



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

COVERSHEET

Minister	Hon Erica Stanford	Portfolio	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
Title of briefing	Approval of Common Payment Framework for Abuse in State Care Claims	Date to be published	11 March 2026

Withholding grounds

Information within this document 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)(a) to protect the privacy of natural persons
- section 9(2)(h) to maintain legal professional privilege

Notes

- Information on page 12 regarding discretionary guidelines labelled as [Legally privileged] in error.

Briefing



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Crown Response to the Abuse in Care Inquiry

Approval of Common Payment Framework for Abuse in State Care Claims

Date:	5 November 2025	Security level:	
Priority:	High	Report number:	CRACI 25/133

Actions sought

Hon Erica Stanford
Minister of Education and 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

Hon Louise Upston
Minister for Social Development and Employment Transferred responsibilities from the Minister for Children for State redress decisions

Hon Matt Doocey
Associate Minister of Health

This briefing seeks your approval of:

- the Common Payment Framework;
- removing the requirement to assess and respond to allegations of practice failures that do not link to abuse or neglect; and
- to amend the Ministry of Social Development and Ministry of Education's rapid payment processes.

Contact for discussion

Name	Position	Telephone	1 st contact
Delwyn Clement	General Manager Redress System and Strategy, Crown Response Office	9(2)(a)	✓
Christy Corlett	Principal Advisor Redress Programme	9(2)(a)	

Agencies consulted

Ministry of Education, Ministry of Health, Ministry of Social Development, Oranga Tamariki, Department of Corrections, Te Puni Kokiri, The Treasury

Minister's office to complete

- Noted
- Seen
- See Minister's notes
- Needs change
- Overtaken by events
- Declined
- Referred to (specify)

Comments



Briefing

Approval of Common Payment Framework for Abuse in State Care claims

For: Hon Erica Stanford, Minister of Education and 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
Hon Louise Upston, Minister for Social Development and Employment and transferred responsibilities from the Minister of Children for State redress decisions
Hon Matt Doocoy, Associate Minister of Health

Date: 5 November 2025

Security level:

Priority: High

Report number: CRACI 25/133

Purpose

1. This briefing:
 - a. provides an overview of the proposed common payment framework (the Framework) to be used by state care redress agencies and seeks the agreement of the Minister of Education and Lead Coordination Minister, Minister for Social Development and Employment, and Associate Minister of Health (joint redress Ministers) to implement it;
 - b. proposes the removal of the requirement for redress agencies to assess and respond to allegations of practice failures that do not link to abuse or neglect and seeks the agreement of joint redress Ministers to this position;
 - c. seeks agreement from the Minister of Education and the Minister for Social Development and Employment to amend their respective agency rapid payment processes to reflect the Framework.

Recommendations

2. It is recommended that you:
 - a. **agree** to forward this briefing to the Minister of Corrections, Minister for Māori Development, and Minister of Finance;

Minister of Education and Lead Coordination Minister YES / NO

Minister for Social Development and Employment YES / NO

Associate Minister of Health YES / NO

Common Payment Framework

- b. **note** that the Ministries of Education, Health, Social Development and Oranga Tamariki (redress agencies) have developed a common payment framework that has five payment categories (with fixed payments points within each category) with payments ranging from \$7,500 to over \$75,000 depending on the severity of the abuse;
- c. **note** that the definition of abuse contained in the top category (\$75,000 plus) is reflective of the claims that have received the highest payments to date under existing claims processes;
- d. **note** operational testing has been carried out as part of the development of the categories to ensure that payments are likely to have an average of \$30,000 going forward and that the distribution of payments aligns with current payments;
- e. **note** that the Framework incorporates all aspects of a claim, including providing an effective remedy for potential breaches under the New Zealand Bill of Rights Act 1990 (BORA), meaning that additional payment frameworks are not required.
- f. **note** that the Framework does not include any adjustment for inflation. Further advice will be provided to joint redress Ministers in the first half of 2026 on the Royal Commission's recommendation to periodically review financial payments;
- g. **approve** the common payment framework set out in Appendix Two and that redress agencies begin to implement this as the overarching payment framework for claims going forward which are not being assessed under a rapid payment approach;

Minister of Education and Lead Coordination Minister YES / NO

Minister for Social Development and Employment YES / NO

Associate Minister of Health YES / NO

Streamlining Assessments

- h. **note** that Cabinet agreed that State redress agencies explore ways to make claims processes more efficient without compromising survivor experience or outcomes and any cost savings will be reinvested to support agencies to process more claims [CAB-25-MIN-0101 refers];
- i. **note** that the consideration of practice failures can be a time-consuming process that does not generally impact upon payment levels;

- j. **note** the removal of practice failures would focus claims processes on abuse and neglect which is what they were established to do, would ensure consistency between all redress agencies and would streamline assessment process to help enable redress agencies to respond to survivors in a more timely way;
- k. **note** that practice failures that may have contributed to the survivor experiencing abuse or neglect will continue to remain in assessment processes;
- l. **agree** that redress agencies no longer need to assess and respond to allegations of practice failures that do not link to abuse or neglect;

Minister of Education and Lead Coordination Minister YES / NO

Minister for Social Development and Employment YES / NO

Associate Minister of Health YES / NO

Rapid Payment Frameworks

- m. **note** that redress Ministers have previously agreed [CRACI 22/004 refers] to an overarching approach to rapid payments with specific approval of each agency’s detailed process to be approved by that agency’s relevant Minister;
- n. **note** that both the Ministry of Social Development (MSD) and the Ministry of Education (MoE) have implemented rapid payment processes which need amending to align them to the common payment framework which includes increased payments announced as part of Budget 25;
- o. **note** that the proposed amendments to MSD and MoE’s rapid payment frameworks are consistent with the common payment framework (in that they both achieve an average settlement payment of approximately \$30,000);
- p. **agree** to amend MSD’s rapid payment framework by
 - i. amending the baseline period of involvement bands:

From		To	
Under 5 years	\$10,000	Under 3 years	\$15,000
5 – 15 years	\$20,000	3 – 14 years	\$30,000
Over 15 years	\$25,000	Over 14 years	\$40,000

- ii. removing the additional payments relating to potential Bill of Rights Act breaches and inappropriate detention but retaining the

additional \$5,000 payment for those that have allegations about conduct relating to their experience at an NGO run bush programme.

Minister for Social Development and Employment YES / NO

- q. **agree** to amend MoE's rapid payment framework for Waimokoia residential school by applying an increase of 50% to each of the standard payments;

Minister of Education YES / NO

General

- r. **agree** to forward this briefing to the Minister of Corrections, Minister for Māori Development, and Minister of Finance;

Minister of Education and Lead Coordination Minister YES / NO

Minister for Social Development and Employment YES / NO

Associate Minister of Health YES / NO

- s. **note** that Officials are available to discuss the Framework if that would be helpful.



