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 Cover and Wellbeing Plan 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 to sensitiveclaimsreports@acc.co.nz

Part A: Kiritaki information

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

|  |
| --- |
| 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:       |

|  |
| --- |
| 3. 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, Oranga Tamariki. |
|       |

Part B: Cover determination

|  |
| --- |
| 4. 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 / HoNOSIComplete 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 those 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: |
|       |
| 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 | Score |
|       |       |       |       |
| Comment on results: |
|       |

|  |
| --- |
| 5. 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, bullying. |
|       |

Part C: Wellbeing Plan

|  |
| --- |
| 6. 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 or 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 keyworker at Community Mental Health Service completing telephone check-ins, etc.
 |
| Name: | Roles: | Community organisation: |
|       |       |       |
|       |       |       |

|  |
| --- |
| 7. 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. Examples of plans to address treatment barriers may include lifting depressed mood before trauma processing and addressing safety in the home before commencing trauma work.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 nature of the barrier. |
| Treatment barriers: | Plans to address treatment barriers: |
|       |       |
|       |       |
|       |       |
|       |       |

|  |
| --- |
| 8. 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.

Please 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? |       |

|  |
| --- |
| 9. 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 education support. |
| **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

|  |
| --- |
| 10. Other information |
| Please provide the date of the last face-to-face meeting with the kiritaki/guardian/whānau that informed this report | Date:       |
| Please provide the proposed Progress Report submission date | Date:       |
| Date of disengagement by the kiritaki/guardian/whānau (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 HoNOSCA / HoNOSI questionnaire |
| [ ]  I have attached other documents, eg clinical reports, other psychometric results. List these:       |

|  |
| --- |
| 11. Provider declaration and signature |
| [ ]  | 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.

|  |
| --- |
| HoNOSCA score sheetReport the ratings and result of the clinician version of HoNOSCA in the score sheet below and in section 4 of the Cover and Wellbeing 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 – 4No 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 |       |

|  |
| --- |
| HoNOSI score sheetReport the ratings and result of the clinician version of HoNOSI in the score sheet below and in section 4 of the Cover and Wellbeing 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 – 4No 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 |       |