website, the Survivor Experiences Service and wider redress changes.

Next steps

49. The Crown Response Unit will work with the other Crown response agencies, the Minister responsible for co-ordinating the Crown Response to the Abuse in Care Inquiry, and the Prime Minister's Office on the drafting of the apology. Aspects of it will also be tested with targeted survivors who have already been supporting the work of the Crown response.
50. Some aspects of the apology will need the agreement of key Minister's and Cabinet, and it is planned to prepare this work for Cabinet decisions in early August.



Appendix Two

Discussion Paper: Potential redress options for Lake Alice Unit survivors who experienced torture

For: Ministerial Group – Crown Response to the Abuse in Care Inquiry

Date: 23 May 2024

Security level:

Purpose

1. This paper provides detail on potential redress that could be provided to survivors of the Lake Alice Psychiatric Hospital's Child and Adolescent Unit (the Lake Alice Unit) who experienced torture for discussion at the Crown Response Ministerial Group meeting on 29 May.
2. It is recommended that you:
 - a. **note** the background information set out in this paper on the finding by the Abuse in Care Royal Commission of Inquiry, following questioning of the Solicitor-General at the Royal Commission's Lake Alice hearing, that some survivors of the Lake Alice Unit experienced torture;
 - b. **note** that both the UN Committee Against Torture and the Royal Commission have recommended specific redress be provided to survivors of the Lake Alice Unit who were tortured, and the advanced age, poor health and other challenges faced by Lake Alice survivors add impetus to the need to offer any new redress as soon as practicable; and
 - c. **consider** the redress options provided on potential redress that could be provided to those who were tortured, to help inform decisions to be sought through a planned Cabinet paper on acknowledging torture.

Legal privilege

3. This paper includes references to legal advice and should be reviewed for legal privilege before this paper is publicly released.

The Abuse in Care Inquiry and UN Committee Against Torture recommended specific redress be provided to survivors of torture at the Lake Alice Unit

4. As a result of its investigation into the Lake Alice Unit, the Abuse in Care Royal Commission of Inquiry (the Royal Commission) found that some of the experiences at the Lake Alice Unit, specifically the way electroconvulsive therapy (ECT) and paraldehyde injections were used to punish children and young people, meet the threshold for torture under the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (the Convention). The three elements of torture in the Convention are:

- a. any act causing severe pain or suffering, whether physical or mental;
- b. intentionally inflicted for such purposes as:
- 4.b.1 obtaining from the victim or a third person information or a confession;
 - 4.b.2 punishing them for an act they or a third person has committed or is suspected of having committed;
 - 4.b.3 intimidating or coercing them or a third person; or
 - 4.b.4 for any reason based on discrimination of any kind; and
- c. the pain or suffering is inflicted by or at the instigation of or with the acquiescence of a public official or person acting in an official capacity.
5. Cases were taken to the UN Committee Against Torture (CAT) by Paul Zentveld and Malcolm Richards and resulted in findings against New Zealand. The CAT determined (in reports issued in 2019 and 2022) that in the two cases New Zealand had breached Articles 12, 13, and 14 of the Convention for each survivor. Articles 12 and 13 require states to have complaint processes and to conduct prompt and impartial investigations by competent authorities. Article 14 requires states to provide redress with a right to fair and adequate compensation.
6. New Zealand has been asked to update the CAT on its progress in responding to the Committee's findings in a one-year, follow up report in July 2024. The Committee is likely to expect that action has been taken since the periodic review in July 2023. Subject to Ministers' decisions on the process for acknowledging torture, the Government could outline its approach to the Committee in the upcoming follow up report.
7. s9(2)(h) [REDACTED]

Work is underway to enable Cabinet to formally acknowledge torture

8. Two rounds of settlements, comprising a written apology and payment from the Prime Minister and Minister of Health, have already been paid to many Lake Alice Unit survivors prior to the CAT decision. The Government made public announcements¹ about the settlements at the time, although much of the detail remained confidential. Settlements on the same terms continue to be available for new claimants through the Ministry of Health (see Appendix One for details). Payments provided to those who were abused at the Lake Alice Unit are also higher (on average) than those paid to survivors from other institutions and through other claims agencies.
9. s9(2)(h) [REDACTED]

