



# Listening, learning, changing Mā Whakarongo me Ako ka huri te tai

Crown Response to the Abuse in Care Inquiry

## COVERSHEET

<b>Minister</b>	Hon Erica Stanford	<b>Portfolio</b>	Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions
<b>Title of Cabinet paper</b>	Extending the core State redress system to include claims for abuse in mental health facilities from 1 July 1993 to 30 June 2022	<b>Date to be published</b>	7 May 2026

<b>List of documents that have been proactively released</b>		
<b>Date</b>	<b>Title</b>	<b>Author</b>
4 March 2026	Extending the core State redress system to include claims for abuse in mental health facilities from 1 July 1993 to 30 June 2022	Office of the Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions
4 March 2026	Extending the core State redress system to include claims for abuse in mental health facilities from 1 July 1993 to 30 June 2022 SOU-26-MIN-0012	Cabinet Office
9 March 2026	Report of the Cabinet Social Outcomes Committee: Period Ended 6 March 2026	Cabinet Office

### **Withholding grounds**

Information within these documents has been withheld as if it had been requested under the Official Information Act 1982. Where this is the case, the reasons for withholding have been listed below. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

- section 9(2)(f)(iv) to maintain the current constitutional conventions protecting the confidentiality of advice tendered by Ministers and officials
- section 9(2)(f)(ii) to maintain the current constitutional conventions protecting collective and individual ministerial responsibility

**Context**

- The Redress System for Abuse in Care Bill - Amendment paper No 569 is publicly available at the following link: [Redress System for Abuse in Care Bill - Amendment paper No 569 | New Zealand Legislation](#)

Office of the Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions

Cabinet Social Outcomes Committee

**Extending the core State redress system to include claims for abuse in mental health facilities from 1 July 1993 to 30 June 2022**

**Proposal**

- 1 This paper seeks decisions to:
  - 1.1 extend the core State redress system to include claims for abuse in mental health facilities from 1 July 1993 to 30 June 2022; and
  - 1.2 amend the Redress System for Abuse in Care Bill to include claims of abuse in care in mental health facilities after 1 July 1993.

**Relation to Government priorities**

- 2 This paper progresses the Government's response to the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Royal Commission).

**Executive Summary**

- 3 This paper seeks to address current inequities in the State redress system whereby survivors of abuse in mental health facilities since 1 July 1993 are not able to make claims for redress through the existing alternative dispute resolution processes.
- 4 Currently, the State redress system only provides redress for claims of abuse in mental health facilities up to 30 June 1993 when a structural reorganisation of the health system occurred. Liability for claims from 1 July 1993 sits with Health NZ. However, Health NZ does not have a redress system in place to manage or respond to claims, most of which would pre-date its creation as a Crown entity on 1 July 2022. This results in survivors of abuse in mental health care settings from 1 July 1993 – 30 June 2022 having no access to redress for abuse unless they are willing to pursue a claim through the courts.
- 5 It is proposed that the Ministry of Health administer claims until 30 June 2022 as part of its current redress scheme, and existing eligibility settings agreed by Cabinet in April 2025 on types of abuse and care settings will apply to these claims. This will enable efficiencies and support a consistent approach to historical claims. Health NZ will remain responsible for managing and responding to all complaints and claims from 1 July 2022.

- 6 Delivering this extension of the redress system will require an amendment to the Redress System for Abuse in Care Bill (the Bill). Further decisions to implement the expanded scope can be made by Redress Ministers<sup>1</sup> and the Minister of Finance, and by agencies, under existing delegations.
- 7 It is proposed that this expanded access be funded in a fiscally neutral manner under existing delegations, by:
- 7.1 seeking a draw down from the tagged operating contingency *Implementing the Government's Response to the Royal Commission of Inquiry into Abuse in Care* (the Government Response tagged contingency) established in Budget 2025; and/or
- 7.2 transferring redress funding between agencies.
- 8 Relevant Ministers will have choices on the number of additional mental health facility claims to be funded per annum. This aligns with the existing approach to funding the State redress system, where agencies are funded to process a given number of claims each year, and Ministers have delegations to adjust funding between agencies to reflect ongoing demand and efficiency gains.
- 9 The total estimated demand for additional claims 40-80 each year. Funding capacity for 40 additional claims is estimated to cost up to 9(2)(f)(iv)

