



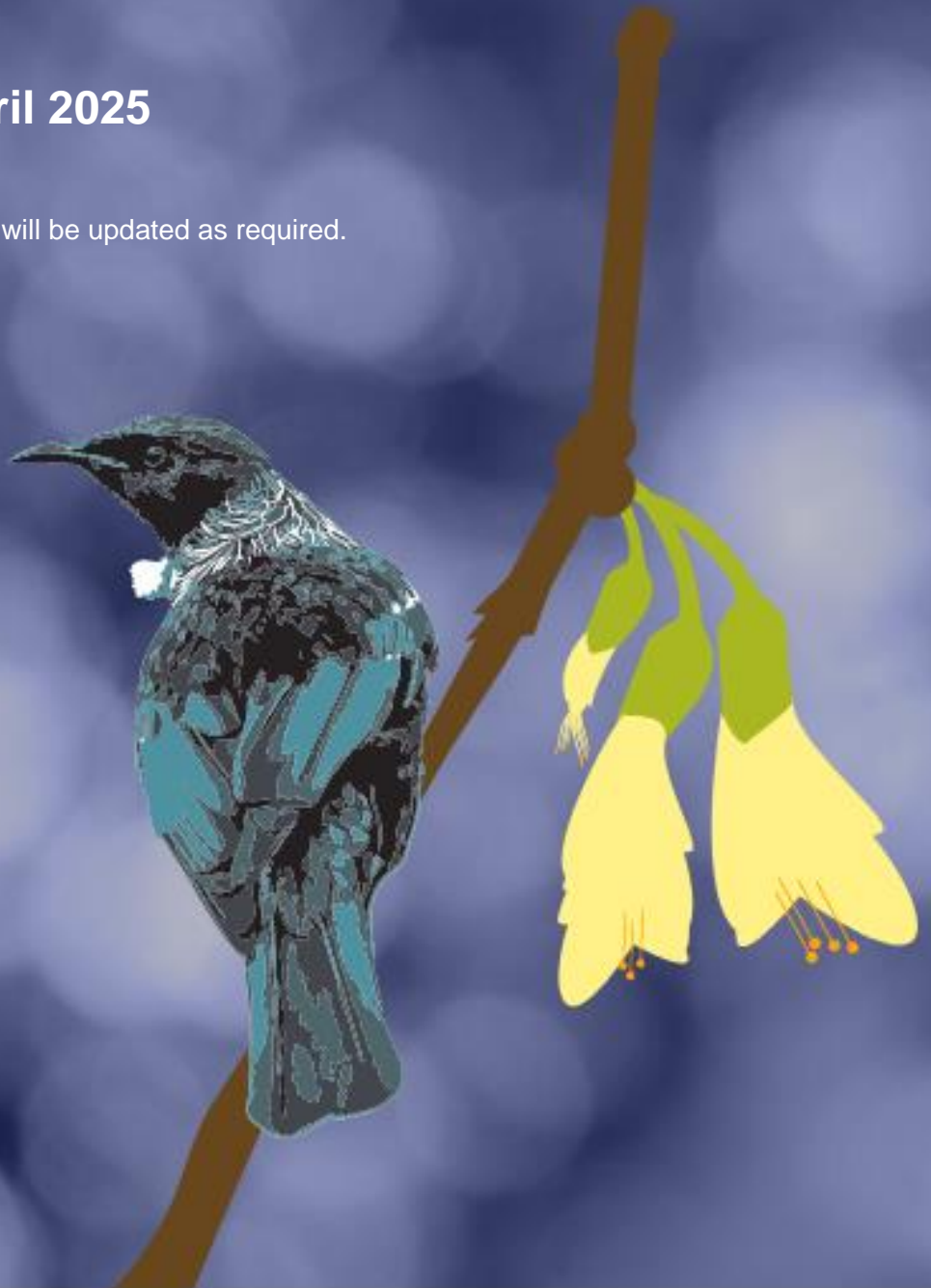
He Kaupare. He Manaaki.
He Whakaora.
prevention. care. recovery.

The Sensitive Claims Service

Report Guidelines

Last updated April 2025

This is a living document and will be updated as required.



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Purpose

These Report Guidelines (guidelines) provide information to help named lead service providers (who are named service providers) and named assessment providers create high quality, clinically appropriate, and fit for purpose reports under the Sensitive Claims Service. These guidelines should be used in conjunction with the instructions in the report templates. The guidelines provide:

- additional information and clarification to support completion of a report template;
- general quality criteria that apply to all reports; and
- quality criteria that apply to each report.

