Redress New Zealand

Interim process for the management of claims as a single claim (to be trialled)

Dated: 27 October 2026

This document sets out an interim high-level process to be trialled when managing cross-agency claims when a survivor chooses to have their claim managed as a 'single claim'. The intention is that this process will be reviewed and updated as redress agencies begin to manage cross-agency claims and learn what processes work best for survivors who have cross-agency claims. Therefore, this process is not a prescriptive process and may be adapted as needed.

This process should be read alongside the policy document titled '*Single claims policy for claims that include allegations relating to multiple care settings*'.

Standard process

Identification of cross-agency claim

The State redress service will generally be responsible for identifying that a claim relates to a care experience that multiple redress agencies are responsible for and letting the relevant agencies know. This will usually be done at the time of registration.[1]

The survivor will be advised by the State redress service that their claim will be managed by multiple agencies and that agencies may need to work together and share information to respond to the claim in a joined-up way. This text is included in the letter that confirms eligibility and talking points have been developed to assist staff in this conversation.

Until the claim is ready to be allocated for assessment by at least one of the agencies, the claim will continue to be managed by the State redress service who will lead communication with the survivor.

Single claim option conversation

When one of the agencies is ready to begin assessing the claim, the State redress service will contact the survivor to discuss whether they want their claim to be managed as a single claim by a lead agency, or to be managed separately by the agencies. Separate talking points have been developed to support this conversation.

[1] Where a Ministry of Education claim is eligible for a rapid payment, these are offered at the beginning of the process after eligibility has been confirmed. Given the rapid nature of these and that they are not allegation based (so do not need allegations collected), most impacted survivors will likely wish to progress their rapid payment at that early stage. If the offer is accepted and the remainder of the claim is only registered with one other agency, the claim can continue as a single agency claim only.

If the survivor does not want their claim managed as a single claim, the remainder of this process does not apply.

Allocation to lead agency

After the option conversation has occurred and if the survivor has requested that their claim is managed as a single claim, the State redress service will advise each agency who will then discuss amongst each other who will be the lead agency. The agencies will decide on which agency is best placed to take on the lead agency role based on the factors set out in the single claims policy guidance and any other relevant factors.

At this early stage, it may be helpful for agencies to discuss potential timeframes for completion of the assessment based on what they know about the claim and their existing wait-times. This may help guide future discussions with the survivor around timeframes.

First lead agency discussion with survivor

Once the claim has been allocated to a lead agency, that agency will make contact with the survivor to discuss how the claim will be managed including the information sharing that will be needed between agencies to manage the claim as a single claim.

If the survivor has assessment options, such as choosing between an individualised assessment and a rapid payment, this may be discussed during the first conversation (if appropriate). If the lead agency is unfamiliar with the other agency's assessment option, they will need to discuss this with the other agency and ensure they are sufficiently informed before the conversation occurs.

Survivor shares story/provides details of their claim (if individualised assessment is being completed by at least one agency)

If the claim is to be assessed in whole or in part by an individualised assessment, sufficient information will need to be collected from the survivor about their concerns for the parts of their claim that are to be individually assessed. This will usually be done through a discussion that may take place in-person, by phone or other electronic means (such as Microsoft Teams). It may be appropriate to ask the survivor whether they want a representative from both agencies present at the meeting so that they are able to share their experience directly with the agency.

If the lead agency is the sole representative at the meeting, they will need to prepare for the conversation with the survivor by discussing with the other agency about the extent of information that needs to be collected to enable them to carry out their assessment.

Once the meeting has occurred and provided the other agency did not attend, the lead agency is responsible for sharing all information they have received about the claim that relates to the other agency. This could include written notes taken during

the meeting, a recording of the meeting, emails from the survivor setting out their concerns, or other information that the survivor has provided such as letters or other documents from their time in care.

Information is to be shared through any approved information sharing mechanisms that are in place such as ShareFile.

Assessment

Agencies will where possible try and complete their assessments in parallel. If parallel assessments are not possible, agencies will consider other ways to manage timeframes. This may include keeping the survivor informed about likely timing or giving the survivor an option to have their rapid payment provided before the individualised assessment, as outlined in the single claim policy document.

(Note – if it has been agreed with the survivor that one of the agencies will make an early separate settlement offer (such as a rapid payment), then separate settlement documentation will need to be prepared and provided to the survivor. For continuity of communication, the lead agency may look to provide the outcome even if they have not carried out the assessment. This should be worked through with the survivor and the other agency to agree on what would make sense.)

Each agency completes the assessment of the relevant part of the claim in line with their agency assessment policy. Clarification may be needed during assessment. If the non-lead agency requires this information, it should ask the lead agency to contact the survivor to seek this.

Once the assessment has been completed, each agency will proceed through any internal QA processes that are in place.

Determining and seeking approval of payment

Each agency will determine payment for their part of the claim in line with the Common Payment Framework or the relevant rapid payment framework and seek approval of the payment in-line with their usual agency policies and practices.

Preparing settlement documentation

The agencies will work together to prepare the settlement documentation including the claim outcome letter and the agreed terms of settlement. It may be helpful for the lead agency to prepare the first draft inserting their claim outcome information and then providing to the other agency to provide their information.

As the outcome letter and settlement terms are a joint response from both agencies, each agency will need to be sufficiently satisfied with the wording of the settlement documentation before it is provided to the survivor.

Sharing outcome with survivor

The lead agency shares the outcome with the survivor using its usual process. This may involve a meeting in person, by phone, or through other electronic means.

Agencies should consider asking the survivor whether they would like a representative from the non-lead agency to be present at the meeting.

Apology

The lead agency discusses the apology with the survivor including what they would like included and how it is delivered (e.g. separate or joint agency apologies).

The lead agency develops the written apology, liaises with the other agency to finalise content and obtain signatures in accordance with what has been agreed between agencies and with the survivor.

Settlement

If the settlement offer is accepted, the lead agency manages settlement processes including obtaining the signed agreed terms of settlement and making the full combined payment to the survivor. A copy of the signed agreed terms of settlement is provided to the other agency.

The lead agency who has made the payment on behalf of the other agency may seek reimbursement from them.

Process for legally represented survivors

The process for legally represented survivors is broadly the same as the above, but contact occurs directly with the lawyer rather than the survivor and contact is more likely to be in written form. For example, the lawyer may choose to provide written information to the lead agency about the claim rather than the survivor meeting with the lead agency.

Agencies will also need to discuss how legal fees that have been approved under the Legal Fees framework will be apportioned between them. Consistent with the approach to settlement payments, it may be appropriate for the lead agency to pay the submitted invoices and to seek reimbursement from the other agency of the agreed apportionment.