## Background

- 10 In April 2025, Cabinet agreed an overall approach to redress improvements for the core State redress system [SOU-25-MIN-0039 refers]. This included a decision to first improve the existing State redress system rather than introduce an independent and integrated redress system for all survivors of abuse in care at this time.
- 11 These improvements will bring State redress processes together, operating as one cohesive and consistent system with a single entry point and joined-up redress process. This approach will mean that survivors receive a coordinated response irrespective of which State agency was responsible for where they experienced abuse.
- 12 In January 2026, Cabinet considered a report back on support for survivors outside the core State redress system. This noted that should relevant Ministers support progressing a change in approach to redress for abuse in mental health settings post 1 July 1993 as part of the Redress System for Abuse in Care Bill, the Lead Coordination Minister would return to Cabinet in early 2026 seeking agreement. [SOU-25-MIN-0183 refers].

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<sup>1</sup> The Minister of Education and Lead Coordination Minister, Minister for Social Development and Employment, Associate Minister of Health (Hon Matt Doocey), and Minister for Children.

## **Access to redress for abuse in mental health facilities after 1993**

- 13 The core State redress process currently only covers claims for people who experienced abuse in psychiatric and mental health facilities before 1 July 1993, when major public health reforms took effect. Claims after this date are now the responsibility of Health NZ, which holds the liability that was previously with District Health Boards. However, Health NZ does not operate a formal redress process. This causes significant distress for survivors who experienced abuse in mental health care settings since 1993 as their only option is to try and seek redress through the courts. They also view it as being unfair that people abused in other State care settings are able to access redress through the core State redress scheme while they are not.
- 14 Contemporary complaints processes such as District Mental Health Inspectors or the Health and Disability Commissioner are often unsuitable as an alternative for survivors, as they do not cover all mental health settings, and may decline to investigate where some time has passed. They also do not offer financial redress.
- 15 This means survivors fall between systems, ineligible for the core State historical redress process, and unable to access redress through contemporary complaints mechanisms. Very few survivors have the resources or capacity to seek accountability through the courts. This gap in redress stands in contrast to child care and protection, where responsibility for redress is clearly allocated across agencies and time periods. The lack of an equivalent, end-to-end redress pathway for mental health settings is an inconsistency in the State's overall approach to redress for abuse in care.
- 16 Several survivors have shared their experiences with us about the difficulties and the associated distress they experienced in trying to get an acknowledgement and recognition of the serious abuse they suffered in mental health facilities since 1993. Submissions to the Social Services and Community Select Committee (Select Committee) on the Bill also highlighted the acute impact on survivors of abuse in mental health inpatient settings when seeking redress, and encountering procedural dead-ends.
- 17 The exact number of affected survivors is unknown, as there is limited information on levels of abuse in these facilities over this time period and how many of those survivors have sought redress because decisions have been made regionally by Health NZ and its predecessors on a case-by-case basis, without consistent records. However, officials have estimated demand to be 40-80 claims per year.

## **Extending the core State redress system to include abuse in State mental health facilities up to 30 June 2022**

- 18 We recommend extending the claim time period for mental health facilities for the core State redress system up to 30 June 2022, before Health NZ was established. This means that claims of abuse after 1 July 2022 can be considered under contemporary complaints channels and will remain the responsibility of Health NZ, as is appropriate.

- 19 This is consistent with the current approach to other care settings where MSD manages claims for people who experienced abuse or neglect while in the care, custody, or guardianship of Child, Youth and Family (or its predecessors) until 30 March 2017 while Oranga Tamariki is responsible for claims since their creation on 1 April 2017.
- 20 All other existing eligibility criteria and settings previously determined by Cabinet will apply. These existing decisions include the types of abuse and the scope of mental health settings covered, which are psychiatric and psychopaedic (intellectual disability) facilities, including general mental health wards. In the modern settings in place since 1993, this includes specialist mental health units, such as eating disorder inpatient units.
- 21 Other settings, including general hospital, aged care and off-site care delivered to an outpatient, will continue to be excluded. Care and treatment failures by providers, as distinct from abuse, are also excluded from the redress scheme.
- 22 The Ministry of Health would administer the extended scope of claims on behalf of Health NZ. Building from core State redress processes will enable efficiencies and ensure a consistent approach to historical claims.
- 23 Officials will provide advice to Redress and Care Ministers later this year on how contemporary complaints of abuse in care are managed across different systems and care settings. This strategic advice will not be limited to mental health settings, and will consider whether strengthened complaints, regulatory, and oversight mechanisms across different sectors will meet needs. Following this advice, further decisions can be made, if needed, on the management of claims of abuse following Health NZ's creation as a single Crown entity.