Delwyn Clement
**General Manager Redress and System
Strategy, Crown Response Office
Crown Response to the Abuse in Care
Inquiry**

5 / 11 / 2025

Hon Matt Doocey
Associate Minister of Health

/ / 2025

Hon Erica Stanford
**Minister of Education and Lead
Coordination Minister for the Crown
Response to the Royal Commission's
Report into Historical Abuse in State
Care and in the Care of Faith-based
Institutions**

/ / 2025

Hon Louise Upston
**Minister for Social Development and
Employment and with transferred
responsibilities from the Minister for Children
for redress matters**

/ / 2025

Cabinet has agreed that joint redress Ministers make decisions around the introduction of a common payment framework and the removal of practice failures

3. In April 2025, Cabinet agreed that as part of redress proposals [SOU-25-MIN-0039 refers]:
 - a. Core state redress agencies – the Ministries of Education, Health, and Social Development, Oranga Tamariki – will work towards offering comparable settlement payments for comparable experiences of abuse/and or neglect in care through the development and implementation of the Framework. This is to resolve the issue that similar experiences of abuse currently receive different payment amounts based on which agency is responsible for the claim;
 - b. To increase the average settlement payment made by core State redress agencies to \$30,000 per claim;
 - c. State redress agencies will explore ways to make claims processes more efficient without compromising survivor experience or outcomes and any cost savings will be reinvested to support agencies to process more claims. In particular, the paper under SOU-25-SUB-0039 proposed removing the requirement for MSD and MoE to investigate and respond to allegations of practice failures (that is allegations relating to failures to comply with relevant policy and/or practice at that time) that do not link to allegations of abuse;
 - d. The Minister of Education and Lead Coordination Minister, and the Minister for Social Development and Employment, and Associate Minister of Health¹, in consultation with any relevant Ministers as appropriate, were authorised to take detailed design and implementation decisions with the overall approach and parameters set out in the paper under SOU-25-SUB-0039.
4. In-line with the Implementation Plan to deliver an enhanced redress system for survivors of abuse and neglect in State care, approval and implementation of the Framework and the work around the removal of practice failures is due to be approved and implemented by the end of December 2025.
5. While work has been progressing on the Framework, an interim approach has been in place for the adjustment of settlement payments. Joint redress Ministers agreed [CRACI 25/043 refers] in April 2025 to:
 - a. First, lift Ministry of Health (MoH) average payment levels approximate to MoE, MSD and Oranga Tamariki average payment levels; and
 - b. Second, increase all average payments by 50% across all four agencies from \$20,000 to \$30,000.
6. All redress agencies have been applying this interim approach since 9 May 2025.

¹ On 13 October 2025 the Minister of Health formally delegated all policy and legislative matters relating to the Crown Response to the Associate Minister of Health.

Agencies have developed a common payment framework which offers comparable payments for comparable abuse across redress agencies

7. The Crown Response Office (CRO) and redress agencies (with the support of the Department of Corrections and Te Puni Kōkiri²) have collectively worked on the proposals in this briefing for the Framework. They have been guided by Cabinet's expectations that the Framework has more clearly defined steps or levels which enable a survivor to understand how their experience relates to financial redress [SOU-25-SUB-0039 refers] as well as the following design and development principles which were set out in the recent update briefing [CRACI 25/083 refers]:
 - a. The Framework will be designed to look at a survivor's total care experience to determine a recommended settlement payment that is reflective of the severity and frequency of their abuse and align with payments that would be made for other claims with similar types of experiences;
 - b. Payments are not compensation and do not acknowledge the consequential harm of the abuse experienced;
 - c. The Framework will consider the nature of a person's experience rather than the number of allegations an individual submits within their claim;
 - d. The average payment across redress agencies will be \$30,000; and
 - e. The Framework and supporting guidance will have clearly defined levels that will assist survivors in understanding how their experience relates to the financial redress payment they have been offered.
8. Redress agencies have developed the Framework which is a tool to be used by agencies when determining a settlement offer for a claim after the agency has completed the assessment of the claim using their own individual assessment processes. The Framework uses payment categories that have built off existing agency payment frameworks and abuse definitions, but these have been simplified and adapted so that they can be applied to all redress agencies. A copy of the proposed framework is in **Appendix Two**.
9. Below are key points about the Framework:
 - a. The Framework has five payment categories with payments ranging from \$7,500 to over \$75,000. These categories ascend in severity and have clear fixed payment steps within each category which provide transparency, clarity and certainty for survivors, but also for staff when applying the Framework. Although there is less nuance than existing agency categories, fixed payment points are more straightforward and easier to apply and understand³;
 - b. Each category recognises the most serious abuse experienced by the survivor which determines payment, but as each category builds upon the previous categories, the

² Cabinet has agreed to respond to claims made to the Department of Corrections and Te Puni Kōkiri and a process to respond to these claims is expected to be in place by 30 June 2026.

³ MSD's existing payment categories allow for more variation within a category to take into account aggravating features such as duration, frequency or severity of the abuse. However, the experience of MSD is that applying more variable categories is more challenging from an operational perspective to ensure that 'like' claims are receiving a 'like payment' especially with a high number of claims.

- payment includes consideration of less serious abuse in the category(ies) above. This ensures the Framework is able to acknowledge a person's total care experience;
- c. The categories provide for physical, sexual, emotional/psychological abuse and neglect with each type of abuse having levels of severity (less severe, more severe or significantly severe). The abuse types and severity levels use examples rather than using exhaustive definitions to enable some flexibility for more unique situations;
 - d. The Framework considers the duration and frequency of the abuse to provide higher payments for those who were abused for longer periods of time and/or were more frequently abused;
 - e. The abuse and neglect definitions cover all care settings and are able to be applied by all redress agencies;
 - f. The payment levels have been created using payments from assessed claims (primarily MSD claims) to ensure a similar distribution between resolved claims and current/future claims;
 - g. The definition of abuse contained in the top category (\$75,000 plus) is reflective of the claims that have received the highest payments to date under existing claims processes. Most of these claims had serious abuse over 10 years or more.
10. It is intended that the Framework will be the overarching framework for agencies to use when determining settlement payments under agency non rapid payment assessment processes. It will be used after agencies have completed the assessment of the claim using their own individual assessment processes⁴.
 11. As well as the Framework being used by the four core redress agencies with existing claims processes, it will also be used by the Department of Corrections and Te Puni Kokiri, where a non-rapid payment assessment approach applies. These two agencies are in the process of developing claims processes with the intention that these are finalised and integrated into the State redress system by the end of June 2026.
 12. Individual agency rapid payment processes will be adjusted to align with the Framework (see paras 24-30).
 13. **Appendix One** sets out full details of the proposed Framework, how it was developed including the operational testing that has been completed. We are seeking approval of the Framework by joint redress Ministers.
 14. We also note that:
 - a. the Framework does not provide redress for any proven allegations of torture. Consideration of these would sit outside the Framework; and
 - b. there is further work occurring on how the Framework will apply to those survivors who have claims registered with multiple redress agencies, noting that the intent going forward is for there to be a 'single claim'.

