This report should be completed during the Cover and Wellbeing Plan sessions by the Lead Service Provider in collaboration with the kiritaki (client).

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 to sensitiveclaimsreports@acc.co.nz

Part A: Kiritaki information

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| --- |
| 1. Kiritaki details |
| Kiritaki name:       |
| Date of birth:       |  Claim number:       |
| Contact details/safe contact where appropriate:       |

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| 2. Changes since the Early Supports Plan |
| 1. Have there been any changes to the situation of the kiritaki or their identified needs since the completion of the Early Supports Plan?
 | [ ]  Yes | [ ]  No |
| If yes, please describe these in more detail:       |
| 1. Are there any areas of risk? Please 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, please describe the risk and any duty of care actions that have been taken. |
|       |
| 1. Are any other agencies currently involved in supporting the kiritaki?
 | [ ]  Yes | [ ]  No |
| If yes, please list the agencies involved, eg Community Mental Health and Addiction Services. |
|       |

Part B: Cover determination

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| 3. Psychometrics – Complete with the kiritaki |
| To help confirm the presence of mental injury symptoms caused by Schedule 3 events, please provide a copy of the [Impact of Events Scale (IES-R) questionnaire](#IESR) to the kiritaki and ensure they have a private space and sufficient time to complete the questionnaire. |
| Name of measure | Date administered | IES-R total score |
| IES-R |       |       |
| Comments on the IES-R results: |
|       |
| Please include any other symptoms that are not captured by the Impacts of Events Scale but have been reported by the kiritaki: |
|       |

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| 4. 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. |
|       |
| 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, separation. |
|       |

Part C: Wellbeing Plan

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| 5. Treatment |
| 1. Tailored treatment needs

Please describe what treatment is needed to address the symptoms and functional difficulties of the kiritaki. Include the following information:* What symptoms are impacting the functioning and quality of life of the kiritaki.
* The supports needed to address the symptoms and improve the functioning and quality of life of the kiritaki, eg GP input for medication, community group engagement, alternative housing.
* Include any cultural and spiritual needs identified in the Early Supports Plan and describe how these needs will be met within the treatment plan.
 |
|       |
| 1. Broad treatment outcomes:

Broad treatment outcomes will identify what the kiritaki would like to be able to do differently or better at the completion of successful mental injury support and treatment. How will the kiritaki know this has been achieved? |
|       |
| 1. What other non-ACC supports in the community will be involved in the treatment pathway for the kiritaki? What role will they take? Eg a key worker at Community Mental Health Service completing telephone check-ins.
 |
| Name: | Role/function: | Community organisation: |
|       |       |       |
|       |       |       |

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| 6. Treatment barriers |
| Treatment barriers can reduce the likelihood of achieving outcomes and improving recovery. These barriers can exist in access, delivery and care of the kiritaki.Where comorbidities are complex, referrals to specialist teams or support in the community should be identified to improve the likelihood of achieving outcomes and improving recovery.Please describe potential and actual barriers that exist and how you plan to address and manage these. Addressing treatment barriers can be completed prior to, or alongside targeting the recovery goals, depending on the barrier. Examples may include lifting depressed mood before trauma processing and addressing safety in the home before commencing trauma work. |
| Treatment barriers: | Plans to address treatment barriers: |
|       |       |
|       |       |
|       |       |
|       |       |

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| 7. Recovery goals |
| Please describe the recovery goals you have developed with the kiritaki.The goals should be:* ‘SMART’, that is, **S**pecific, **M**easurable, **A**ction-oriented, **R**ealistic, and **T**ime-bound
* meaningful to the kiritaki
* relevant to the recovery of the kiritaki
* building progress towards the broad end goal.