### **Funding through existing Crown Response appropriations**

- 24 Officials have estimated that extending the State redress system to include mental health facility claims up to 30 June 2022 would add 40 to 80 claims per year. This is around 2 – 4% of the total number of claims funded across the State redress system each year. This indicative estimate is based on the number of claims settled by the Ministry of Health, since its redress system was established in 2012, and the impact of reduced institutionalisation and greater safeguards in mental health settings since the 1990s.
- 25 The costs of these additional claims for abuse at mental health facilities will be funded in a fiscally neutral manner from existing Crown Response funding. This will include funding for administrative costs, as well as settlements and services for survivors. This is detailed further under Financial Implications.

### **Impacts on the core State redress system and Health NZ**

- 26 The proposals are expected to add a small number of claims to the core State redress system. These claims may require more investigation and take longer

to resolve than current claims for abuse at mental health facilities. This is because they are more recent, so are likely to have more available documentation to consider, and to require observation of natural justice processes when alleged perpetrators are still delivering health services. However, this will also provide an additional opportunity to identify perpetrators and test allegations, which will help build safety and assurance within the system.

- 27 If demand exceeds the agreed funding for additional claims, it could result in a backlog of claims for abuse at mental health facilities. A backlog has largely been avoided for these claims to date, due to lower claim volumes than other settings and streamlined claims processes. The implementation advice to Redress Ministers will include consideration of ways to minimise delay and backlog where possible.
- 28 The Lead Coordination Minister has also commissioned an external review of redress agencies' administrative costs. This is important given the variation between agencies and the importance of ensuring that the costs of providing all the components of the system, including records access, claims management, personal apologies, and legal fees, are well understood, and opportunities for efficiency identified, so that more claims can be settled faster.

#### **Amendment to Redress System for Abuse in Care Bill**

- 29 If Cabinet agrees to extend the core State redress system to abuse in mental health facilities after 1993, the Bill currently before Select Committee will need to be amended to:
- 29.1 include claims for abuse in mental health settings from 1993-2022; and
- 29.2 future-proof for a potential process for similar claims from 2022 onward.
- 30 We recommend progressing this through an amendment paper considered at the Committee of the Whole House stage. This will minimise delays on progress of the Bill. This will mean that the amendment is not scrutinised by Select Committee which is due to report back on the Bill later this month. However, the Committee has received two submissions that commented on this issue and supported extending the Redress Bill to include mental health facilities after 1993. The Lead Coordination Minister will write to the Chair of the Select Committee notifying them of Cabinet's decision.

#### **Future decisions on State and State-integrated schools and non-government organisations**

- 31 An initial focus on access for survivors of abuse at State mental health facilities is consistent with the iterative approach taken to redress decisions, where improvements have been built on over time. This is an opportunity to address a known gap in access to redress, and that this can be achieved more readily for Health NZ as a single Crown agent, than for schools and non-

government organisations which comprise many individual entities and different governance bodies, all of which have more separation from the core state than Health NZ or its predecessors.

### **Decisions to be made by Ministers and redress agencies**

- 32 If Cabinet agree to extend the State redress system to include abuse at mental health facilities from 1993 to 2022, there will be decisions for Redress Ministers and/or the Minister of Finance on:
- 32.1 roles and responsibilities of the Ministry of Health and Health NZ;
  - 32.2 timing of implementation;
  - 32.3 any draw down of funding from the Government Response tagged contingency; and
  - 32.4 any transfer of funding within existing agency redress appropriations.
- 33 These decisions can be made within existing agency and Ministerial delegations.
- 34 Officials will report back to Redress and Care Ministers later in 2026 on contemporary complaints processes across care settings, including mental health facilities administered by Health NZ after 2022.

### **Financial Implications**

- 35 The proposals in this paper are anticipated to cost up to 9(2)(f)(iv) from 2026/27, for 40 claims each year, as well as initial funding over 2025/26 for development and implementation costs.
- 36 These costs will be met from existing Crown Response appropriations. Budget 2025 provided \$486 million over four years for redress, with baseline funding continuing at \$143 million per annum in outyears. The Government Response tagged contingency has an additional \$19.211 million up to 2028/29, with \$7.093 million per annum after this.
- 37 Relevant Ministers have delegations to draw down from the Government Response tagged contingency and/or transfer redress funding between agencies.
- 38 There are no committed draw downs of the remaining funding in the Government Response tagged contingency, but it is anticipated that it will meet the costs of implementing the serious offenders regime in the Redress Bill, and, potentially, the helpline and consolidated online information agreed by Cabinet in January [SOU-25-MIN-0183 refers].
- 39 Existing delegations mean that relevant Ministers will consider funding adjustments between redress agencies, taking into account changing demand, capacity, efficiency gains, the rate at which redress agencies are making redress offers, and spend across agencies.