⁴ MoE, MSD, MoH and Oranga Tamariki operate individualised assessment processes that consider each allegation and whether the allegation is taken into account for settlement purposes. Each agency has to some extent a different level of testing of allegations depending on the nature of their claims.

The value of redress payments over time

15. The Royal Commission recommended that the redress system should periodically review the financial payments and increase them to account for things like inflation, relevant awards by the courts, and equity between survivors (*He Purapura Ora* recommendation 43).
16. Payments made by existing redress agencies are not currently adjusted for inflation. There are a range of considerations and complexities to consider if inflation adjusted payments were to be introduced and this would be a departure from current practice, both in New Zealand and comparable overseas schemes. CRO will provide advice to joint redress Ministers on recommendation 43 in the first half of 2026. This advice does not preclude joint Ministers taking decisions on the Framework now as any decision to adjust payments would not need to be implemented for at least 12 months given payment adjustments have recently been made.

We propose that the requirement to assess and respond to practice failures (that do not link to abuse or neglect) are removed from agency assessment processes and therefore are not included in the common payment framework

17. Alongside the development of the Framework, work has progressed in line with Cabinet's direction to consider efficiencies in claims processes including that agencies consider removing the requirement to assess practice failures [SOU-25-MIN-0039 refers]. This work has a direct link to the work on the Framework as if practice failures are removed, these would not be included in the Framework.
18. Both MSD and MoE (to a lesser extent⁵) currently assess alleged failings of practice (which have not contributed to alleged abuse or neglect). Generally, this is where the standard of care of a child/young person receives does not meet the standards of the time, which can be determined by reference to legislation, policy and practice guidelines. Examples include failing to file Family Group Conference documents within required timeframes or poor recording in care records.
19. The consideration of practice failures is a time-consuming process for MSD as the person's care records need to be reviewed for each alleged failure and considered against the relevant policy. Practice failures will often take longer to assess than abuse allegations⁶, which do not require a consideration of policy.
20. MSD and MoE's existing payment processes provide for practice failures, but these do not have a material impact on payment. This is because both agencies payment frameworks are weighted strongly towards abuse allegations.
21. We are seeking your agreement to remove the requirement to assess and respond to practice failures which are not linked to abuse or neglect. However, where appropriate, these could be acknowledged in an apology to a survivor. For example, agencies may consider doing so if it was an issue that was important to them.
22. The removal of practice failures would focus MSD and (to a lesser extent) MoE claims processes on abuse and neglect which is what they were established to do, would ensure

⁵ The issue primarily affects MSD as MoE's process has generally focused on abuse, neglect and mistreatment. But they do receive and consider practice failure allegation on occasion.

⁶ This is especially the case for less serious abuse allegations that MSD receives where the allegation can be taken into account for settlement purposes unless there is information that contradicts the allegation. Staff do not need to find supporting information.

consistency between all redress agencies and would streamline assessment process making them more efficient and help enable the agencies to complete more assessments and therefore respond to survivors in a more timely way.

23. **Appendix Three** sets out further information about the policy thinking and testing that has occurred to inform the proposal to remove practice failures from agency assessment processes.

In addition, rapid payment processes require amending to reflect decisions around increased payments and the common payment framework

24. In July 2022, Cabinet agreed to “*developing rapid payments under existing historic claims processes, particularly for ill and elderly claimants, to address long wait times for the settlement of claims*” [CBC-22-MIN-0035 refers]. A rapid payment is a payment determined in response to a historic abuse claim within a faster timeframe than is possible under existing process as it does not require assessment of individual allegations.
25. In September 2022, joint redress Ministers agreed [CRACI 22/004 refers] to an overarching approach to rapid payments with specific approval of each agency’s detailed process to be approved by that agency’s relevant Minister.
26. MoE and MSD have implemented rapid payment processes as an alternative assessment option to an individualised assessment. Payments are not determined by considering individual allegations but use readily identifiable metrics for the care setting covered by that agency. MSD’s rapid payments focus on the length of time the survivor was involved with Child, Youth and Family or its predecessor agencies which acknowledges that the longer a person has been involved with the State, the more likely they will have experienced repeated harm. MoE has established a rapid payment process for those who attended Waimokoia residential school with payments being set according to the decade a person attended the school and what is known about what was occurring at the school during that decade.
27. It was noted in MSD’s 2022 paper [REP-22-9-876] to the Minister of Social Development and Employment seeking approval of their rapid payment framework that it was intended to be an interim, time-limited approach until the new integrated independent redress system is established. Given that an independent integrated redress system has not been established, and rapid payments have received a strong uptake and positive feedback, it is intended to retain rapid payments in agency assessment processes.
28. Both agencies require updates to payments under their rapid payment processes to reflect increased payments and the Framework. This is further discussed in **Appendix Four**.
29. As specific agency frameworks are to be agreed by their relevant portfolio Minister, approval to these amendments are only required by the Minister of Education and the Minister of Social Development and Employment. However, these decisions have been included in this briefing to ensure visibility amongst wider redress Ministers.

30. We are seeking agreement from the Minister of Social Development and Employment to amend MSD’s rapid payment framework by:

a. amending the baseline period of involvement bands:

From		To	
Under 5 years	\$10,000	Under 3 years	\$15,000
5 – 15 years	\$20,000	3 – 14 years	\$30,000
Over 15 years	\$25,000	Over 14 years	\$40,000

b. removing the additional payments relating to potential Bill of Rights Act breaches and inappropriate detention but retaining the additional \$5,000 payment for those that have allegations about conduct relating to their experience at an NGO run bush programme (see paragraph 2 of Appendix 4 for further information about these payments).

31. We are also seeking agreement from the Minister of Education to amend MoE’s rapid payment framework which relates to Waimokoia school by applying an increase of 50% to each of the standard payments in the Framework.

