This report should be completed by the Lead Service Provider in collaboration with the kiritaki (client) once they have completed their treatment under the Sensitive Claims Service.

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](mailto:sensitiveclaimsreports@acc.co.nz)

|  |  |
| --- | --- |
| 1. Kiritaki details | |
| Kiritaki name: | |
| Date of birth: | Claim number: |
| Contact details/safe contact where appropriate: | |
| Select which service the kiritaki is completing. | |
| Short-term Support to Wellbeing | Tailored Support to Wellbeing |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.  Focus on the changes that have occurred since the previous report was written. If there have been no changes, 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 their 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 to the life situation of 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, please describe any changes of school, caregiver, and significant routine change. | | | | |
|  | | | | |
| Have there been any changes 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? Include 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: | | |
|  |  |  | | |
|  |  |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. Review of recovery goals | | | |
| Please complete the information below for all recovery goals identified in the previous report.  **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. | | | |
| Outcome of recovery goal 1 | |  | |
| 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. | |  | |
| Not achieved | Partly achieved | | Satisfactorily achieved |
| Outcome of recovery goal 2 | |  | |
| 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. | |  | |
| Not achieved | Partly achieved | | Satisfactorily achieved |
| Outcome of recovery goal 3 | |  | |
| 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. | |  | |
| Not achieved | Partly achieved | | Satisfactorily achieved |

|  |
| --- |
| 4. Next steps |
| Briefly describe the self-management plan developed with the kiritaki to maintain their treatment progress independently. |
|  |

|  |  |  |
| --- | --- | --- |
| 5. Other information | | |
| Please provide the date of the last face-to-face meeting with the kiritaki that informed this report | Date: | |
| Please provide any other information that you consider relevant: | | |
| I have attached other documents, eg clinical reports.  List these: | | |
| I have completed the final Outcome Measures with the kiritaki. If no, please explain why this was not completed. | Yes | No |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 6. Provider declaration | | | |
|  | I have informed the kiritaki/guardian/safe contact/whānau that the information collected for this report will be sent to ACC to update on progress and completion of service. 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.