¹ See for example: New Zealand Government, 'Settlement for former Lake Alice patients', 7 October 2001, <https://www.beehive.govt.nz/release/settlement-former-lake-alice-patients>

s9(2)(h)

10. The CAT recommendations create a further expectation that the Crown should provide appropriate redress for the experiences of torture at the Lake Alice Unit. s9(2)(h)

11. Officials are drafting a Cabinet paper for the Government to formally and publicly acknowledge that some survivors of the Lake Alice Unit experienced torture. It is intended that this paper be considered at a meeting of the Cabinet Business Committee in early July 2024, subject to feedback from the Ministerial Group. A working draft of the Cabinet paper is appended, as Appendix Three, for reference. Content will be amended to reflect the outcome of the Ministerial Group discussion on 29 May.
12. The proposed timing may limit what can be said in New Zealand's follow up report to the CAT in July 2024. It is important, however, for Ministers to have sufficient time to consider the redress options with a focus on the obligations to Lake Alice survivors. The Ministry of Justice is responsible for preparing the follow up report, and the draft text of the report to the CAT is expected to be considered at the 24 July meeting of the Cabinet Social Outcomes Committee. Depending on the Ministerial Group's preferred way forward, Crown Response Unit officials can work closely with the Ministry of Justice to ensure alignment across both items.

Cabinet can also be asked to make decisions on providing redress specifically acknowledging torture

13. Decisions are also required on whether, in addition to an acknowledgment of torture, new specific redress should be provided to individual survivors. There are two options around the timing for these decisions: either to make decisions on torture redress ahead of decisions on wider redress redesign or to defer decisions until the redesign is agreed.
14. Ministers could choose to maintain the status quo of the current settlement process for Lake Alice survivors and to defer consideration of redress for torture as part of wider work on redress for survivors of abuse in care. The current settlement process remains open to survivors who have not previously settled with the Crown.
15. Retaining the current approach could be justified by the expectation that Lake Alice Unit survivors would be able to access changed redress developed in response to the Royal Commission's redress report. This would avoid the risk of setting any precedents on payments or support services, which could affect the options Cabinet can consider for a new approach to redress for the wider survivor population. As agencies have advised they have no current funding for new redress, this approach would also avoid the need to seek additional funding from the between Budget contingency or a future Budget.
16. Retaining the status quo would continue to attract criticism from Lake Alice Unit survivors and advocates who consider the CAT findings require specific redress in addition to that

already provided. Maintaining the status quo would also likely attract negative international comment from the CAT when New Zealand provides its follow up report in July 2024. In its original decisions on the claims by Mr Zentveld and Mr Richards, and its observations in response to New Zealand's seventh periodic review in July 2023, the CAT was clear that it considers specific redress must be provided.

17. Failing to provide additional redress to survivors who experienced torture, combined with the delays in formally acknowledging all that occurred, continues to come with significant human costs. It has been five years since the CAT issued its report on Mr Zentveld's case and two years since it issued its report on Mr Richards' case. The delay and uncertainty around the response to the CAT's recommendations has had a considerable impact on both individuals, as well as the wider Lake Alice Unit survivor community.
18. As the Lake Alice Unit operated during the 1970s, survivors who spent time there will be in their late 50s through to their late 60s. Sadly, this means that a number of survivors will have died or may otherwise be incapable of coming forward. Many Lake Alice survivors who are alive have major health challenges due to their age and their experiences at the Unit, and subsequent impacts on their life. Therefore, if new redress is to be provided, it is imperative that it is offered as soon as possible, so that it can be of use to survivors.
19. The subsequent sections of this paper outline what such redress could look like, the potential costs, and key considerations for how redress could be delivered, particularly the importance of engaging with survivors.