There are risks associated with the proposed Framework but mitigations have been considered

32. With any new policy or process change (especially where it replaces a previous policy), there is usually some level of risk. A number of risks have been identified with this proposal, but mitigations have been identified and will be implemented, as outlined in the table below:

Risk	Mitigations
There is a risk of inconsistency by agencies in applying the Framework leading to inequitable survivor outcomes	Clear definitions have been created of abuse types and duration/frequency and have been tested by agencies meaning the risk of inconsistency is low. Ways of working will be established where claims agencies can test their thinking with other redress agencies for unusual situations or where there is ambiguity. These conversations may lead to further guidance. We are also considering other cross-agency quality assurance processes such as regular sampling to check whether the Framework has been applied consistently.
The average payment over time ends up being greater than or less than \$30,000 which could lead to funding pressures or an outcome not in line with what Cabinet has approved.	Although there will always be a level of uncertainty, this risk is considered low given testing has been carried out on 246 assessed claims to help ensure that the categories will provide for a \$30,000 average payment going forward under individualised assessment processes. MSD and MoE’s rapid payment processes are also being amended to reflect the \$30,000 average. Given that

	<p>rapid payments are the majority of settlement payments (more than 80%) it is these payments that will likely drive the \$30,000 average.</p> <p>There will be ongoing monitoring of payments.</p>
<p>Payments at an individual level may be more or less than the person would have received under previous agency payments frameworks (including in the interim period) leading to criticism by survivors and stakeholders.</p>	<p>Communications will be created explaining:</p> <ul style="list-style-type: none"> • The Government has already acknowledged that payments across redress agencies have been inconsistent and that the purpose of the Framework is to address this. • Those with settled claims have received (or are eligible to receive) top-up payments to ensure equity with active claims. • As part of developing the Framework, testing was carried out to ensure that at a global level claimants are receiving a 50% increase on the abuse payment they would have received under previous processes. • Key differences between the old and new frameworks including why there is not separate provision for BORA or detention (see paras 4-10 of Appendix One). • The majority of survivors (i.e. all survivors with registered claims with MSD and survivors who attended three MoE residential specialist schools) will have the choice of also requesting a rapid payment offer which may be higher than the offer under the Framework. <p>Communications have been included in settlement offers made post 9 May 2025 giving survivors the option to wait until the implementation of the Framework before making a decision on the offer made to them during the interim period. This allows them to broadly understand what the two offers are (or likely to be) before making a decision.</p>
<p>There may be claims which the Framework does not appropriately recognise such as very serious claims or claims with unusual abuse that is not provided for in the definitions.</p>	<p>Common discretionary payment guidelines will be created to enable a payment to be approved at a level that sits outside the payment categories, or at a different level, for rare situations where the category amount does not adequately reflect the abuse.</p>

<p>9(2)(h)</p> 	<p>9(2)(h)</p>  <p>[Legally privileged] Discretionary guidelines will be implemented to enable bespoke additional payments for claims where the Framework may not provide an effective remedy.</p>
<p>Due to different agency assessment processes which have different evidential thresholds⁷, claimants with similar allegations may receive a higher payment from one agency regarding their experience than another agency. For example, MSD has a lower evidentiary standard than MoE for less serious abuse allegations.</p>	<p>The risk does not come from the implementation of the Framework but would still require clear communications around the role and scope of the Framework in comparison to each agency's unique assessment process (which is not in scope of the Framework).</p>

There are a number of pieces of work to be finalised before the common payment framework can be implemented by the end of 2025

- 33. In anticipation of the Framework being approved, implementation materials are being prepared including communications for survivors and process guidance. We are also preparing discretionary payment guidelines (discussed above), considering staff training, assurance processes and ways of working that support cross-agency collaboration.
- 34. Once the Framework has been approved, there will also need to be engagement with key stakeholders.
- 35. We will keep you updated on the implementation steps and the agreed 'go-live' date.

Consultation

- 36. While developing the Common Payment Framework, we have worked with the Department of Corrections and Te Puni Kōkiri to ensure that the Framework is able to be applied to claims that they have received when these are integrated into redress processes by 30 June 2026. They, along with Treasury have been consulted on the content of this paper.

⁷ Differing evidentiary thresholds are appropriate given the unique claims environment of each agency and are in accordance with the Crown Resolution Strategy, which requires agencies to resolve meritorious claims early and directly with claimants.

Appendix One – Development of the Common Payment Framework

Redress agencies have developed a payment categories framework

1. As set out in the recent common payment update briefing [CRACI 25/083 refers], agencies considered multiple options for the Framework, but chose to progress a payment categories framework as being the option that was most similar to the framework proposed by the Redress Design Group, would provide improved clarity for survivors, and was the most suitable to be developed and implemented across redress agencies within a reasonable timeframe given it is similar in nature to existing frameworks.
2. When developing proposed payment amounts, these were largely structured around what MSD has been paying for abuse and neglect given they have settled the most claims and will continue to have the bulk of the claims going forward for the foreseeable future. This helps ensure equity with past settlements.
3. The proposed framework, including categories and definitions, is attached as **Appendix Two**. It does not include the consideration of practice failures that do not link to abuse or neglect for the reasons discussed in Appendix Two.

We have considered whether we need to provide separate provision for the New Zealand Bill of Rights Act 1990 (BORA) into the Framework, ^{9(2)(h)} [REDACTED]

4. MSD's existing claims process includes a BORA payment framework to recognise claims that may include potential BORA breaches as well as an inappropriate detention framework which provides for possible claims of unlawful or inappropriate detention. Both of these frameworks were created after the existing payment categories were in use.
5. ^{9(2)(h)} [REDACTED]
6. ^{9(2)(h)} [REDACTED]
7. The Framework provided for top-up payments to those who had concerns about conduct on or after 25 September 1990 (being the date when BORA came into force) in residential placements and NGO bush programmes, being the settings where a person is most likely to have their BORA rights breached⁹.
8. Additional payments of either \$4,000 (for conduct at residences) or \$8,000 (for conduct at NGO bush programme) were adopted after operational testing was carried out on claims that

⁹ ^{9(2)(h)} [REDACTED]

⁹ Sections 21 (right to be secure against unreasonable search and seizure), 22 (right not to be arbitrarily detained) and 23(5) (right to be treated with humanity and with respect for the inherent dignity of the person when detained) of the BORA are the most likely BORA rights to apply in abuse in care claims. These generally occur in detention settings where a person is 'detained'. It can be considered that care residences with secure care units and bush programmes in isolated settings are detention settings where young persons may be detained.

had potential BORA breaches and Crown Law had advised on. Adding these standardised \$4,000 and \$8,000 payments to the payment category amount were generally usually sufficient to effectively remedy any potential breaches when determining the total payment for the claim.

9. The inappropriate detention framework is an interim¹⁰ policy framework which acknowledges allegations of unlawful¹¹ or inappropriate detention (such as being placed in secure care in a residence where policy was not followed). All claims that raise concerns about being detained/confined are able to receive an additional payment of \$1,500, \$2,500 or \$5,000 depending on time spent in that care placement and whether it occurred in one or multiple placements.
10. Agencies have considered whether separate provision or similar frameworks may need to be included as part of the Framework or whether these concepts can be incorporated into the main Framework. Separate provision is not being included as these are able to be incorporated.
11. 9(2)(h) 
12. We have also incorporated concerns about detention into the emotional/psychological abuse definitions.
13. This will also ensure equity going forward between survivors no matter what time period they were in care for.
14. To mitigate any risk that an individual claim with BORA breaches or significant unlawful detention¹² does not receive an adequate payment, agencies will retain a discretion to make a payment that sits outside the point in the Framework where the claim sits at. To ensure that agencies are making consistent decisions in this area, common discretionary payment guidelines will be drafted prior to implementation.
15. Not including a separate BORA or detention payment frameworks is the most significant change from MSD's existing payment categories. There is likely to be criticism from survivors or their representatives as they may perceive that they are no longer receiving appropriate redress. We will be developing communications to help explain this change.