## Legislative Implications

- 40 The proposals in this paper require an amendment to the Redress Bill through an amendment paper considered at the Committee of the Whole House stage. The Redress Bill is currently before the Social Services and Community Select Committee for report back by 23 March. 9(2)(f)(ii)
- [REDACTED]
- [REDACTED]
- [REDACTED]

## Impact Analysis

### Regulatory Impact Statement

- 41 The Ministry for Regulation has determined that this proposal is exempt from the requirement to provide a Regulatory Impact Statement on the grounds that the economic, social or environmental impacts are limited and easy to assess.

### Climate Implications of Policy Assessment

- 42 The Climate Implications of Policy Assessment (CIPA) team has been consulted and confirms that the CIPA requirements do not apply to this policy proposal, as the threshold for significance is not met.

## Population Implications

- 43 These proposals impact survivors of abuse and neglect in State mental health care settings from 1 July 1993 until 30 June 2022. The Royal Commission found that Māori, Pacific, Deaf and disabled people (including tāngata whaikaha) have been disproportionately affected by abuse in State and non-State care. Survivors who were patients at mental health facilities often have cognitive or intellectual disabilities and/or continue to experience mental distress. The proposals in this paper provide a greater opportunity to deliver a meaningful apology, supports and services, and financial redress for these survivors.

## Human Rights

- 44 The proposals in this paper are consistent with the New Zealand Bill of Rights Act 1990 and Human Rights Act 1993.

## Use of external resources

- 45 No external resources have been used to prepare the proposals in this paper.

## Consultation

- 46 This paper was developed by the Crown Response Office and Ministry of Health, ACC, Archives New Zealand, Crown Law, Department of Corrections, Health NZ, Inland Revenue, Ministry of Business, Innovation and Employment, Ministry of Education, Ministry of Justice, Ministry for Pacific

Peoples, Ministry of Social Development, Ministry for Women, Oranga Tamariki, Public Service Commission, Te Puni Kōkiri, the Treasury and Ministry of Disabled People—Whaikaha were consulted.

47 The Department of the Prime Minister and Cabinet was informed.

### Communications

48 This extension of redress in mental health care settings will be publicly announced prior to the second reading of the Bill.

### Proactive Release

49 This paper will be proactively published on the Crown Response Office's website with appropriate withholdings under the Official Information Act 1982 after the introduction of the amendment paper.

### Recommendations

We recommend that the Committee:

- 1 **note** in January 2026 [SOU-25-MIN-0183 refers], Cabinet considered a report back on support for survivors outside the core State redress system, which advised that legislative changes regarding abuse in mental health care settings after 1 July 1993 would be considered in 2026;
- 2 **note** that current settings do not provide access to redress for abuse experienced in mental health facilities after 1 July 1993;
- 3 **note** that the estimated minimum demand is an additional 40 claims each year, at a total estimated cost of up to 9(2)(f)(iv);
- 4 **agree** to:
  - 4.1 extend the core State redress system to include claims for abuse at mental health facilities from 1 July 1993 to 30 June 2022;
  - 4.2 retain all other existing redress eligibility settings established for mental health facilities;
- 5 **note** that the policy decisions in recommendation 4 can be funded in a fiscally neutral manner through draw down of the tagged operating contingency *Implementing the Government's Response to the Royal Commission of Inquiry into Abuse in Care* and/or transfers between affected redress agencies' appropriations;
- 6 **agree** to future-proof the Redress System for Abuse in Care Bill for a potential future redress scheme for State mental health facilities from 1 July 2022 onward;
- 7 **note** that Lead Coordination Minister has also commissioned an external review of redress agencies' administrative costs;

