Supplementary Table 1

Level of agreement with statements for Round 1, Round 2 and Round 2

|  |  |  |  |
| --- | --- | --- | --- |
|  | % agree | % neutral | % disagree |
| Facilitating claims**Statements that reached consensus in Round 1** |  |  |  |
| People injured in large-scale transport incidents should be encouraged to make compensation claims | 73\* | 24 | 3 |
| A person with a physical injury should be encouraged to make a claim as soon as possible after a large-scale transport incident | 79\* | 15 | 6 |
| People should be able to lodge claims online | 85\* | 12 | 3 |
| People should be able to lodge claims over the telephone | 76\* | 18 | 6 |
| People should be able to lodge claims in writing | 94\* | 6 | 0 |
| A third party (for example, a family member, doctor or another agency) should be able to lodge a claim on behalf of a person. | 70\* | 27 | 3 |
| To facilitate claims, information sharing and referral protocols should be developed between responding organisations (for example, between victim support organisations and compensation schemes) | 79\* | 15 | 6 |
| **Statements that reached consensus in Round 2** |  |  |  |
| Injured people who are entitled to make a claim with more than one organisation should be required to make only one claim managed by a lead agency where possible | 78\* | 11 | 11 |
| **Statements that did not reach consensus in Round 3**  |  |  |  |
| Representatives of the compensation scheme should be stationed in major hospitals after a large-scale transport incident to provide initial information to injured people about the claims process | 61 | 35 | 4 |
| Eligibility rules**Statements that reached consensus in Round 1** |  |  |  |
| A person who has sustained a mental injury (without a physical injury) should be able to make a claim. | 88\* | 12 | 0 |
| **Statements that reached consensus in Round 3** |  |  |  |
| A person with a mental injury should be required to demonstrate the link between the large-scale transport incident and their injury (for example, a diagnosis from a family doctor or psychologist) before making a no-fault compensation claim. (\*In this case, 'no-fault' compensation claim refers to such benefits as medical and allied health treatment costs and replacement of lost income following the incident.) | 70\* | 22 | 8 |
| **Statements that did not reach consensus in Round 3** |  |  |  |
| A family member/dependent of an individual present at a large scale transport incident should be able to make a claim for their own consequent mental injury, even if they were not present at the incident themselves. | 48 | 26 | 26 |
| Initial claims must be lodged within 12 months of the incident, except for circumstances in which an injury may take longer than 12 months to develop (e.g. mental injury). | 65 | 26 | 9 |
| **Payments and benefits for claimants** **Statements that reached consensus in Round 1** |  |  |  |
| People who make a mental injury claim should be provided with a psychological recovery plan. | 85\* | 9 | 6 |
| **Statements that reached consensus in Round 3** |  |  |  |
| Receipts for claimable expenditure should be required in order for claimants to be reimbursed | 70\* | 22 | 8 |
| Where a claimant is eligible for funeral expenses for a person who has died, those expenses should be paid by the compensation scheme as a fixed lump sum without the need for receipts. | 74\* | 22 | 4 |
| **Statements that did not reach consensus in Round 3** |  |  |  |
| Claimants should be able to choose the types of payment they receive (that is, ongoing payments or a lump sum), depending on their personal needs and preferences. | 26 | 22 | 52 |
| **Claims management procedures****Statements that reached consensus in Round 1** |  |  |  |
| Claimants should have to deal with the smallest number of claims staff possible. | 97\* | 3 | 0 |
| Claiming processes should be streamlined to minimise any stress claimants might experience. | 94\* | 6 | 0 |
| **Statements that reached consensus in Round 2** |  |  |  |
| Compensation schemes should have a dedicated team for dealing with mental injury claims. | 81\* | 11 | 8 |
| Claims managers should communicate with claimants using the claimants’ preferred form of correspondence (i.e. face to face, phone, email, text message) | 81\* | 19 | 0 |
| The majority of claims manager interactions with claimants should be by post. | 0 | 15 | 85\* |
| **Statements that did not reach consensus in Round 3** |  |  |  |
| The majority of claims manager interactions with claimants should be in person. | 9 | 48 | 43 |
| **Making and explaining decisions** **Statements that reached consensus in Round 1** |  |  |  |
| Where a claimant’s initial eligibility is unclear, their claim should be assessed on a case-by-case basis by a specially-appointed work group within the compensation scheme. | 79\* | 21 | 0 |
| Where an initial claim or the payment of a particular benefit to a claimant is declined, that decision should be communicated in writing. | 73\* | 18 | 9 |
| Where an initial claim or the payment of a particular benefit to a claimant is declined, that decision should be explained to the person face-to-face or over the telephone. | 85\* | 12 | 3 |
| Where an initial claim is declined, the scheme should take steps to refer the injured person to alternative sources of support. | 88\* | 6 | 6 |
| **Statements that reached consensus in Round 3** |  |  |  |