¹⁰ The joint Ministers paper that approved the framework in 2021 noted that it was an interim approach pending the development of a new redress scheme.

¹¹ Unlawful detention covers both 'arbitrary detention' under BORA and 'false imprisonment' under the civil tort.

¹² 9(2)(h) 

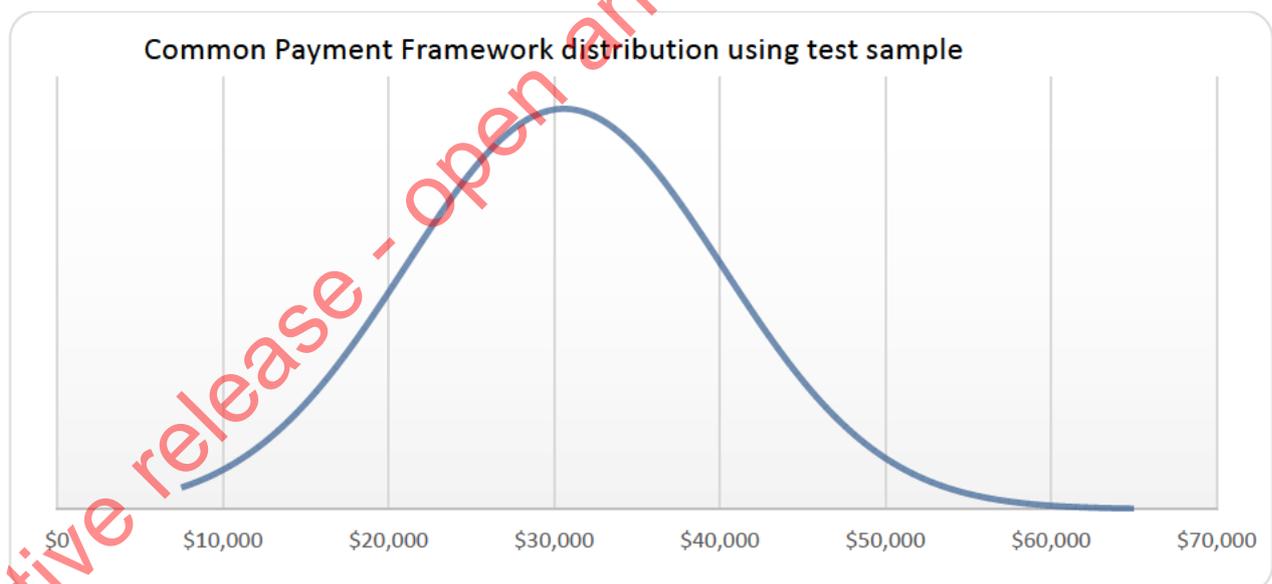
Operational testing was carried out while redress agencies developed the framework to ensure alignment with the design principles and that payment levels were as we anticipated them to be

16. While developing the Framework, redress agencies carried out testing on a total of 246 assessed claims to understand what payments these claims would receive under the draft Framework. This was to help ensure that the design principles were met including payments averaging \$30,000 and to identify any groups of claims that have a significantly different payment outcome under the draft Framework than we would have anticipated. Adjustments were made to the Framework after initial testing to move various abuse descriptors up or down a step in a category to meet the above objectives. The testing also led to some minor refinements to wording to help with clarity and consistency.

17. Key stats from this testing include:

Average/mean	\$30,597
Median	\$30,000
Mode (most common)	\$30,000

18. The below graph shows the distribution of payments that were tested. A bell curve was anticipated and is reflective of current payments under agency processes. This helps ensure equity with past settlements and enables the majority of survivors to receive a payment that is close to the average, with some deviation for less serious or more serious claims.



19. This testing also showed that the Framework works as intended for the majority of survivors who will receive a 50% increase on the payment for their abuse experienced, putting aside any additional payments for BORA or detention.

20. We have considered the small number of claims in the testing where the 50% would not be achieved. Most of these outcomes are due to moving from more nuanced payment frameworks that allow some variation in payment for claims that may have aggravating

circumstances to simple fixed payment points within categories that are easier to apply and understand.

21. For those who may fit into this group, the majority will be eligible for a rapid payment offer as an alternative or in addition to an offer under an individualised assessment offer that has been calculated under the Framework. As rapid payments generally have a high minimum payment (going forward this will be \$15,000 for MSD), which exceeds the proposed minimum payment in the Framework for low end claims, we envisage the number of claims that do not achieve a 50% uplift under the new approach will reduce even further.

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Common Payment Framework

December 2025

About the Framework

The common payment framework (the Framework) is the tool to guide decision making about what payment is offered to survivors of abuse in care who are accessing redress from government agencies under their alternative disputes resolution processes. It will be applied consistently by agencies when determining a payment offer for abuse in care redress following assessment of a claim.

There are two sections to the framework:

1. Payment categories [pages 2 – 4]. The categories set out what payment will be offered for what kind of abuse and neglect.
2. Definitions of abuse and neglect [pages 5 – 10]. The definitions explain key terms used in the payment categories.

Notes:

- The Framework does not determine what allegations are considered for the purposes of making a payment offer under this Framework. Rather, that is the function of the assessment that is completed in accordance with the redress agency's claims process.
- This Framework is to be used to determine payment for claims that are assessed by a State abuse in care redress agency following an individualised assessment. It is not used for claims that are using a rapid payment process as these have their own separate payment framework.
- This Framework does not provide redress for proven allegations of torture (as defined under the United Nations Convention Against Torture and the Crimes of Torture Act 1989). The consideration of any payment for proven torture sits outside this Framework.

Payment categories

The Payment categories are intended to determine payments for abuse in care redress. However, there may be the occasional claim where a further discretionary payment is appropriate in line with separate discretionary payment policy guidance¹³.

The categories and the characteristics described below simplify the complexities of abuse and neglect to provide clear categories and steps that can be consistently applied. There is no intent to minimise a survivor's lived experience or suggest a lesser impact on their lived experience.

The payment amount corresponds to the most serious abuse experienced while also acknowledging the survivor's total care experience. Each payment level recognises that less serious abuse, set out in lower payment levels, may also have been experienced.

There are five categories that range from Less Severe (\$7,500 to \$20,000) to Extraordinary Severity (\$75,000 and over). Each category includes one or more payment steps which move up based on the seriousness of the abuse, whether the abuse or neglect involved a carer or non-carer / other young person, and its frequency.