Redress for the survivors who experienced torture could consist of a new apology, a one-off payment, and access to therapeutic or assistance services

20. Drawing on CAT material on reparations under the Convention and Royal Commission recommendations, redress for survivors of abuse, particularly torture, should ideally consist of the following components: an apology or acknowledgement, a payment, and access to appropriate support or rehabilitative services.
21. These three components are not mutually exclusive and can be considered in different combinations and in any order (in terms of when they could be offered to survivors). Considerations for each component are set out below, after initial commentary on the potential number of survivors requiring redress for torture and funding implications.

Due to uncertainty around how many survivors experienced torture, two different scenarios are used to indicate potential costs

22. The Royal Commission has identified 362 children and young people who spent time at the Lake Alice Unit². This total includes children and young people who only spent short periods in the unit, as well as others who spent much longer. To date 202 survivors have had settlements from the Crown. Due to the limited nature of information set out in medical records, it is not definitively known which of the children and young people who spent longer periods at the Lake Alice Unit received ECT or paraldehyde injections as punishment.

² Abuse in Care Royal Commission of Inquiry, [Beautiful Children – Inquiry into the Lake Alice Child and Adolescent Unit](#), December 2022, page 66.

23. As noted earlier, many survivors who spent time at Lake Alice have died or may be incapable of coming forward. Some survivors who settled with the Crown in the early 2000s may also have chosen to put this part of their life behind them and may not wish to come forward, even if a new offer of redress is made. Any offer of redress to survivors would need to encourage them to come forward about their experiences.
24. Given the uncertainty over the number of children and young people that would have been tortured at the Lake Alice Unit, the following analysis of the potential options uses two scenarios of the number of survivors who might be eligible:
- 50 survivors – the upper quarter of survivors who have already received a payment, who will therefore have experienced the most severe abuse, and also slightly above the total for different groups of survivors discussed in the Royal Commission's report as having experienced ECT on different parts of their bodies as punishment (noting that there could be some overlap in the Royal Commission's individual references which would lower the total figure); and
 - 100 survivors – the upper half of survivors who have already received a payment and who would likely have experienced more serious abuse than the 'average' under the payment framework developed in the early 2000s by High Court Justice Sir Rodney Gullen for the group settlements, which could be considered an upper limit on the number of survivors who may have experienced torture.

Providing new redress to acknowledge survivors who experienced torture would likely require additional funding

25. Any potential costs involved with providing new, additional redress to Lake Alice Unit survivors would not be able to be met from existing baselines. The Ministry of Health can only afford to pay approximately two Lake Alice settlements per annum from its Legal Services budget and the Crown Response Unit has no funding for making redress payments. New funding would need to be sought for Vote Health to allow for any additional payments, which could be delivered alongside the Ministry of Health's existing Lake Alice claim process.
26. Given the proposed timeframes for decisions on possible Lake Alice redress, if new funding was required it could be sought from the between Budget contingency for 2024/2025, as a pre-commitment against Budget 2025, or a discussion between the responsible Minister and the Minister of Health about the ability to reprioritise within one of the Vote Health appropriations for Health New Zealand – Te Whatu Ora.
27. To assist Ministers in understanding the scale of possible investment required, this paper provides indicative costs for providing payments and an access to therapeutic or assistance services, using the two demand scenarios explained above.
28. Seeking funding from the between Budget contingency would involve writing a letter to the Minister of Finance with a funding request template (similar to that used in the Budget process), which would be completed by Crown Response and Health officials in consultation with the Treasury. Requests for funding from the between Budget contingency must demonstrate that the request is of high value, urgent, and cannot be met from within baselines. The likely scale of a 2024/25 contingency request for specific redress for torture (given the options outlined in subsequent sections of this paper) should be feasible.