- 8 **invite** the Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions to issue drafting instructions for an amendment paper for the Redress System for Abuse in Care Bill to:
- 8.1 include claims for abuse at mental health facilities from 1 July 1993 to 30 June 2022;
  - 8.2 future-proof for a potential future redress scheme for State mental health facilities from 1 July 2022 onward;
- 9 **note** that the Minister of Education and Lead Coordination Minister, Minister for Social Development and Employment, Associate Minister of Health, and Minister for Children (Redress Ministers) and/or the Minister of Finance will make decisions within existing delegations on:
- 9.1 roles and responsibilities of agencies;
  - 9.2 timing of implementation;
  - 9.3 the number of additional mental health facility to be funded per annum; and
  - 9.4 any draw down of funding from the tagged operating contingency *Implementing the Government's Response to the Royal Commission of Inquiry into Abuse in Care* and/or transfer of existing agency redress appropriations.

Authorised for lodgement

Hon Erica Stanford

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions



# Cabinet Social Outcomes Committee

## Minute of Decision

*This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.*

### Extending the Core State Redress System to Include Claims for Abuse in Mental Health Facilities from 1 July 1993 to 30 June 2022

**Portfolio** Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions

On 4 March 2026, the Cabinet Social Outcomes Committee:

- 1 **noted** that in December 2025, the Cabinet Social Outcomes Committee considered a report back on support for survivors outside the core State redress system, which advised that legislative changes regarding abuse in mental health care settings after 1 July 1993 would be considered in 2026 [SOU-25-MIN-0183];
- 2 **noted** that current settings do not provide access to redress for abuse experienced in mental health facilities after 1 July 1993;
- 3 **noted** that the estimated minimum demand is an additional 40 claims each year, at a total estimated cost of up to 9(2)(f)(iv);
- 4 **agreed** to:
  - 4.1 extend the core State redress system to include claims for abuse at mental health facilities from 1 July 1993 to 30 June 2022;
  - 4.2 retain all other existing redress eligibility settings established for mental health facilities;
- 5 **noted** that the policy decisions in paragraph 4 can be funded in a fiscally neutral manner through draw down of the tagged operating contingency "Implementing the Government's Response to the Royal Commission of Inquiry into Abuse in Care" (the tagged operating contingency) and/or transfers between affected redress agencies' appropriations;
- 6 **agreed** to future-proof the Redress System for Abuse in Care Bill for a potential future redress scheme for State mental health facilities from 1 July 2022 onward;
- 7 **noted** that the Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Lead Coordination Minister) has also commissioned an external review of redress agencies' administrative costs;

- 8 **invited** the Lead Coordination Minister to issue drafting instructions for an amendment paper for the Redress System for Abuse in Care Bill to:
- 8.1 include claims for abuse at mental health facilities from 1 July 1993 to 30 June 2022;
  - 8.2 future-proof for a potential future redress scheme for State mental health facilities from 1 July 2022 onward;
- 9 **noted** that the Minister of Education and Lead Coordination Minister, Minister for Social Development and Employment, Associate Minister of Health (Hon Matt Doocey), and Minister for Children (Redress Ministers) and/or the Minister of Finance will make decisions within existing delegations on:
- 9.1 roles and responsibilities of agencies;
  - 9.2 timing of implementation;
  - 9.3 the number of additional mental health facility to be funded per annum;
  - 9.4 any draw down of funding from the tagged operating contingency and/or transfer of existing agency redress appropriations.

Tom Kelly  
Committee Secretary

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**Present:**

Hon David Seymour  
Hon Nicola Willis  
Hon Chris Bishop  
Hon Simeon Brown  
Hon Erica Stanford  
Hon Paul Goldsmith  
Hon Louise Upston (Chair)  
Hon Dr Shane Reti  
Hon Mark Mitchell  
Hon Tama Potaka  
Hon Casey Costello  
Hon Matt Doocey  
Hon Penny Simmonds  
Hon Nicola Grigg  
Hon Scott Simpson  
Hon Karen Chhour

**Officials present from:**

Office of the Prime Minister  
Officials Committee for SOU  
Office of the Associate Minister of Education



# Cabinet

## Minute of Decision

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### Report of the Cabinet Social Outcomes Committee: Period Ended 6 March 2026

On 9 March 2026, Cabinet made the following decisions on the work of the Cabinet Social Outcomes Committee for the period ended 6 March 2026:



SOU-26-MIN-0012

**Extending the Core State Redress System to Include Claims for Abuse in Mental Health Facilities from 1 July 1993 to 30 June 2022**

CONFIRMED

Portfolio: Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions



Rachel Hayward  
Secretary of the Cabinet