The Payment categories also enable the recognition of abuse and neglect by non-state carers who are not agents of the State (such as a survivor's parents), and by other young people who were in the same care, residential, education or health setting as the survivor. However, such abuse or neglect must arise from, or relate to, the acts or omissions of the carer and have contributed to the abuse or neglect occurring or continuing. Any payment that is made for such abuse or neglect is to recognise the failure of the State.

Category One: **Less Severe** (\$7,500 to \$20,000)

Step	Characteristics of in care experience	Payment Amount
1	Less severe abuse or neglect by non-state carers or other young people which was infrequent	\$7,500
2	Less severe abuse or neglect by carers which was infrequent OR Less severe abuse or neglect by non-state carers or other young people which was frequent	\$10,000
3	Less severe abuse or neglect by carers which was frequent	\$15,000
4	Less severe abuse or neglect by non-state carers or other young people which was chronic OR More severe abuse or neglect by non-state carers or other young people which was infrequent	\$20,000

¹³ All potential category five payments shall be assessed as a discretionary payment and the process described in the discretionary payment policy guidance is to be followed.

Category Two: **More Severe** (\$25,000 to \$35,000)

Step	Characteristics of in care experience	Payment Amount
1	More severe abuse or neglect by carers which was infrequent OR More severe abuse or neglect by non-state carers or other young people which was frequent OR Less severe abuse or neglect by carers which was chronic	\$25,000
2	More severe abuse or neglect by carers which was frequent OR Significantly severe abuse or neglect by non-state carers or other young people which was infrequent	\$30,000
3	More severe abuse or neglect by non-state carers or other young people which was chronic (more than 2 and up to 4 years)	\$35,000

Category Three: **Significant Severity** (\$40,000 to \$50,000)

Step	Characteristics of in care experience	Payment Amount
1	More severe level abuse or neglect by carers which was chronic (more than 2 and up to 4 years) OR Significantly severe abuse or neglect by carers which was infrequent OR More severe abuse or neglect by non-state carers or other young people which was chronic (more than 4 years) OR Significantly severe abuse or neglect by non-state carers or other young people which was frequent	\$40,000
2	More severe abuse or neglect by carers which was chronic (more than 4 years) OR Significantly severe abuse or neglect by carers which was frequent	\$45,000
3	Significantly severe abuse or neglect by non-state carers or other young people which was chronic (more than 2 and up to 4 years)	\$50,000

Category Four: **Extreme Severity** (\$55,000 to \$65,000)

Step	Characteristics of in care experience	Payment Amount
1	Significantly severe abuse or neglect by carers which was chronic (more than 2 and up to 4 years) OR Significantly severe abuse or neglect by non-state carers or other young people which was chronic (more than 4 and up to 5 years)	\$55,000
2	Significantly severe abuse or neglect by carers which was chronic (more than 4 and up to 5 years) OR Significantly severe abuse or neglect by non-state carers or other young people which was chronic (more than 5 years)	\$60,000

3	Significantly severe abuse or neglect by carers which was chronic (more than 5 years)	\$65,000
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Category Five: **Extraordinary Severity** (\$75,000 and over)

Step	Characteristics of in care experience	Payment Amount
1	This category is reserved for extraordinary claims to recognise where there are clear aggravating factors and/or exceptional circumstances to the level of abuse described in category 4. To be placed in the category, survivors will usually have experienced consistent significantly severe and more severe abuse of 10 years or more. Payment is determined having regard to the individual circumstances of the claim.	\$75,000 and over

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Definitions of abuse and neglect

This part of the Framework explains the key terms used in the Payment categories that determine payment offers. The intent is to support survivor understanding of the Framework as well as consistent application of Payment categories by government agencies. These key terms are:

- Abuse and neglect, including severity (less severe, more severe, significantly severe): what happened?
- Carers and non-state carers or other young people: who carried it out?
- Frequency (infrequent, frequent, or chronic): how long and how often did it occur?

Frequency of abuse or neglect

How often a survivor experienced abuse or neglect and how long that was experienced for are key factors in their care experience. They are part of determining a payment for abuse in care redress.

The following table will be applied by agencies to consider both how often and how long (duration) the abuse or neglect was experienced to identify the abuse or neglect frequency – infrequent, frequent or chronic – which then links to the Payment categories.

How often?

Once	Infrequent	N/A			
Sometimes (eg “occasionally”, “at times”)	Infrequent	Infrequent	Infrequent	Infrequent	Frequent
Often (eg “a lot”, “every week”, “regularly”)	Infrequent	Infrequent	Frequent	Frequent	Chronic
All the time (eg “every day”, “always”)	Infrequent	Frequent	Frequent	Chronic	Chronic
	0 to 6 months	More than 6 months and up to 1 year	More than 1 year and up to 2 years	More than 2 years and up to 4 years	More than 4 years
	How long? (Duration of abusive period¹⁴)				

Carers and non-state carers or other young people

For the purposes of applying the Payment categories, **carers** are agents of the State who have care and protection responsibilities for the survivor. They include:

¹⁴ Which is not necessarily the full period of time in care.

- Caregivers approved and appointed by the agency which has legal responsibility for the survivor;
- Staff of the agency which has legal and/or care responsibilities for the survivor (for example, social workers, teachers, other school staff, hospital staff).

Staff or caregivers of a non-government agency (NGO) or Iwi Social Service contracted to provide care services on behalf of the State agency which has legal responsibility for the survivor will generally also fall into this category, where the relevant State agency would otherwise have that responsibility.

Generally speaking, all other individuals will fall under the definition of non-state carers or other young people.

Further details and guidance on these terms can be found in separate agency guidance.

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Abuse and Neglect Definitions and Examples

These guiding definitions separate abuse and neglect into:

- **Types:** physical abuse, sexual abuse, emotional/psychological abuse, and neglect. This supports survivor understanding of what kinds of experiences are recognised and agencies' categorisation of these experiences. The Payment categories don't treat different types of abuse or neglect differently. For example, serious abuse is considered serious whether it's physical or sexual.
- **Severity:** less severe, more severe and significantly severe. This connects to which Payment category is used.
- **Examples:** are given of each type and severity. These aren't complete lists as there's a wide range of experiences across survivors and care settings.

Type: Physical abuse

Definition: Actions that result in, or could result in, physical harm or injury to a survivor.

