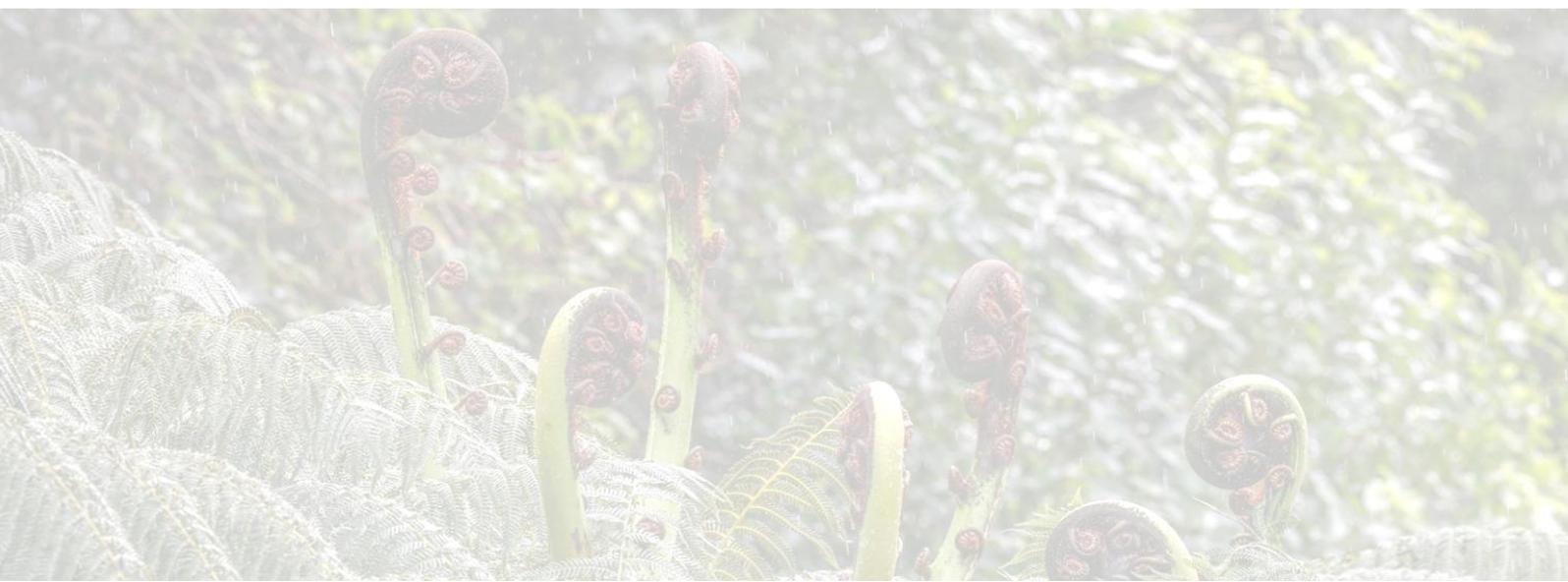




# Common Payment Framework Participant Workbook



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# 1. Introduction

Welcome to your **Common Payment Framework** implementation training. This workbook is designed to help you engage with the material, take notes, and reflect on how to apply the Framework in your role.

## Purpose of the training

The Common Payment Framework ensures consistent and transparent decision-making when determining payment offers for survivors of abuse in care. This training will help you understand the Framework and build confidence in applying it in practice.

## Learning objectives

By the end of this training, you will be able to:

- explain what the Common Payment Framework is and why it was developed
- identify the key principles underpinning the Framework (equitable, transparent, fairness, consistency)
- understand the five payment categories and how severity, frequency, and carer type influence decisions
- understand the definitions of abuse types, severity, frequency, and carer types
- apply the three-step process for using the Framework: classify allegations, map to category and step, document and communicate rationale
- reflect on how the Framework impacts your role and decision-making.

## Topics you will cover

1. Overview of the Common Payment Framework
2. Payment categories
3. Key definitions
4. Practical application steps
5. Reflection and planning

## How to use this workbook

- Complete activities and note reflections throughout the session.
- Use the content, key points and tables for guidance.
- Record questions and observations in the notes spaces provided.
- Follow your agency trainer's instructions for case-based exercises.
- Read alongside the Framework, the operational guidance and any other provided training material.

## **2. OVERVIEW OF THE COMMON PAYMENT FRAMEWORK**

### **What is the Framework?**

The Common Payment Framework is a tool designed to guide consistent and transparent decision-making regarding settlement payments for survivors of abuse in care.

