This report

* is for a kiritaki (client) who was aged 17 years and under when this period of service began.
* should be completed during the Early Supports sessions by the Lead Service Provider in collaboration with the kiritaki, and a guardian, safe contact or whānau where appropriate.

Please refer to the Sensitive Claims Service operational guidelines and report guidelines on our website: [www.acc.co.nz/resources](https://www.acc.co.nz/resources#/subcategory/372). Return the completed report together with a signed *ACC8532 Consent for cover timeframe extension – client* (if applicable)to [sensitiveclaimsreports@acc.co.nz](mailto:sensitiveclaimsreports@acc.co.nz).

Part A: Kiritaki information

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| 1. Kiritaki details | | | | | | |
| Kiritaki name: | | | | | | |
| Date of birth: | | | Claim number: | | | |
| Address: | | | | | | |
| Contact details/safe contact where appropriate: | | | | | | |
| Female | Male | | Another gender | | Prefer not to say | |
| Ethnicity: | | | | | | |
| Is the kiritaki in the care of Oranga Tamariki? | | | Yes | | No | |
| re there any formal guardianship/custody orders in place? | | | Yes | No | | Don’t know |
| If yes, describe the formal guardianship/custody orders (if known): | | | | | | |
| Legal order (if known): | | | | | | |
| Name of guardian/whānau: | | | | | | |
| Is the guardian/whānau listed above a legal guardian? | | | | | | |
| Yes | | No | | Don’t know | | |
| Relationship to kiritaki: | | | | | | |
| Phone numbers: | | | | | | |
| Address (if known): | | | | | | |
| re there any reasons why ACC should not contact the legal guardian? | | | | | | |
| Yes | | | No | | | |
| If yes, please specify: | | | | | | |

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| 2. Consent to access the service | | |
| Kiritaki aged 0-15 years | | |
| Gillick competence has been confirmed | Yes | No |
| Child/young person assent obtained | Yes | No |
| Safe contact consent obtained | Yes | No |
| Kiritaki aged 16 years to 17 years, or where Gillick competence has been confirmed | | |
| Kiritaki consent obtained | Yes | No |
| Authority to act (if applicable) consent obtained or informed | Yes | No |
| Any additional points to note: | | |

Part B: Event details

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| 3. Event details | | | |
| For each event, clearly and concisely outline:   * the Schedule 3 events. Avoid using broad terms that are open to interpretation such as ‘sexual abuse’ and ‘inappropriate touch’ * the date or date range of the events * the frequency of the events   the perpetrators relationship to the kiritaki, if known. For privacy reasons, refer to third parties by their relationship to the client, rather than their names. | | | |
| Event 1: |  | | |
| Event 2: |  | | |
| Event 3: |  | | |
| In your opinion, is it likely that one or more of the events is listed under [Schedule 3](http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM105476.html)? If unsure, please contact us to clarify. | | Yes | No |
| Did any of the events happen in Aotearoa New Zealand? | | Yes | No |
| If any event did not happen in Aotearoa New Zealand, please provide the following information. | | | |
| Place and date the event occurred. | |  | |
| Was the kiritaki living overseas at the time of the event? | | Yes | No |
| Was the kiritaki temporarily overseas with plans to return to Aotearoa New Zealand at the time of the event? | | Yes | No |
| This information will help ACC confirm the kiritaki was [ordinarily resident](https://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100661.html) at the time of the events. | | | |
| Does the kiritaki have any other active ACC claims? If unsure, please contact us to clarify. | | Yes | No |

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| 4. Kiritaki current situation | | | | |
| 1. What presenting concerns is the kiritaki or guardian/safe contact requesting assistance with? | | | | |
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| 1. Describe the current presentation of the kiritaki, include information on the following:  * any psychosocial stressors impacting them * areas of function, including social and whānau   strengths and protective factors they present with. | | | | |
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| 1. Since the events, has the capacity of the kiritaki to engage in school or other usual activities been impacted? If yes, describe. | Yes | | No | |
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| 1. Have the events, described above, impacted the ability of the kiritaki to function in the workplace? If yes, describe the impact on their functioning. | Yes | No | | N/A |
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| 1. Describe any cultural or spiritual needs relevant to the kiritaki. | | | | |
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| 1. Are there any areas of risk? Complete a risk assessment, considering the following risks:  * is there a risk to self? * does the kiritaki pose a risk to others?   is the kiritaki at risk of harm from others? | | | | |
| Are there any risks identified? | Yes | | No | |
| If yes, describe the risk and any duty of care actions taken. | | | | |
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| 1. Are any other agencies currently involved in supporting the kiritaki? | Yes | | No | |
| If yes, list the agencies involved eg Community Mental Health, Oranga Tamariki. | | | | |
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| 1. Has the kiritaki previously accessed assistance for their mental health or behavioural difficulties? | Yes | | No | |
| If yes, provide details about when and where the kiritaki sought assistance. | | | | |
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| 1. Does the kiritaki need support from an interpreter? If yes, please specify which language. | Yes | | No | |
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Part C: Planning and service requirements