Severity	A survivor has experienced
Less severe	<p>Actions which ordinarily do not cause bruising or injury. Examples can include:</p> <ul style="list-style-type: none"> • Excessive corporal punishment that is outside of policy • Misuse of physical restraint that is outside of policy • Slapping/hitting with an open hand, shoving/pushing, hair pulling, ear pulling, tripping, kicking, harsh physical punishment (eg being forced to eat soap) • A staff member/carer directing another survivor to physically assault another survivor¹⁵ • Inappropriate use of medical treatment (eg over medication in psychiatric facilities).
More severe	<p>Actions which ordinarily cause bruising or physical injury such as cuts, welts and blisters. They demonstrate an increased level of violence or force from less severe physical abuse and can involve the use of objects and weapons. Examples can include:</p> <ul style="list-style-type: none"> • Striking, closed fist punching, whipping, stomping/kicking, blows to the head or body • Being slammed against a wall • Being held forcefully by the neck or throat.
Significantly severe	<p>Physical assaults which result in injuries that would typically require, or should have required, more intensive medical treatment or hospitalisation. Examples can include beatings, punches and assaults which can cause:</p> <ul style="list-style-type: none"> • A loss of consciousness • Broken bones and dislocated joints • Serious burns • Internal injuries including brain damage. <p>The use of medical treatment where it was administered in circumstances contrary to established medical practice and results in severe pain (eg unmodified electroconvulsive therapy (ECT)).</p>

¹⁵ Depending on the nature of the assault, this may be considered more severe.

Type: Sexual abuse

Definition: Actions that involve forcing or enticing a survivor to take part in sexual activities, whether the survivor is aware of what's happening or not. It may or may not involve direct contact.

Severity	A survivor has experienced
Less severe	Actions involving exposure, witnessing sexual acts, grooming or sexualised behaviour. Examples can include: <ul style="list-style-type: none">• Being exposed to indecent material (whether, written, spoken or visual)• Acts for the purpose of sexual gratification of the perpetrator, eg survivor sitting on their lap, being watched when undressing• Being made to watch or view genitals, inappropriate sexual talk.• Encouraging a survivor to look at pornography or behave in a sexually inappropriate way• Grooming a survivor in preparation for sexual abuse (this may be done via the internet).
More severe	Non-penetrative sexual contact that does not meet the definition of unlawful sexual connection. Examples can include: <ul style="list-style-type: none">• Kissing, fondling, rubbing, genital touching or masturbation of or by the perpetrator – may be under or over clothing• Forcing or enticing a survivor to take part in sexual activities whether the survivor is aware of what is happening or not.
Significantly severe	This is contact consistent with unlawful sexual connection as defined by the Crimes Act 1961. Abuse at this level can include: <ul style="list-style-type: none">• Sexual connection, rape and oral sex• It can involve a part of the body of the perpetrator or an object• A staff member/carer involving the survivor in the making of pornography or in prostitution.

Type: Emotional/Psychological abuse

Definition: Actions (not physical or sexual) that can demean or harm a survivor emotionally. It is generally verbal but may take other forms. It is generally a pattern of behaviour over time, rather than single or isolated incidents.

Being placed in secure cells, seclusion, timeout, isolation or otherwise detained (such as in a shed or on 'Alcatraz' at the Whakapakari programme) may also constitute emotional /psychological abuse for the purposes of these definitions.

Severity	A survivor has experienced
Less severe	Examples at this level can include: <ul style="list-style-type: none">• Repeated name calling• Criticising, belittling, demeaning, mocking, misogynist and racist slurs• Accusing, blaming, insulting, threatening abandonment, manipulating, taking advantage, screaming, yelling• Engaging a survivor in criminal acts, making them tell lies• Strip searches that fell outside policy or legislation at the time• Threats of punishment• Harsh or harmful punishment intended to shame• Witnessing or being forced to witness acts of serious abuse• For MSD claims only – continuous placement in secure unit for a period of up to 1 calendar month• Being placed in seclusion in a psychiatric facility without reasonable grounds• Excessive use of timeout where the conditions and/or duration are outside policy or other documented standards.
More severe	Emotional/psychological abuse at this level will generally have persisted over a number of years or is of a nature that is likely to cause significant emotional harm such as threats to kill. Examples can include: <ul style="list-style-type: none">• Having a rifle/gun pointed towards the survivor• Being made to dig a hole into which the survivor is threatened to be buried• For MSD claims only - continuous placement in secure unit for a period of more than 1 calendar month.
Significantly severe	Emotional/psychological abuse at this level is likely to be exceptional. It could involve actions which induced the survivor to believe death was imminent such as firing a gun towards the survivor.

Type: Neglect

Definition: Neglect is where the basic needs of a survivor are not being met. This may be physical neglect, medical neglect or supervisory neglect. It is generally a pattern of behaviour over time, rather than single or isolated incidents.

The severity of neglect is determined by considering both the nature of the neglect and the period of time over which it occurred.

Severity	A survivor has experienced
Less severe	Examples can include: <ul style="list-style-type: none">• An ongoing pattern or practice of allowing or requiring a survivor to miss school unjustifiably• Failing to provide the care required to maintain adequate personal hygiene• Failure to provide sufficient food or clothing or required medical treatment• Condoning the use of drugs, alcohol, or involvement in crime• Living in an environment where for periods of time there is insufficient food, running water, power, functioning toilet• Having to complete chores/work that are inappropriate for the age and stage of the survivor.
More severe	Examples can include: <ul style="list-style-type: none">• Endangering the life of the survivor by not taking them to hospital or seeking appropriate medical help for a <u>serious</u> illness or injury where there is confirmation of that illness or injury• Physical neglect to the extent the survivor becomes malnourished or otherwise requires medical intervention.
Significantly severe	Neglect at this level is likely to be exceptional and reflect a situation where there is serious physical and/or medical neglect over a long period of time such that the life of the survivor is threatened.

Appendix Two – Removal of practice failures from agency assessment processes

Current state

1. Both MSD and MoE (to a lesser extent) currently assess alleged failings of practice (which have not contributed to alleged abuse or neglect).
2. Common examples include:
 - a. Poor recording in care records;
 - b. Failure to visit a child or young person in accordance with policy;
 - c. Failure to meaningfully plan for the child or young person in accordance with policy;
 - d. Inadequately supervising a young person (which is not linked with abuse or neglect);
 - e. Failing to assess a child's caregiver in accordance with policy;
 - f. Failing to provide an adequate standard or quality of education (which is not linked with neglect).
3. The consideration of practice failures is a time-consuming process as the person's care records need to be reviewed for each alleged failure and considered against the relevant policy. This issue has most affected MSD, where legal representatives will often provide many pages of alleged practice failures they have identified in a person's care records and often the number of alleged failures exceed the number of abuse allegations.
4. The inclusion of practice failures (which are not linked to abuse or neglect) in a claim outcome does not have a material impact on payment as payment processes are weighted strongly towards abuse allegation. Nearly all claims will have allegations of abuse taken into account for the purposes of determining a settlement payment and these become the primary driver when determining payment.
5. MSD and MoE claims processes do give weighting to practice failures which may have contributed to the person experiencing abuse. For example, failing to adequately investigate allegations that a child was being abused at home, which contributed to them continuing to be abused. Or failing to adequately supervise a young person in a care residence, which may have contributed to them being abused by another young person. This recognises that the State may have contributed to the abuse occurring ^{9(2)(h)}
[REDACTED]
6. The Ministry of Health and Oranga Tamariki claims processes focus on abuse and neglect (which the Framework addresses) and do not generally assess practice failures unless these are linked to abuse.