29. Seeking a pre-commitment against Budget 2025 would require a Budget funding case to be completed, with funding then approved for the 2024/25 year. As with a contingency request, Crown Response and Health officials would work closely with the Treasury on the application. For both a pre-commitment or contingency application there would need to be discussion of a reprioritisation option.

A new apology to Lake Alice Unit survivors that explicitly address torture

30. The first component of a new redress offering could be a new apology to survivors who were tortured. The previous apology provided to Lake Alice Unit survivors (signed by the Prime Minister and Minister of Health) described experiences at the institution in very general terms, consistent with the approach previously agreed by the government in 2001. The apology text is included in Appendix One. Describing matters in a general way has left many survivors feeling that the apology did not adequately acknowledge their experiences.
31. A new written apology could be offered that explicitly addresses torture and acknowledges experiences at the Lake Alice Unit at greater level of detail, drawing on the CAT and Royal Commission's findings. To avoid the need for detailed individual investigation, which would take significant time and have difficulties in the face of limited records, the apology would still need to describe experiences at a collective rather than individual level. Some features to consider for a new apology are:
- a. explicitly acknowledging that torture occurred and expressing regret (using direct phrases such as 'we are sorry'), and accepting the previous apology did not fully describe the experiences people had;
 - b. using plain language and descriptions that more closely reflect what occurred and survivors' views on what is meaningful and honest;
 - c. avoiding positioning the Crown at the centre of the apology, while still being clear the Crown was at fault; and
 - d. acknowledging survivors' fight to keep this in the spotlight, particularly Mr Zentveld and Mr Richards for their CAT cases and those who shared their experiences at the Royal Commission's hearings.
32. A careful balancing would be required between recognising the testimony outlined in the Royal Commission's report while avoiding definitive statements about former staff in the absence of any successful prosecutions, particularly since most former senior staff (such as Dr Leeks) are deceased or unfit to respond to allegations.
33. Subject to the preferred way forward, the Crown Response Unit could produce a draft apology text, working closely with Crown Law and other relevant agencies, that could then be tested with the offices of the signing Ministers and the Attorney-General (who has responsibility for matters relating to torture). The draft text would also need to be tested with Lake Alice Unit survivors or their representatives to help ensure it is not re-traumatising and speaks to the nature of their experiences.
34. Ministers could consider who is most appropriate to sign a new apology, for example, the Prime Minister, Minister of Health, and Minister for responsible for co-ordinating the Crown Response to the Abuse in Care Inquiry, could co-sign, reflecting that the new apology follows on from the previous apology (from the Prime Minister and Minister of Health) but is also part of the Crown's response to the Royal Commission. As with the

original apology, the Prime Minister's inclusion helps signal that the Crown is aware of the serious nature of the abuse at the Lake Alice Unit and provides further weight to the apology.

35. A new apology on its own is unlikely to fulfil the CAT's recommendation for access to appropriate redress, which it noted included compensation and rehabilitation. An apology on its own would also not address the calls from Mr Zentveld and Mr Richards for additional financial redress for the torture findings and could therefore be met with frustration and anger from some survivors. However, a new apology could provide a more explicit personal acknowledgment to Lake Alice Unit survivors that the gravity of what they experienced is understood and deeply regretted by the Crown, which would likely be positively received by some survivors.
36. While the apology described here would be provided individually to survivors, it is anticipated that the planned public apology by the Crown for abuse in care will speak directly to the experiences in the Lake Alice Unit, which will facilitate wider dissemination of the Crown's regret on this matter.