| Once the initial claim has been accepted, decisions about whether a particular benefit will be paid to a claimant should be made within ten business days of the date of the benefit being claimed by the claimant.  | 70\* | 26 | 4 |
| To facilitate decisions about their claims, claimants should provide as much relevant documentary evidence as possible (for example, medical certificates and reports, pay slips, tax records). | 78\* | 17 | 5 |
| **Statements that did not reach consensus in Round 3** |  |  |  |
| Following provision of the required documentation, scheme decisions about whether to accept an initial claim should be made within ten business days of the date of claim lodgement. | 65 | 35 | 0 |
| Where possible, scheme decision-making should occur with a minimum amount of documentary evidence (for example, medical certificates and reports, pay slips, tax records). | 52 | 30 | 18 |
| **Support and information resources for claimants** **Statements that reached consensus in Round 1** |  |  |  |
| An outreach team should be set up following a large-scale transport incident to contact people who may be eligible to make a claim but unaware. | 79\* | 15 | 6 |
| Hospital patient liaison staff should be involved in assisting claimants to communicate with the compensation agent representatives. | 73\* | 21 | 6 |
| Claimants should be able to nominate a support person or agent to interact with the compensation scheme on their behalf. | 88\* | 12 | 0 |
| Compensation schemes should provide claimant-centred online resources that clearly explain the claims process. | 100\* | 0 | 0 |
| Compensation schemes should provide claimant-centred online resources that clearly explain the benefits claimants are entitled to claim. | 100\* | 0 | 0 |
| **Managing scheme staff and organisational response** **Statements that reached consensus in Round 1** |  |  |  |
| A core team of trained claims managers should be established and provided with training to support sensitive communication with claimants, particularly around trauma responses/mental health issues | 100\* | 0 | 0 |
| A training manual and policy guidelines should be established for compensation agency staff who will be responsible for responding to large-scale transport incidents | 94\* | 3 | 3 |
| A policy should be established clearly directing staff across all levels away from regular duties, to manage the incident response. | 70\* | 18 | 12 |
| Case manager case load and experience need to be assessed prior to assigning complex claims to staff.  | 97\* | 3 | 0 |
| The mental health and potential burnout of scheme staff should be monitored frequently, particularly during management of large-scale incidents. | 88\* | 9 | 3 |
| **Claimants with special circumstances****Statements that reached consensus in Round 1** |  |  |  |
| Non-residents injured in large-scale transport incidents should be eligible for the same no-fault claim as permanent residents of the country where the incident happened. | 70\* | 22 | 8 |
| Payment of lump sums for permanent injury should not be made any earlier than 3 months post-injury for mental injuries. | 85\* | 11 | 4 |
| Payment of lump sums for permanent injury should not be made any earlier than 3 months post-injury for physical injuries. | 74\* | 11 | 15 |
| **Statements that reached consensus in Round 2** |  |  |  |
| A person with a pre-existing mental health condition should be required to show that the current mental injury they are claiming compensation for is a direct result of, or has been exacerbated by, the large-scale incident. | 74\* | 26 | 0 |
| **Statements that did not reach consensus in Round 3** |  |  |  |
| People injured in large-scale transport incidents whilst overseas should be eligible to claim no-fault benefits in their home country. | 43 | 22 | 35 |
| **Scheme values and integrity** **Statements that reached consensus in Round 1** |  |  |  |
| The chief objective of the compensation scheme following large-scale transport incidents should be helping affected individuals access the treatment they need as quickly as possible. | 91\* | 9 | 0 |
| There are reputational risks for a compensation scheme in the way large-scale transport incident claims are managed. | 70\* | 24 | 6 |
| **Statements that reached consensus in Round 2** |  |  |  |
| Large-scale transport incidents have characteristics that require a special response from compensation schemes. | 78\* | 22 | 0 |
| In the circumstances of a large-scale transport incident, ensuring affected people are able to access treatment is more important than enforcing the boundaries of scheme liability. | 78\* | 15 | 7 |
| The risk of fraud by claimants is greater in connection with large-scale transport incidents than with regular claims. | 7 | 74\* | 19 |
| **Statements that reached consensus in Round 3** |  |  |  |
| People injured in or affected by large-scale crisis transport incidents should be dealt with more sensitively than regular claimants. | 0 | 13 | 87\* |
| **Statements that did not reach consensus in Round 3** |  |  |  |
| The chief objective of the compensation scheme following large-scale transport incidents is to provide income support for affected individuals. | 30 | 39 | 31 |
| In the very early stages of a no-fault claim after a large-scale incident, it is preferable to provide access to benefits quickly, rather than to take a lot of time assessing claimant eligibility.  | 52 | 48 | 0 |
| The risk of fraud by health care providers is greater in connection with large-scale transport incidents than with regular claims. | 0 | 65 | 35 |