This report should be completed by the Lead Service Provider in collaboration with the kiritaki (client) when reporting on their progress since the Cover and Wellbeing Plan or Wellbeing Plan.

Please refer to the Sensitive Claims Service Operational Guidelines and report guidelines available 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

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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. Current situation and impacts |
| The purpose of this section is to provide an understanding of the current situation and clinical presentation of the kiritaki, placing their treatment into the context of their current circumstances. The injury and non-injury situation for the kiritaki can cause psychological, emotional, and behavioural changes – which is important to understand.Please focus on the changes that have occurred since the previous report was written. If there have been no changes, please note N/A. |
| 1. Please describe any changes to the presentation of the kiritaki. This should include a description of changes in the intensity or frequency of the mental injury symptoms. Please provide a description of the current emotional, behavioural, and social functioning of the kiritaki, any vulnerability factors, eg socio-economic factors, disability, mental health factors, and any changes to their medication and overall health and wellbeing.
 |
|       |
| 1. Please describe any changes for the kiritaki since the previous report. Please include information on psychosocial stressors and any impact on their engagement or progress in treatment, eg worsening chronic illness, bereavement, other loss, or any developing strengths or protective factors. For children and young people, describe any changes of school, caregiver, and significant routine change.
 |
|       |
| Have there been any developments of risk to the kiritaki from themselves or others, or from the kiritaki to others, since the previous report?  | [ ]  Yes | [ ]  No |
| If risk is identified, please describe the risk, any duty of care actions taken and how the risk will be managed:       |
| 1. Have there been any changes that impact on the kiritaki accessing services since the previous report? Please include any changes that have impacted identified barriers and any additional access barriers the kiritaki is experiencing.
 |
| If yes, describe:       |
| Please list any changes to non-ACC supports involved in the recovery and care of the kiritaki, eg General Practitioner, Mental Health and Addiction Services, Oranga Tamariki. |
| Name: | Role/function: | Community organisation: |
|       |       |       |
|       |       |       |

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| 3. Review of recovery goals |
| Please complete the information below for all the goals listed in the Wellbeing Plan.**Note** ‘satisfactorily achieved’ means the kiritaki has the knowledge and skills needed to achieve the goal. If the kiritaki has but does not use the knowledge and skills, the barrier getting in the way becomes the updated recovery goal.If further recovery goals are identified, copy and paste the recovery goal table below this section. |
| Review of recovery goal 1 |
| Goal description |       |
| What progress has been made towards achievement of this goal? eg reduction in symptoms or improvement in the functioning of the kiritaki. Comment on the findings of any measures being used to track treatment progress. |       |
| If the expected progress towards the goal has not been made, describe the circumstances contributing to this. |       |
| What are the next steps towards achieving the goal? |       |
| [ ]  Not achieved | [ ]  Partly achieved | [ ]  Satisfactorily achieved |
| Review of recovery goal 2 |
| Goal description |       |
| What progress has been made towards achievement of this goal? eg reduction in symptoms or improvement in the functioning of the kiritaki. Comment on the findings of any measures being used to track treatment progress. |       |
| If the expected progress towards the goal has not been made, describe the circumstances contributing to this. |       |
| What are the next steps towards achieving the goal?  |       |
| [ ]  Not achieved | [ ]  Partly achieved | [ ]  Satisfactorily achieved |
| **Review of recovery goal 3** |
| **Goal description** |       |
| What progress has been made towards achievement of this goal? eg reduction in symptoms or improvement in the functioning of the kiritaki. Comment on the findings of any measures being used to track treatment progress. |       |
| If the expected progress towards the goal has not been made, describe the circumstances contributing to this. |       |
| What are the next steps towards achieving the goal?  |       |
| [ ]  Not achieved | [ ]  Partly achieved | [ ]  Satisfactorily achieved |

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| 4. Addition of new recovery goals |
| Please describe below any new recovery goals you have developed with the kiritaki.The goals must 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 are unable to be achieved within the duration of the requested package of Tailored Support to Wellbeing.If further recovery goals are identified, copy and paste the recovery goal table below this section. |
| Additional recovery goal 1 |       |
| 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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| 5. Planned services and the providers who will deliver these |
| Only complete if requesting additional services and hours to those currently approved.List the services required under Tailored Support to Wellbeing Package A or B to meet the recovery goals listed above. We require this information to create the correct purchase order. 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:      |

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| 6. Other information |
| Please provide the date of the last face-to-face meeting with the kiritaki that informed this report | Date:       |
| Date of disengagement by the kiritaki (if applicable) | Date:       |
| Please provide any other information that you consider relevant to assist in the recovery of the kiritaki:       |
| [ ]  I have attached other documents, eg clinical reports. List these:       |

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| 7. 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.