*It is applied by government agencies after the assessment of a survivor's claim to determine an appropriate payment offer.*

It covers various types of abuse including physical, sexual, emotional/psychological abuse, and neglect in care settings.

The framework ensures that payments are based on the severity and frequency of abuse rather than the number of allegations, promoting fairness and equity across different agencies.

The Common Payment Framework is not a compensation scheme but a form of redress that acknowledges the harm experienced by survivors.

### **Why was the Framework developed?**

#### **Addressing payment inconsistencies**

- Prior to its implementation, survivors received varying amounts for similar experiences of abuse, *leading to perceptions of unfairness* and lack of transparency.
- The Framework was developed to address these inconsistencies in payment decisions across different government agencies. *This ensures fairness and transparency.*

#### **Transparency for survivors**

- The Framework is transparent for survivors by providing clear definitions and fixed payment points.

#### **Government approval and increased payments**

- Cabinet approved the development of the Common Payment Framework and *increased the average payment to \$30,000.*

### **Key design principles**

- Fairness and transparency in redress.
- Payments reflect severity and frequency, not number of allegations.
- Focus on total care experience.
- Fixed payment points for clarity and consistency.

- \$30,000 average across agencies and distribution of payments align with current payments.

## Scope and application

The Framework applies to survivors accessing redress through:

- Ministry of Education (MoE)
  - Ministry of Social Development (MSD)
  - Ministry of Health (MoH)
  - Oranga Tamariki, and later
  - Corrections and Te Puni Kōkiri
1. It is used when determining payments for individualised assessments rather than rapid payments.
  2. The framework covers abuse and neglect but excludes practice failures not linked to abuse and proven torture.
  3. It is intended to be applied consistently across agencies, ensuring that survivors receive comparable payments for comparable experiences of abuse and neglect in care.



### Reflection

Why do you think consistency and transparency are important for survivors?



### Activity

Imagine a survivor's claim includes multiple allegations of abuse. Why does the Framework focus on severity and frequency, rather than the number of allegations when determining payment? *Discuss in pairs and note your reasoning.*



### Knowledge check

True/False: The Common Payment Framework is a compensation scheme?



### Notes

### 3. PAYMENT CATEGORIES

The Common Payment Framework includes **five payment categories** ranging from Less Severe to Extraordinary Severity.

*Payments range from \$7,500 to \$75,000 and above.*

Each category includes one or more payment steps that increase based on the seriousness of the abuse, whether the abuse involved a carer or non-state carer/other young person, and its frequency. The categories are designed to reflect **the most serious abuse** experienced while also acknowledging the survivor's total care experience. Each payment category builds upon the previous categories so in that way it acknowledges any less severe abuse that was experienced.

#### Overview of payment categories

Category	Payment range
Less severe	\$7,500 to \$20,000
More severe	\$25,000 to \$35,000
Significant severity	\$40,000 to \$50,000
Extreme severity	\$55,000 to \$65,000
Extraordinary severity	\$75,000 and over

The next **five tables** show the framework through the five payment categories.

#### 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

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

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

## Summary

The five payment categories provide a structured way to ensure fairness and consistency in redress decisions. Each category reflects the most serious abuse experienced, while acknowledging the survivor's total care experience.

By applying severity, frequency, and carer type consistently, agencies can make transparent, equitable decisions that uphold the principles of the Framework.



## Reflection

What feels most challenging about applying the payment categories in real cases? Why?



## Activity

### Match the category

Using the payment category tables, match these descriptions to the correct category and step:

1. **Scenario A:** Abuse was less severe, frequent, and by a carer.
2. **Scenario B:** Abuse was significantly severe, chronic (5+ years), and by a carer.
3. **Scenario C:** Abuse was more severe, infrequent, and by a non-state carer.

*Discuss answers in pairs or small groups.*



## Knowledge check

Which factor does NOT influence the payment category?

- A. Severity of abuse
- B. Frequency of abuse
- C. Number of allegations
- D. Carer type



## Notes

## 4. KEY DEFINITIONS

The Framework provides clear definitions of the terms used to support consistent application across agencies.

### Key terms

- Types of abuse (*physical, sexual, emotional/psychological, neglect*)
- Severity levels (*less severe, more severe, significantly severe*)
- Frequency (*infrequent, frequent, chronic*)
- Carers and non-state carers or other young people

### Key questions to ask

- What happened?
- How long and how often did it occur?
- Who carried it out?

**Carers** are defined as agents of the state with care responsibilities, while non-state carers and other young people are individuals who are not agents of the State.