Progressing a one-off payment acknowledging torture

37. The second component of a new redress offering could be a one-off payment to acknowledge the experiences at the Lake Alice Unit that constituted torture. It would be in addition to the payment made for the overall experiences of abuse that are recognised through the current claims process operated by the Ministry of Health.
38. A payment would set a precedent for any future payments acknowledging torture, whether delivered as a standalone process or as part of wider changes to redress. If survivors of abuse in other settings were found to have experiences that meet the definition of torture (following due investigation) ahead of wider redress changes, then the approach taken for the Lake Alice Unit would need to be applied by existing historic claims services. This would have potential impacts on the cost and operation of those services. The Lake Alice Unit survivors are the only victims of torture known in New Zealand to date. While the Royal Commission has highlighted serious abuse in a range of institutions, to date none of the instances appear to fulfil all three elements of torture as specified in the Convention.
39. A new payment for torture would need to be considered alongside the existing State claims' processes, since it would effectively establish a baseline for payments related to torture. A new payment would also need to be set at a meaningful level or it would risk appearing to be a token amount from survivors' perspectives, which would undercut its ability to help acknowledge what occurred and assist in improving their wellbeing.
40. With claims settled so far, the average payment varies across different settlement rounds (per Appendix One) from \$68,000-\$70,000. It should also be noted that payments in the first settlement round are understood to have had legal fees of approximately 40 percent deducted by their lawyers, Grant Cameron & Associates, so the average payment received 'in the hand' was \$41,000. The highest payment made to a survivor of the Lake Alice Unit from round two claimants is \$120,467. As the settlement for round one claimants was allocated to survivors by Grant Cameron & Associates, the Crown does not currently know the largest individual payment made to a round one claimant.

41. Considering the domestic context, the maximum payment provided to date by the MSD historic claims process is approximately \$90,000 and the maximum lump sum payment available through ACC is approximately \$167,000, although neither of these schemes address torture. For comparison overseas, the highest Lake Alice Unit payment can be contrasted with the maximum payment available under the Australian National Redress Scheme of AU\$150,000 (NZ\$165,000). While not addressing torture, the Australian Scheme's top payment reflects cruel sexual abuse with a number of compounding factors. The maximum payment available in the Scottish redress scheme is approximately NZ\$207,000.
42. There have been no previous payments for torture in New Zealand and no directly comparable international cases that could serve as a precedent. There is one recent international example of limited comparative use, since it addresses a class action for torture by military forces. The United Kingdom government paid approximately £30,000 (NZ\$63,000) in 2019 to each of Cypriot survivors of torture by British armed forces during protests in Cyprus during the 1950s, although it should be noted this was the total paid to each survivor, not an additional amount for torture.
43. Table One below shows indicative overall costs of one-off payments to survivors who experienced torture based on three different payment levels.
- A. \$45,000 is based on the difference between the highest current payment made to Lake Alice Unit survivors (\$120,000) and the highest possible payment in the Australian National Redress Scheme (NZ\$165,000).
 - B. \$63,000 is based on the payment made by the UK government to Cypriot survivors of torture by British armed forces during protests in Cyprus during the 1950s.
 - C. \$100,000 represents an exemplary figure that goes beyond comparable examples from overseas.

Table One: Potential costs of a one-off payment to survivors who experienced torture

Payments costs	Payment levels		
Number of claimants	A: \$45,000	B: \$63,000	C: \$100,000
50	\$2,250,000	\$3,150,000	\$5,000,000
100	\$4,500,000	\$6,300,000	\$10,000,000

44. The additional payment would need to be offered on a by-application basis. The Crown holds very limited information on which Lake Alice survivors received ECT and/or paraldehyde to assist with a proactive approach to offering the additional payment. In addition, with most settlements made over 20 years ago, any contact details held for previous claimants are significantly out of date.

Access to a set of assistance and therapeutic services

45. In material published by the CAT to assist in the application of the Convention it noted that reparations for torture should include rehabilitation. In addition, one of the Royal Commission's recommended redress functions is to provide survivors of abuse with access to a range of support services.