Operational testing to support the proposal

7. To support this proposal, MSD carried out testing on a group of claims to understand the percentage of time it takes to assess practice failures when carrying out an individualised assessment. Results show that the time spent can vary depending on the nature of the claim but can range from 0% to 82% of time spent with the average being approximately 45%. The testing showed that more efficiencies are likely to occur in the assessment of legally represented claims with an average time saving of 56% as opposed to 23% for survivors who are working directly with MSD without a lawyer.

8. For MoE, practice failure allegations of the kind proposed to be removed are small in number and only a very small number have been supported for settlement purposes in claims assessed to date. It is difficult to quantify efficiency gains given the small cohort, but any reduction in allegations is likely to bring some efficiencies.
9. To ensure that the assumptions around claimants not being financially disadvantaged by the removal of practice failures were correct, MSD also sampled 100 assessed claims and considered the likely payment (under existing payment categories) if practice failures were not included. These payments were then compared against the assessed payment. From this sample, no claims were identified that would have received a higher payment if practice failures had been included.
10. Even if there had been some claims identified, it is unlikely that any claimants will be disadvantaged going forward given that MSD allows survivors to request both an individualised assessment and a rapid payment and choose the higher of the two offered payments. The minimum rapid payment amount (going forward) of \$15,000 is more than what a person would receive if their claim outcome only included practice failures.

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Appendix Three – Amendment of Rapid Payment Frameworks

MSD's rapid payment process

1. MSD's rapid payments range from \$10,000 to \$30,000 and are primarily calculated by considering how long a person has been involved with Child, Youth and Family and its predecessor agencies. This is on the basis that operational testing had shown that the longer a person was involved with the State, the more likely they would have experienced more repeated abuse. The current payment bands are:

Under 5 years	\$10,000
5 – 15 years	\$20,000
Over 15 years	\$25,000

2. Further additional payments may then be added to claims which include particular placements where it is known more serious abuse occurred or where a person's legal rights may have been potentially breached. As rapid payments can not exceed \$30,000, the full amount of the additional payments may not be added.
 - a. inappropriate detention - concerns about being placed in secure care or detained in a placement (\$1,500, \$2,500 or \$5,000);
 - b. BORA - concerns about conduct while placed at an NGO run bush programme or a residential placement (\$4,000 or \$8,000);
 - c. concerns about conduct while placed at an NGO bush programme (up to \$5,000). This recognises that those who attended a bush programme run by an NGO were more likely to experience more serious abuse.
3. Since 9 May 2025, rapid payment settlement offers have received a 50% increase to reflect the interim settlement approach.

MSD's proposed amendments

4. The most straight forward option for amendment would have been to increase the involvement payment bands by 50% (\$15,000, \$30,000 and \$37,500). However, operational testing confirmed that this would result in a lower average than \$30,000 given that the additional BORA and inappropriate detention payments will need to be removed to align with the approach being taken with the common payment framework.
5. MSD also considered lifting the payment amounts for the bands by a greater percentage to ensure a \$30,000 average, but this would have meant that the middle band of 5 -15 years would need to have a payment of slightly more than \$30,000. Ideally, the middle payment should be \$30,000 to align with the goal to have an average claim (and the most common claim) receive \$30,000.
6. Instead, MSD is proposing to adjust the periods of involvement to ensure an average of \$30,000. A variety of scenarios were tested, with the below scenario best meeting the original rapid payment design principles of aligning the average payment with payments resulting from individualised assessments (now being determined by the Common

Payment Framework) and ensuring that there is a tight spread of payment so that there are less extremes at either end¹⁶. The proposed new bands are:

Under 3 years	\$15,000
3 – 14 years	\$30,000
Over 14 years	\$40,000

7. For context, operational testing has shown that approximately 16% of people will fall into band one, 63% in band two and 21% in band three. This option had the greatest number of people falling into band two.
8. In addition to the baseline payment, it is proposed to retain the \$5,000 bush programme payment given that the original policy rationale continues to apply; to enable those who are more likely to experience more serious abuse to receive a higher payment. The inclusion of this payment will mean that a maximum payment under a rapid payment is \$45,000.

MOE’s rapid payment process

9. MOE’s rapid payment process for survivors who attended Waimokoia residential school (Waimokoia) was implemented in 2024. The standard payments for claimants who attended Waimokoia range from \$5,000 to \$20,000. The payment available to a claimant is determined by the decade in which they attended the school and, for the 1960s and 1970s, whether they attended during a particular time period in that decade when certain state carers were present at the school.
10. The rapid payment categories rely on standard research findings that identified occurrences of abuse and neglect during these time periods. Rapid payment settlement offers made since 9 May 2025 received a 50% increase to reflect the interim settlement approach as agreed by Cabinet in April 2025 [SOU-25-MIN-0039 refers].
11. The average amount paid to rapid payment claimants (prior to the 50% increase from 9 May) was \$19,600.

MOE’s proposed approach

12. MoE propose amending the Waimokoia rapid payment framework by applying an increase of 50% to each of the existing standard payments. This is expected to align future payments with the common payment framework and Cabinet’s agreement to increase the average settlement payment made by core State redress agencies to \$30,000 per claim.
13. The table below shows the existing and proposed rapid payment categories.

Decade	Original rapid payment	Proposed rapid payment (50% increase)
1960s	\$5,000	\$7,500

¹⁶ It was noted when the original rapid payment framework was developed that a high minimum payment reduces the risk that the offer does not appropriately acknowledge a claimant’s experience, and a maximum baseline payment reflects that there is no assessment or ‘testing’ of individual allegations.

<i>Additional payment¹⁷ for attendance between Dec 1960 – Jan 1961</i>	<i>\$10,000</i>	<i>\$15,000</i>
1970s	\$10,000	\$15,000
<i>Additional payment for attendance between June 1978-Sept 1978 and from 10 Sept 1979</i>	<i>\$10,000</i>	<i>\$15,000</i>
1980s	\$20,000	\$30,000
1990s	\$20,000	\$30,000
2000s	\$20,000	\$30,000

14. Applying a 50% increase to the standard payments also maintains consistency and equity between past and future claimants to the Waimokoia rapid payments process.
15. Further, it recognises that the common payment framework is intended to be applied to individualised claim reviews and is not compatible with the standardised rapid payment methodology.
16. MOE's rapid payments process is only available to claimants who attend Waimokoia School, though there are plans to expand to Campbell Park and McKenzie in 2026. They expect to provide you with advice on a rapid payments process, including standard payments, for Campbell Park residential school in December 2025.

¹⁷ As well as the general decade payment, for those that attended Waimokoia during a specific period of time where there are particular staff present, an additional payment is provided.