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| 5. Planning and service requirements | | |
| Please indicate which service is most appropriate to meet the current needs of the kiritaki: | | |
|  | **Support for Next Steps** eg the kiritaki is not eligible for ACC services under the Sensitive Claims Service. If this service is selected, continue to part E and complete sections 10 and 11. | |
|  | **Short-term Support to Wellbeing** eg the kiritaki recovery needs can be addressed in 8 hours or less of therapeutic intervention. If this service is selected, complete sections 6, 7, 10 and 11. | |
|  | **Cover determined using this Early Supports Plan** eg cover is being determined using this Early Supports Plan. It indicates that the symptoms of the kiritaki are specific to a Schedule 3 event with no other significant complicating factors/trauma or early adversity. If this service is selected, complete sections 6, 8, 9, 10 and 11. | |
|  | **Cover and Wellbeing Plan** eg cover is being determined later than the Early Supports Plan, allowing for further sessions to gather information and plan out the goals for treatment. Kiritaki symptoms are specific to a Schedule 3 event with no other significant complicating factors/trauma or early adversity. You are confident assessing the symptoms of the kiritaki, their treatment needs and successfully completing treatment and support within up to 80 hours, over no more than 24 months. If this service is selected, complete sections 6, 10 and 11. | |
| ☐ | **Specialist Cover Assessment** egthe kiritaki presents as complex and/or requires a fuller understanding of their clinical presentation, treatment, and support needs. This option is required for kiritaki who need a Function Assessment to consider financial entitlements. If this service is selected, complete sections 6, 10 and 11. | |
| ☐ | A Function Assessment is to be completed as part of the Specialist Cover Assessment. If this service is selected, complete section 6 to confirm the Named Assessment Provider. |
| ☐ | **Tailored Support to Wellbeing Package** eg the kiritaki already has an accepted sensitive claim and wishes to re-engage in treatment and support. If this service is selected, complete sections 6, 10 and 11. | |
| Indicate other ACC supports (not available under the Sensitive Claims Service) that may address challenges for the kiritaki, eg transport barriers, rural location, financial entitlements. | | |
| ☐ | Social rehabilitation (eg teacher aide support, Rongoā Māori services): | |
|  | Treatment (eg Education Based Rehabilitation Assessment): | |
|  | Other (eg transport assistance): | |
|  | Vocational rehabilitation (eg a stay at work programme): | |

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| 6. Planned services and the providers who will deliver these services | | | | |
| For services requested above, outline who will deliver each service and how many hours are required for each. An example is provided below. We require the following information to consider approval of services. | | | | |
| **Service** | **Provider name/ ACC ID** | **Provider discipline** | **Supplier/ Supplier ID** | **Hours** |
| eg Short-term Support to Wellbeing | eg Jane Doe/ACC123 | eg Psychotherapist | eg ABC/ACC234 | eg 1 hour |
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| 7. Short-term Support to Wellbeing recovery goals | |
| Short-term recovery goals |  |
| How will the outcomes of this goal improve kiritaki functioning and/or quality of life, eg what will the kiritaki be able to do differently or better? |  |
| How will this goal be achieved? |  |

art D: Cover determination

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| Only complete Part D if you are providing information for cover determination. | | | |
| 8. Psychometrics | | | |
| To help confirm the presence of mental injury symptoms caused by Schedule 3 events, please provide two psychometric measures by completing HoNOSCA / HoNOSI and an additional measure below. | | | |
| Measure 1: HoNOSCA / HoNOSI  Please complete the clinician version of HoNOSCA or HoNOSI and report the relevant scores in the score sheet at the end of this report.  [HoNOSCA](#HoNOSCA_score_sheet) is for those aged 4-17 years  [HoNOSI](#HoNOSI_score_sheet) is for aged 0-47 months | | | |
| HoNOSCA / HoNOSI total score | | | |
| Name of measure | Date administered | Section A total score | Section A+B total score |
| HoNOSCA / HoNOSI |  |  |  |
| Comments on the HoNOSCA / HoNOSI results: | | | |
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| Measure 2: Results of additional measures used  Complete and provide the total score of at least one other psychometric measure selected by you, in addition to the clinician version of HoNOSCA / HoNOSI. Ensure you provide the full name of the measure and comment on whether the result is clinically significant or not, and why.  You do not need to attach the measure unless you consider this necessary to support your comments on the results.  Examples of additional measures include: Strengths and Difficulties Questionnaire, Child Revised Impact of Events Scale, Child Report of Post Traumatic Stress (CROPS) or Parent Report of Post Traumatic Stress (PROPS), or another measure of your choice. | | | |
| Name of measure | Date administered | Respondents | Total Score |
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| Comments on results: | | | |
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| 9. Link to Schedule 3 events |
| Please describe evidence of the causal link between the Schedule 3 events and the presenting symptoms, making sure to consider the following:   * The kiritaki history and psychometric scores gathered through this report. * Presenting symptoms. Refer to the symptoms directly rather than an overall clinical diagnosis. * Any other potential causes for the presenting symptoms, eg the impacts on their emotional, behavioural, cognitive, and/or interpersonal functioning. * Onset of presenting symptoms and what triggers them. * Progression of presenting symptoms across time including when symptoms get better or worse.   Themes and content of the kiritaki symptoms, eg how do the Schedule 3 events appear in the symptoms of distress for the kiritaki? Intrusive images, triggers, avoidance. |
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| Please describe any non-Schedule 3 factors you think have contributed to the symptoms reported by the kiritaki. Make it clear if in your clinical opinion these factors have been more significant than the Schedule 3 events. Examples of non-Schedule 3 factors are:   * Earlier events of sexual abuse when living overseas (not ordinarily resident in New Zealand) * Other sources of social trauma, adversity or major adjustment.   Resurfacing of pre-existing distress or other life events, eg grief, loss, bullying. |
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Part E: Other information and declarations