Where the abuse or neglect is by a non-state carer or other young person, it must arise from or relate to the acts of omissions of the state - and have contributed to the abuse occurring or continuing.

These definitions help agencies classify allegations accurately and determine the appropriate payment category and step.

### Definitions and interpretation

#### Types of abuse

The framework defines abuse types: *physical, sexual, emotional/ psychological, and neglect* - for clarity and consistency.

#### Severity and frequency levels

Severity ranges from less to significantly severe, while frequency includes infrequent, frequent, and chronic occurrences.

#### Carer definitions

Carers are agents of the state with care duties; non-state carers and other young people are not state-appointed.

#### Frequency matrix usage

The frequency matrix helps agencies assess how often and how long abuse incidents occurred for proper classification.

Here is an example of an abuse type and severity for **physical abuse**.

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

Severity	A survivor has experienced
<b>Less severe</b>	<p>Actions which ordinarily do not cause bruising or injury. Examples can include:</p> <ul style="list-style-type: none"> <li>• Excessive corporal punishment that is outside of policy</li> <li>• Misuse of physical restraint that is outside of policy</li> <li>• Slapping/hitting with an open hand, shoving/pushing, hair pulling, ear pulling, tripping, kicking, harsh physical punishment (e.g. being forced to eat soap)</li> <li>• A staff member/carer directing another survivor to physically assault another survivor</li> <li>• Inappropriate use of medical treatment (e.g. over medication in psychiatric facilities).</li> </ul>
<b>More severe</b>	<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"> <li>• Striking, closed fist punching, whipping, stomping/kicking, blows to the head or body</li> <li>• Being slammed against a wall</li> <li>• Being held forcefully by the neck or throat.</li> </ul>
<b>Significantly severe</b>	<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"> <li>• A loss of consciousness</li> <li>• Broken bones and dislocated joints</li> <li>• Serious burns</li> <li>• Internal injuries including brain damage.</li> </ul> <p>The use of medical treatment where it was administered in circumstances contrary to established medical practice and results in severe pain (e.g. unmodified electroconvulsive therapy - ECT).</p>

The framework also includes a frequency matrix to assess how often and how long the abuse occurred.

## Frequency matrix

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

## Summary

The Common Payment Framework uses clear definitions to ensure consistent and fair payment decisions across agencies.

Key terms include:

- **Types of abuse:** Physical, sexual, emotional/psychological, neglect.
- **Severity:** Ranges from *less severe* to *significantly severe*.
- **Frequency:** Infrequent, frequent, or chronic.
- **Carers:** State-appointed carers vs non-state carers and other young people.

These definitions help classify allegations accurately and link them to payment categories.



### Reflection

Why do clear definitions matter in this Framework approach?

- How do they support fairness and transparency?
- What could happen if agencies interpret terms differently?

*Write your thoughts below.*

 **Activity****Match the term**

Match each term to its meaning:

Term	Meaning
1. Chronic frequency	a) A tool to assess how often and how long abuse occurred
2. Significantly severe abuse	b) Abuse resulting in injuries requiring hospitalisation or intensive treatment
3. Non-state carer	c) Abuse or neglect occurring over several years
4. Frequency matrix	d) A person with care responsibilities who is not formally appointed by the state

 **Knowledge check****True or False:**

1. Emotional abuse is not included in the Common Payment Framework.
2. Severity is determined by the number of allegations.
3. Carers are defined as agents of the state with care responsibilities.
4. The frequency matrix helps classify abuse as infrequent, frequent, or chronic.

 **Notes**

## 5. PRACTICAL APPLICATION STEPS

### Three-step process

The Common Payment Framework application process involves **three main steps**.

1. **First**, agencies classify each acknowledged allegation using the Framework definitions, including type of abuse, severity, frequency, and who carried it out.
2. **Second**, then map the allegations to the correct payment category and step, identifying the most serious allegation. If there are multiple allegations that have the same severity and abuser, consider whether the frequency changes when the allegations are combined.
3. **Third**, they finalise, record, and communicate the offer with a clear rationale, explaining how the decision was made.