46. A targeted set of services could be offered to Lake Alice Unit survivors focused on the types of direct and indirect needs the survivors have as a result of their abuse. This could include:
- a. medical costs associated conditions arising from the abusive use of ECT and paraldehyde injections, such as a urological examination and/or surgery, or neurological examination and migraine treatments;
 - b. dental costs to address oral health issues or access dentures, or operations such as hip-replacements, that would lead to significantly improved quality of life; and/or
 - c. home help or housing modification to help manage chronic conditions or address accessibility issues in survivors' homes.
47. While many Lake Alice Unit survivors have significant psychological and emotional challenges arising from their traumatic experiences, some may have strong feelings about mental health care and may not be interested in accessing this type of support. Nonetheless, for those who want to access some form of mental health therapy, this could remain an option. Survivors would ultimately need have options based on their personal needs and location.
48. The process for providing support access would need to be worked through in detail if Ministers are interested in further advice on this redress component. The best agency to administer support access would need to be confirmed but would ideally be one with existing assistance infrastructure so access could be arranged as promptly as possible.
49. As with providing a new payment, any offer of support service is likely to require some additional funding. Some indicative costings based on different levels of demand are provided in Appendix Two.
50. Rehabilitation of the victims of torture is a key element in the response expected of a state party under the Convention. Providing access to a targeted range of services would therefore help to address the Crown's obligations. Access to a set of services would also be in line with a proposal Mr Zentveld has put forward to the Royal Commission and Crown Response Unit for a 'silver card' for survivors. The proposal envisaged a card issued to each approved survivor that would operate akin to a combination of the Super Gold Card and a debit card, giving the survivor access to a range of pre-approved services at a time and location that suits the survivor. Mr Zentveld would therefore likely be supportive of access to support services as part of redress.
51. It would be important that messages about any support services are clear they are not intended to pre-empt wider changes to redress for survivors of abuse in care but are focused on addressing the immediate needs of Lake Alice Unit survivors.

Proactive engagement with Lake Alice survivors could support the design and implementation of any new redress within parameters agreed by Cabinet

52. If Ministers agree to proceed with some form of specific redress to survivors of torture, the next key consideration is how to deliver it. We recommend the Crown engage with survivors in the process of designing and delivering any new redress. The Crown has particular responsibilities in this matter, due to the breach of the Convention, meaning it is required to have a central role in the process. Nonetheless, what we have learned in recent years is that working alongside survivors, with clear terms of reference, increases the likelihood of meeting survivor needs.
53. Drawing on the options outlined above, Ministers could agree an overall funding envelope that would be sufficient to cover a fixed number of survivors or a funding cap per survivor. Deciding this from the outset will help to manage expectations in terms of total redress available. For example, taking the estimate of 100 potential survivors requiring redress and a per survivor redress value of \$65,000 (equivalent to the lower payment level option noted above combined with an average of \$20,000 support costs per survivor), would see a total redress funding of \$6.5 million to be delivered through the agreed package.
54. To help further manage expectations around engagement, Ministers could then agree the broad categories of redress – i.e. apologies, payments, and/or the types of supports that could be provided. In any engagement with survivors and their advocates, Crown Response Unit officials would be clear that any redress being discussed was specific to torture and needs to be considered alongside the existing Lake Alice Unit claims process.
55. There are several advantages to engaging with survivors while ensuring we are clear on the high-level parameters. Engaging with survivors on the composition of redress could help the Crown avoid being seen to prescribe the particular redress to be received by each survivor, which would address the critique from survivors and the Royal Commission that the Crown continues to act like ‘it knows best’. Alongside this, this could allow the Crown to tangibly demonstrate it has taken on board survivors’ calls for a greater ability to determine their own healing and redress journey.
56. While engagement would likely require more time before redress is in place in the short term, it could also save time in the longer term by helping to deliver redress that meets survivor’s needs and thereby minimise any risk of survivors seeking judicial review or pursuing further action through the CAT.
57. The time allocated for engagement and development of specific offerings would need to be balanced against other work to respond to abuse in care and the age and health of Lake Alice Unit survivors. An overly long period of design and implementation increases the chance that more Lake Alice Unit survivors who experienced torture may die before they could receive proper acknowledgement of their experience. Additionally, any further unexplained delays would leave New Zealand open to criticism by the CAT. Sufficient but not protracted time would therefore need to be agreed.
58. The Crown Response Unit would be able to utilise existing relationships with some Lake Alice Unit survivors, advocates, and relevant experts, to help manage the time and cost associated with engagement, including absorbing a level of cost within baseline.

