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Book Review

Monetary Redress for Abuse in State Care

Stephen Winter

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Monetary Redress for Abuse in State Care makes an important contribution to our understanding of redress programmes as collective responses to failures in care. Stephen Winter's study addresses large and recent programmes of monetary payments made to discharge remedial obligations that states owe to individuals as a policy response to injuries that they suffered while in care as young people (i.e., redress programmes) in Australia, Canada, Ireland, and New Zealand (p. 9). These four countries have parallel social histories of abuse in care (p.

12). Redress programmes need to decide what injuries will be eligible and how to allocate monies to different types of injury (pp. 21-22).

The book calls for flexible and survivor-focused strategies in policy design (p. 119). It is argued that multiple pathways to redress should be made available to survivors. Pathways should differ according to the injuries experienced, the evidence required, the tools and processes used by assessors, the support survivors need, and the payments. For example, there should be a pathway where survivors can quickly and efficiently obtain a settlement by providing a limited amount of evidence (p. 176). But Winter is careful to point out the potential challenges for such design. For example, the benefits of offering multiple pathways must be balanced against the procedural costs of running a more complex programme (p. 241). The book also makes a compelling case for participation of survivors in programme design and delivery (see chapter 8). One important argument for involving survivors is that they can serve both as programme champions and as feedback channels when problems arise (p. 120).

The book's policy prescriptions are grounded in extensive empirical research. The main research methods are stakeholder interviews and documentary research. The sixty-three interviewees came from three organisation types: representatives of survivor advocacy groups, community agencies providing services to survivors, and public officials responsible for developing and implementing redress programmes (p. 14). Winter uses information from public hearings, reports, regulations, and statutes to provide raw data and operative descriptions (p. 14).

This book is divided into three parts, with a total of fourteen chapters. Part I introduces the tensions inherent in redress programmes (Chapter 1), historical background (Chapter 2), and criteria for evaluating redress programmes (Chapter 3). Part II describes ten exemplar programmes. Part III focuses on the design and delivery of redress programmes, with a set of

practical recommendations at the end of each chapter. Together, these chapters present common difficult questions and corresponding considerations regarding administration of programmes (Chapter 8), eligibility (Chapter 9), processing of evidence (Chapter 10), assessment of claims (Chapter 11), support for survivors (Chapter 12) and payment (Chapter 13). Chapter 14 connects redress scholarship with the larger field of transitional justice literature.

One of the strengths of this insightful book is its attention to the tension between state interests and survivors' interests. Few would disagree with the observation that redress competes with other demands on the public purse. That means survivors cannot reasonably ask that their claims receive absolute priority (p. 39). Winter's approach is pragmatic: "policymakers must balance a survivor-focused approach to redress policy with attention to the state's interests. . . As a matter of policy, states cannot underwrite redress programmes with blank cheques" (p. 241). The book also provides examples where state interests and survivors' interests coincide. For instance, programmes need to hire and retain good staff; high staff turnover (p. 133) is a concern for both the state and survivors.

This timely and comprehensive book will be of interest to scholars and practitioners exploring actual and potential harm in care. Although the book focuses on survivors who suffered injuries as young persons in state-run programs, the lessons learned from Winter's research will inform debates in other social policy fields. For example, many residents in long-term care homes (also known as aged care or nursing homes) around the world experienced preventable injuries during the COVID-19 pandemic. The poor or inadequate care that they received can be explained in part by on-going underfunding in social care and other structural issues (for example see Harding, 2021). Steeles and Swaffer (2022) explore the possibility of reparations for harms suffered by people in residential aged care in Australia. Future debates

about redress for LTC residents (or survivors in other care settings) would benefit from Winter's original research.

References

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