



How to write a recommendation for payment

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Payment recommendations

Recommendations for payment are an important part of a claims assessment in that they record the reasons for why a proposed payment is recommended. They also assist the Consistency Panel in understanding the core components of the claim, the severity of allegations within the claim and why you consider a claim falls within a particular payment category. This is particularly important for lengthy claims where there may be many allegations that are being taken into account but it will not always be automatically clear from looking at the summary of the allegations what payment category the claim would naturally fit into.

More allegations or number of failures do not necessarily mean a higher payment.

A recommendation for payment should clearly document why the Claims Assessor is recommending the claim sits within a particular payment category and any reasons for why it should be placed in the low or high range within the category. This is a nuanced exercise which should focus on the totality of the claimant's care experience that the assessment has taken into account rather than how many allegations of abuse or inaction or inadequate practice there have been.

Factors to consider when writing a recommendation for payment

Before Claims Assessors start writing a recommendation, it may be helpful to consider:

- What are the most serious allegation(s) that are being taken into account? Thinking about the wording of the categories, consider what category these allegations naturally fall into.
- The guidance section in the payment categories. For example, the guidance in category 3 is helpful in understanding the primary factors that need to be present in the band as well as understanding what claims will never fall into category 3.

The use of AND/OR identifies the primary factors that are present in a band. From Category 3 and above, abuse by responsible adult and inaction are drivers for recommending that payment..... Inadequate practice may also be present.....but on its own would not likely reach a Category 3 or higher payment.

- Whether there are any reasons why a midpoint is not appropriate (i.e. are there any reasons that the claim should be placed lower or higher in the category)

Examples of why a claim might be placed lower in the category include:

- The abuse or inaction may have been isolated occurrences or for a short period of time; or
- Other than the primary allegations, there may be limited other allegations within scope.

Examples of why a claim might be placed higher in the category include:

- The abuse or inaction was particularly severe and/or was particularly harmful (but does not meet the criteria for being placed in the next category up);
- The abuse/inaction was over a lengthy period of time (this can be cumulative abuse in multiple placements); or
- As well as abuse/inaction, there are wide-ranging practice failures (though not all cases that have wide-ranging practice failures will be placed high in the category).

- Ordinarily, recommended payments should be the exact low-point, mid-point or high-point of the category unless there are good reasons for a different amount (such as to recognise where siblings may have had slightly different care experiences). This helps to ensure consistency between claims, but also acknowledges that for the occasional claim, there may be good reason for a slightly more nuanced payment.

How to write a recommendation

There is no 'one way' to write a recommendation for payment. Though it is important that any recommendation highlights the key components of the claim that fall into the category that is being recommended. For example, most category 3 claims would either contain moderate abuse and/or medium levels of inaction. It can be helpful to underline or italicise these key components in the payment rationale.

It is also a helpful place to highlight the total length of cumulative abuse in multiple placements, which is sometimes not evident in a Summary of Allegations section. For example, mentioning that a claimant was subjected to regular, moderate physical abuse in three placements over a 10-year period is more helpful for the Consistency Panel to understand than just understanding that there were three placements where moderate physical abuse occurred.

There is no need to reference every allegation that is being taken into account, especially where these allegations do not materially impact upon payment. Often there will be a way to summarise these. There is also no need to write statements such as *1 x moderate physical abuse and 2 x minor practice failures*. These types of statements are not of themselves reasons for why a claim should be placed in a particular payment category.

If a low or high range in the category is being recommended, your rationale for this needs to be included.

The easiest way to learn how to write a recommendation is to consider examples. Below are some that might assist.

PROPOSED PAYMENT CATEGORY	PAYMENT RATIONALE
Cat 2 – Mid \$10,000	Mr A alleges <u>low-level physical abuse by a responsible adult</u> on three discrete occasions. Further, <u>multiple practice failures</u> exist over a three-year period where DSW failed to adequately respond to Mr A’s presenting needs of alcohol and drug abuse, potential harmful sexual activity, sexual abuse and mental health. Minor and peripheral practice failures also contribute to the full picture of Mr A’s claim.


PROPOSED PAYMENT CATEGORY	PAYMENT RATIONALE
Cat 3 – Low \$16,000	<p>Mr B alleges a mix of <u>low and moderate physical abuse by responsible adults</u> at two placements. One of these placements was a three-month period at Whakapakari where the abuse was at the higher end of moderate abuse, resulting in injuries. Mr B was also subjected to psychological abuse and neglect at this placement. The other placement was only two weeks in length.</p> <p>Low levels of inaction are also present, contributing to moderate physical abuse by the adult children of CYFS caregivers, and resident-to-resident violence while at Whakapakari. <u>Multiple practice failures</u> have been found in relation to social work engagement, planning and actions taken over a two-year period.</p> <p>Although a mix of low and moderate abuse exists, it was infrequent and over reasonably short placements and the identified inaction was low level. On this basis, a low range payment within Category 3 is recommended.</p>

PROPOSED PAYMENT CATEGORY	PAYMENT RATIONALE
Cat 4 – Mid \$30,000	Mr C alleges <u>moderate chronic physical abuse by responsible adult</u> for a three-year period when he was still a young child (aged 3-6) and then a further 17 months of moderate physical abuse by responsible adult. During both of these placements, there were multiple practice failures as CYFS

	<p>failed to adequately respond to concerns and disclosures of abuse.</p> <p>In addition, there are <u>wide-ranging practice failures</u> over a 9 year period involving multiple placements and a number of staff members.</p>
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PROPOSED PAYMENT CATEGORY	PAYMENT RATIONALE
Cat 5 – Mid \$40,000	<p><u>High level inaction</u> has been identified which has contributed to Mr D suffering <u>serious and moderate chronic physical abuse</u> and emotional abuse from his mother for a four-year period when he was young and vulnerable (ages 2-6). Not only did DSW fail to take appropriate action over this period of time after numerous notifications, but they continued to return Mr D home to his mother’s care throughout his childhood where he continued to be physically assaulted and emotionally abused. DSW also failed to take appropriate action during these periods.</p> <p>Medium level inaction has also been identified contributing to Mr D being seriously sexually abused by his whanau caregiver (aged 12, infrequent (4months)). DSW failed to carry out a caregiver assessment prior to placement despite there being known concerns about violence and lifestyle. During the placement, DSW also failed to adequately respond to reports that D was displaying harmful sexual behaviours at school while in the placement.</p> <p>There are <u>wide-ranging practice failures</u> from the age of 1 to 17 with common themes of failing to adequately investigate or take action, failing to adequately monitor or provide Mr D with the supports he needed.</p>

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Approve / Decline

 26.10.2021
 Date