59. Prior to any engagement with Lake Alice survivors on additional redress, it is also important for the Crown to bear in mind that claimants from the first round of Lake Alice settlements had legal fees deducted by Grant Cameron & Associates. A number of these survivors consider that they should be reimbursed for the legal fees to put them on a par with subsequent claimants. This longstanding inequity may be raised by round one claimants in the course of any work with them around additional redress for torture.
60. On determining appropriate payment levels, it should be acknowledged that making a decision on this is a fraught and at times somewhat arbitrary process. A risk with this is that survivors and the Crown may have highly variable expectations on what meaningful redress looks like. However, this reinforces the benefit of close working with survivors and their advocates as it presents opportunities to work through different considerations as part of the process.

Next steps

61. Subject to the views of the Ministerial Group and the Attorney-General, the planned Cabinet paper (working draft appended as Appendix Three) for the Government to formally acknowledge that some survivors of the Lake Alice Unit were tortured, can include options for additional redress for those survivors.

Proactive release - open and transparent Government

Appendix One: Previous and current Lake Alice Unit settlement processes

The Crown has engaged in two rounds of settlements for Lake Alice survivors to date, the first in 2001 and the second in 2002/3. The Ministry of Health maintains a process for assessing and settling any new claims that arise.

A. Round one settlement

- In 1999, 88 former Lake Alice Unit patients, represented by Grant Cameron & Associates, filed a joint statement of claim in the High Court. The claim had four causes of action: breach of fiduciary duty, unlawful confinement/false imprisonment, assault and battery and negligence.
- The causes of action related to allegations of the use of electroconvulsive therapy and paraldehyde injections as punishments, sexual and physical abuse by staff, staff permitting sexual and physical abuse by other patients, unlawful confinement, administration of medical treatments without consent, and perpetrating and maintaining an environment of extreme fear.
- In early 2000, the Government determined it would compensate and apologise to former Lake Alice Unit patients rather than defend the claim in the High Court.
- In October 2000, \$6.5 million was approved for settlement with 95 claimants (the 88 former patients that had filed and seven other former patients that had since come forward). The Crown appointed retired High Court judge Sir Rodney Gallen to determine how the settlement monies should be divided among the claimants.
- Sir Rodney considered the claimants' described experiences to determine how the settlement funds might be distributed. He produced a report about his assessment, which provided general comment on the experiences and the methodology he had used to allocate the settlement monies. Grant Cameron & Associates deducted approximately 40 per cent of the settlement amount in legal costs. The amounts paid out to individuals was strictly confidential and the Crown does not have specific details of individual amounts paid to claimants.
- Following the settlement, the then Prime Minister and Minister of Health wrote to each claimant and apologised on behalf of the Government for their treatment in the Lake Alice Unit (see below for the text of round one apology letter).

B. Round two settlement

- The Government decided in 2001 to take steps to settle any outstanding or potential claims by former patients of the Lake Alice Unit. The process was to involve an apology and a confidential settlement process broadly similar to the round one settlement of the class action.
- Sir Rodney was again instructed by the Crown to consider claimants' experiences and make a determination on the payment amount to be made in line with the principles and criteria he established for the round one process. Sir Rodney was instructed to take into account the absence of substantial legal costs to new applicants.
- The round two settlement saw 98 former Lake Alice Unit patients collectively receive \$6.3 million in compensation up until 2008. The average settlement was approx. \$70,000.
- Mr Zentveld filed proceedings in 2005 challenging the instruction to take into account the legal costs deducted from the round one settlement when considering the payments to be

made under the round two process. The District Court found for the complainant, which resulted in the reduction applied to the round two payments being reworked. Round two claimants were then being paid an additional approximately 30 per cent on their initial settlement amounts.