*This process ensures transparency and consistency in payment decisions.*

**Here is an example table for “Mr T”:**

<p>Allegations supported under agency assessment process. All allegations relate to a 2.5-year period at a school</p> <ul style="list-style-type: none"> <li>• Sexual assault (touching over clothing) on more than one occasion by a staff member.</li> <li>• Regular physical assaults (including physical restraint) by staff members. No injury indicated.</li> <li>• Excessive timeout for extended periods of time and inconsistent with policy guidelines.</li> </ul>		
Step	Action	Example (MR T)
<b>1. Classify</b>	Identify type, severity, frequency, and abuser for each allegation.	Sexual abuse = more severe, infrequent, carer; Physical abuse = less severe, frequent, carer; Emotional abuse = less severe, infrequent, carer.
<b>2. Map</b>	Determine highest category and step.	Most serious = more severe sexual abuse, infrequent, carer → Category 2, Step 1.
<b>3. Finalise and record</b>	Document rationale and communicate.	“The most serious abuse was more severe sexual abuse by a carer, infrequent. Category 2, Step 1: \$25,000.”

 **Notes**

## Case study application – in pairs/ small groups

### Instructions

Your trainer will provide **three real-world agency examples** to work on using the steps outlined above. Work in **pairs or small groups** to apply the Framework to each scenario.

For each scenario, use these guided questions:

- What category and step does this fall under?
- What factors influenced your decision?
- What would you document and why?

Use the **three-step process**:

1. **Classify** – Identify type, severity, frequency, and who carried out the abuse.
2. **Map** – Determine the highest category and step using the payment tables and frequency matrix.
3. **Finalise and record** – Document your rationale for the payment decision.

### Scenario notes

Trainer will provide examples. Use the space below to record your analysis.



#### Scenario 1

**Outline:**

**1. Classification:**

**2. Category and step:**

**3. Payment range and rationale:**



#### Scenario 2

**Outline:**

**1. Classification:**

**2. Category and step:**

**3. Payment range and rationale:**

 **Scenario 3**

**Outline:**

**1. Classification:**

**2. Category and step:**

**3. Payment range and rationale:**

 **Reflection**

Why is it important to document the rationale for payment decisions?

- How does this support transparency and trust?
- What challenges might arise when applying the Framework in practice?

*Write your thoughts below.*

## Activity

Discuss in your group:

- Which step of the process (**Classify, Map, Finalise**) was most challenging?
- How did you resolve differences in interpretation?
- Share **one tip** for applying the Framework consistently across agencies.

*Your facilitator will lead a group debrief.*

## Knowledge check

### Multiple choice:

Which of the following is **NOT** part of the three-step process?

- a) Classify allegations
- b) Map to payment category
- c) Negotiate payment amount
- d) Finalise and document rationale

### True or False:

1. The most severe allegation always determines the payment category.
2. The frequency matrix is optional when mapping abuse to categories.
3. Documentation of rationale is required for transparency.

## Summary

Applying the Framework involves a structured, transparent process:

- **Classify** allegations using definitions of type, severity, frequency, and abuser.
- **Map** to the correct payment category and step using tables and the frequency matrix.
- **Finalise** by documenting and communicating the rationale for the decision.

This ensures fairness, consistency, and transparent practice across agencies.

## Notes

## 6. REFLECTION AND PLANNING

### Purpose

This section helps you consolidate learning and plan how to apply the Framework in your role. It focuses on professional practice, not personal opinions, ensuring transparency and neutrality.

### Summary

You have explored:

- Key principles and definitions of the Common Payment Framework.
- How to apply the Framework using real-world scenarios.
- The importance of consistency, transparent practice, and documenting rationale.



### Reflection

Consider:

- What feels most challenging about applying the Framework in your role?
- How will this change your current approach to decision-making?
- What support or resources will help you apply the framework confidently?

*Write your thoughts below.*



### Activity

**Action planning** - *What will I do differently after this training?*

- Identify **two practical actions** you will take in your role to embed the Framework principles.
- Note any **questions or areas for clarification** to raise with your trainer or team.

Action	Why it matters	Support needed



## Knowledge check

### True or False:

1. The frequency matrix helps classify abuse as infrequent, frequent, or chronic.
2. Documenting the rationale for decisions is optional.
3. Ensure decisions reflect the total care experience, not only the most severe allegation.



## Notes

### Next steps

- Use the **Operational Guidance** for day-to-day decision-making.
- Engage in your agency's **community of practice** for calibration and support.
- Share feedback on how the Framework works in practice to help improve consistency.

### Closing thoughts

As we move forward with implementing the Common Payment Framework, remember that your role is vital in ensuring fairness and transparent practice. This framework is designed to support you with clear guidance and consistent processes, so you can make decisions confidently and with care.

Every step you take helps build trust and integrity in the redress process. Thank you for your commitment to applying these principles, together, we can make a meaningful difference for those who have experienced harm in care.