Avoid goals that can’t be achieved within the duration of Tailored Support to Wellbeing Package A.If further recovery goals are identified, copy and paste the recovery goal table below this section. |
| Recovery goal 1 |
| Goal description |       |
| How will the outcomes of this goal improve kiritaki functioning? eg what will the kiritaki be able to do differently or better? |       |
| How will this goal be achieved? Specify the services needed and how they will be used to achieve the goal. |       |
| How will progress towards this goal be measured? |       |
| Who will deliver the services to support this goal and what is the expected timeframe to achieve this goal? |       |
| Recovery goal 2 |
| Goal description |       |
| How will the outcomes of this goal improve kiritaki functioning? eg what will the kiritaki be able to do differently or better? |       |
| How will this goal be achieved? Specify the services needed and how they will be used to achieve the goal. |       |
| How will progress towards this goal be measured? |       |
| Who will deliver the services to support this goal and what is the expected timeframe to achieve this goal? |       |
| Recovery goal 3 |
| Goal description |       |
| How will the outcomes of this goal improve kiritaki functioning? eg what will the kiritaki be able to do differently or better? |       |
| How will this goal be achieved? Specify the services needed and how they will be used to achieve the goal. |       |
| How will progress towards this goal be measured? |       |
| Who will deliver the services to support this goal and what is the expected timeframe to achieve this goal? |       |

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| 8. Planned services and the providers who will deliver these |
| List the services required under Tailored Support to Wellbeing Package A to meet the recovery goals listed above.Please list any requests for other ACC services to support the recovery of the kiritaki, eg rongoā Māori, or other social rehabilitation, eg childcare. |
| **Service** | **Provider name/ ACC ID** | **Provider discipline** | **Supplier/ Supplier ID** | **Hours** |
| **Tailored Support to Wellbeing** |
| eg Tailored Support to Wellbeing | eg Jane Doe/ACC123 | eg Psychotherapist | eg ABC/ACC234 | eg 1 hour |
|       |       |       |       |       |
|  |  |  |  |  |
|  |  |  |  |  |
| Total hours of Tailored Support to Wellbeing:       |
| **Group-based Therapy** |
|       |       |       |       |       |
|  |  |  |  |  |
| Expected start and end dates of Group-based Therapy:       |
| **Other ACC services** |
|       |       |       |       |       |
|  |  |  |  |  |
| Total expected package duration of all services listed above:       |
| If other ACC services have been listed in the table above, please describe how these services will support the recovery of the kiritaki:      |

Part D: Other information and declarations

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| 9. Other information |
| Please provide the date of the last face-to-face meeting with the kiritaki that informed this report | Date:       |
| Please provide the proposed Progress Report submission date | Date:       |
| Date of disengagement by the kiritaki (if applicable) | Date:       |
| Please provide any other information that 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 Impact of Events Scale (IES-R) questionnaire |
| [ ]  I have attached other relevant documents, eg clinical reports, other psychometric results. List these:       |

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| 10. Provider declaration |
| [ ]  | I have informed the kiritaki that the information collected for this report will be sent to ACC to support cover decisions and treatment and rehabilitation needs. I have kiritaki 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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| **Impact of Events Scale (IES-R) – Kiritaki to complete** |
| Instructions:Below is a list of difficulties people sometimes have after a stressful life event. This questionnaire asks you to think about these difficulties as they relate to the Schedule 3 events outlined in your Early Supports Plan and consider how much you are distressed or bothered by any of the difficulties listed below when you think about the impact of these events.Please read each item and indicate how distressing each difficulty has been for you during the past SEVEN days.Not at all=0, Little bit=1, Moderately=2, Quite a bit=3, Extremely=4 |
|  | Statement | 0 | 1 | 2 | 3 | 4 |
| 1 | Any reminder brought back feelings about it | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2 | I had trouble staying asleep | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3 | Other things kept making me think about it | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4 | I felt irritable and angry | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5 | I avoided letting myself get upset when I thought about it or was reminded of it | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6 | I thought about it when I didn’t mean to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7 | I felt as if it hadn’t happened or wasn’t real | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8 | I stayed away from reminders about it | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9 | Pictures about it popped into my mind | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10 | I was jumpy and easily startled | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 11 | I tried not to think about it | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 12 | I was aware that I still had a lot of feelings about it, but I didn’t deal with them | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 13 | My feelings about it were kind of numb | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 14 | I found myself acting or feeling like I was back at that time | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 15 | I had trouble falling asleep | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 16 | I had waves of strong feelings about it | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 17 | I tried to remove it from my memory | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 18 | I had trouble concentrating | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 19 | Reminders of it cause me to have physical reactions such as sweating, trouble breathing | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 20 | I had dreams about it | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 21 | I felt watchful and on-guard | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 22 | I tried not to talk about it | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Total score:      (Add together all 22 responses to get the total score between 0-88)Please add the total score to Section 3 of the Cover and Wellbeing Plan template above. |