C. Individual claims

- The Ministry of Health maintains an ongoing process for any new Lake Alice Unit claims that come forward. There have been 9 further settlements since round two was completed in 2008 – an average of one new Lake Alice Unit claim per year.
- Claims are assessed against the principles and criteria established for the round two settlements, with the payment determined by the Ministry of Health's Chief Legal Advisor. The average settlement is \$68,000. The payment is accompanied by a written apology from the Prime Minister and Minister of Health.
- Lake Alice settlement funding has been exhausted and costs for the ongoing claims process are currently met from the Ministry of Health's Legal Services budget on the estimate of two settlements per year maximum.
- The Ministry currently has five outstanding new claims under consideration.

Example of an apology letter provided to a Lake Alice Unit survivor

Dear [survivor name]

We are writing to you personally on behalf of the Government of New Zealand to apologise for the treatment you received and may have witnessed in the Child and Adolescent Unit of Lake Alice Hospital during the 1970s. We are apologising to all those who were mistreated. We believe it is important to take this step, to enable us to move on from shameful practices in mental health care in New Zealand.

You may be aware that the events at the Child and Adolescent Unit of Lake Alice Hospital have been the subject of investigation. As a government we have been determined to acknowledge what happened and to take what steps we can to put things right. We have publicly stated that, whatever the legal rights and wrongs of the matter, and whatever the state of medical practice at the time, what happened there was unacceptable. On behalf of the Government of New Zealand we sincerely apologise to you as a person fundamentally affected by what occurred in the Lake Alice

We hope that this apology will affirm to you that the incidents and events that you experienced and may have witnessed at the Child and Adolescent Unit at Lake Alice Hospital were not only inappropriate, even if judged by the standards of the day, but were also terribly unfortunate. They should not have happened. We very much regret that they did.

We know that this apology cannot change the past, but we do hope it will go some way towards enabling you to move on from your past experiences. In the same spirit we hope that the ex gratia payment the Government has made to you will be of some tangible help.

We wish you all the very best for a positive future.

Yours sincerely

Rt Hon Helen Clark
Prime Minister of New Zealand

Hon Annette King
Minister of Health

Appendix Two: Examples of potential costs of providing support service to survivors who experienced torture

1. Lake Alice Unit survivors have a range of direct and indirect needs as a result of their abuse, including:
 - a. urological and neurological conditions arising from the abusive use of ECT and paraldehyde injections;
 - b. oral health issues resulting from the application of unmodified (that is, non-anaesthetised) ECT and a lack of dental hygiene while in care; and
 - c. chronic health and psychological conditions arising from the physical and emotional trauma.

2. The following table provides example costs of different services to address the survivors' needs.

Support service	Unit cost	Potential frequency	Example cost
Dental services	\$150/dental examination \$400/pre- and post-surgery consultation \$5,000/essential dental work	1-3 examinations and/or consultations Dental and/or surgical procedure	\$6,350
Medical specialist (e.g. urologist)	\$400/pre- and post-surgery consultation \$25,000/surgical procedure	Three consultations and one surgical procedure	\$26,200
Home assistance or modifications	\$150/personal care 3 days a week \$20,000 home modification	Weekly personal care and house and housekeeping support for 2 years Installation of home modification	\$15,600 \$20,000
Counselling	\$180/session	Once a fortnight for 2 years	\$9,360

3. The individual service costs can be used to produce different average support cost levels:
 - a. lower level of \$6,000, for limited support or assistance services;
 - b. middle level of \$20,000, for more complex support or assistance needs – which is considered the most applicable scenario; and
 - c. higher level of \$50,000, for scenarios with significant support needs.

4. The table below shows the potential cost of providing supports at the different average levels for two scales in the number of claimants (per commentary set out in the main body of the briefing).

Supports costs	Average support costs per survivor		
Number of claimants	\$6,000	\$20,000	\$50,000
50	\$300,000	\$1,000,000	\$2,500,000
100	\$600,000	\$2,000,000	\$5,000,000