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| 10. Other information | |
| Please provide the date of the last face-to-face meeting with the kiritaki/ guardian/whānau that informed this report | Date: |
| Date of disengagement by the kiritaki/guardian/whānau (if applicable) | Date: |
| Please provide any other information you consider relevant to assist in determining cover or to assist in the recovery of the kiritaki: | |
| I have attached a completed copy of the HoNOSCA / HoNOSI questionnaire (only if completing Part D) | |
| I have attached other documents, eg clinical reports, other psychometric results. List these: | |
| I have attached an ACC8532 Consent for cover timeframe extension – client (if applicable) | |
| I have attached an ACC6300 Authority to collect medical and other records (if applicable) | |

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| 11. Provider declaration | | | |
|  | I have informed the kiritaki/guardian/safe contact/whānau that the information collected for this report will be sent to ACC to support decisions on treatment and rehabilitation needs. I have kiritaki/guardian/whānau authority for this. | | |
|  | I confirm that the information contained in this report is accurate and that I have followed the standards set out in the Sensitive Claims Service operational guidelines. | | |
| Lead Service Provider name: | | | Provider ID: |
| Supplier name: | | Supplier ID: | Date: |

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.

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| HoNOSCA score sheet  Report the ratings and result of the HoNOSCA in the score sheet below and in section 9 of the Early Supports Plan template above. HoNOSCA is for ages 4-17 years.  Guides on the use of HoNOS measures can be found on the [Te Pou website](https://www.tepou.co.nz/resources/honosca-guide-for-new-zealand-clinicians). | |
| Date administered: | |
| For each question, answer on a scale of 0 – 4  No problem = 0, minor problem requiring no action = 1, mild problem but definitely present = 2, moderately severe problem = 3, severe to very severe problem = 4. Rate 9 if not known (this is not included in any total scores). | |
| HoNOSCA sect**ion A** | |
| 1. Disruptive, antisocial or aggressive behaviour |  |
| 1. Overactivity attention and concentration |  |
| 1. Non-accidental self-injury |  |
| 1. Alcohol, substance/solvent misuse |  |
| 1. Scholastic or language skills |  |
| 1. Physical illness or disability problems |  |
| 1. Hallucinations and delusions |  |
| 1. Non-organic somatic symptoms |  |
| 1. Emotional and related symptoms |  |
| 1. Peer relationships |  |
| 1. Self-care and independence |  |
| 1. Family life and relationships |  |
| 1. Poor school attendance |  |
| Section A total score |  |
| HoNOSCA section B | |
| 1. Lack of knowledge - nature of difficulties |  |
| 1. Lack of information - services/management |  |
| Section A + B total score |  |

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| HoNOSI score sheet  Report the ratings and result of the HoNOSI in the score sheet below and in section 9 of the Early Supports Plan template above. HoNOSI is for ages 0-47 months.  Guides on the use of HoNOS measures can be found on the [Te Pou website](https://www.tepou.co.nz/resources/honosca-guide-for-new-zealand-clinicians). | |
| Date administered: | |
| For each question, answer on a scale of 0 – 4  No problem = 0, minor problem requiring no action = 1, mild problem but definitely present = 2, moderately severe problem = 3, severe to very severe problem = 4. Rate 9 if not known (this should not be included in any total scores). | |
| HoNOSI sect**ion A** | |
| 1. Problems with disruptive behaviour/irritability emotional regulation |  |
| 1. Problems with activity levels, joint and/or sustained attention |  |
| 1. Non-accidental self-injury or lack of self-protective behaviours |  |
| 1. Problems with feeding and eating behaviour |  |
| 1. Problems with developmental delays |  |
| 1. Problems with physical illness or disability |  |
| 1. Problems associated with regulation and integration of sensory processing |  |
| 1. Problems associated with sleep |  |
| 1. Problems with emotional and related symptoms or emotional regulation |  |
| 1. Problems with social reciprocity |  |
| 1. Problems with age-appropriate self-care and environmental exploration |  |
| 1. Problems with family life and relationships |  |
| 1. Attending care, education and socialisation settings |  |
| Section A total score |  |
| HoNOSI section B | |
| 1. Lack of knowledge - nature of difficulties |  |
| 1. Lack of information - services/management |  |
| Section A + B total score |  |