To complete a report:

1. follow the instructions and guidance in the report template;
2. use these guidelines, choose the relevant report from the Table of Contents and follow any additional information and guidance;
3. ensure the report meets all the [general quality criteria](#), and
4. meets the quality criteria in these guidelines that is specific to the report being completed.

For more information about the Sensitive Claims Service, when to use each report and how ACC will use the information provided, refer to the Sensitive Claims Operational Guidelines.

Finding and submitting reports

The Sensitive Claims Engagement Form is accessed and submitted from <https://myacc.co.nz/>

All other report templates are word documents that can be downloaded from the [Resources](#) section of our website.

Once completed, reports must be sent to sensitiveclaimsreports@acc.co.nz within the timeframes specified for each report in the Service Schedule for the Sensitive Claims Service.

General Report Quality Criteria

All reports must meet the criteria below:

- The report is completed on the correct report template. ACC will not accept reports that are handwritten or submitted on an incorrect report template.
- All information is specific to the correct kiritaki (client).
- Information has not been copied or duplicated from reports for other kiritaki. If verbatim text from other reports for the same kiritaki is required, this text must be in quotation marks and used only when needed.
- Any documents noted as attached are included.
 - Note that the *ACC6300 Authority to collect medical and other records* and *ACC8532 Consent for cover timeframe extension* forms should only be attached when needed, not by default.
- The report must be written succinctly and in plain language for a non-clinical audience.
- All relevant sections of the report template must be completed.
- If a section has not been completed because there is no new information or it is not applicable to kiritaki, it has been noted as not applicable (N/A).
- Kiritaki must be informed of the information contained in the report and be offered an opportunity to provide feedback or participate in a feedback session before the completed report is sent to us.
- The last face-to-face meeting date with kiritaki has been noted.
- The provider declaration has been completed.
 - Note that when the declaration asks you to confirm that kiritaki authority has been gathered to submit information to support cover and/ or treatment, this means that you are confirming that the kiritaki has been fully informed as to the purpose of the report, who the information will be shared with, and that they have provided informed consent.
- Reasonable steps must be taken to ensure all information gathered and disclosed in reports is accurate, up to date, relevant and does not mislead the reader.

Reports that do not meet our quality standards will be returned to the supplier for resubmission.

ACC will provide information to the supplier on the aspects of the report that need to be addressed or require more clarity. The supplier is expected to address the issues raised with the lead service provider or named assessment provider in a timely manner and resubmit the report to ACC once the issues have been addressed.

Engagement Form

Guidelines for completing an Engagement Form

The following section provides guidance on specific parts of the Engagement Form.

“Do Not Contact Client” Indicator

This indicator should only be selected if kiritaki do not wish to be contacted by ACC and would prefer to be contacted through either you, the lead service provider, or a nominated authority to act. If this indicator is selected, please provide an explanation in the free text field why the kiritaki should not be contacted.

Consent for a child or young person (15 and under)

In addition to the below guidelines on consent, you should also seek to comply with consent considerations as outlined by your professional bodies.

The safe contact details and notes section on the Engagement Form should be used to confirm:

- who the safe contact is, and their relationship to the child or young person;
- that the safe contact is aware that a claim has been lodged with ACC and the nature of the claim;
- who holds guardianship of the child or young person and if there are any safety concerns with contacting the guardian, and
- if the child or young person has been deemed Gillick Competent. This is important to note if the child or young person is 15 years and under and has requested to manage their own claim.

Consent for a kiritaki aged 16 and over

The contact details on the Engagement Form should be those of the kiritaki, so ACC can contact the kiritaki directly.

If it is not safe or appropriate for ACC to contact the kiritaki please use the Safe Contact and notes section to confirm the following:

- who the safe contact is, their contact details and their relationship to kiritaki
- the safe contact is aware a claim has been lodged with ACC and understands the nature of the claim, and
- the kiritaki is aware this person will be contacted, and the nature of the claim will be discussed.

Early Supports Plan

Guidelines for completing an Early Supports Plan

This report should be completed during the Early Supports sessions by the Lead Service Provider in collaboration with the kiritaki.

Please choose the appropriate Early Supports Plan based on the age of the kiritaki at the time of completing the Early Supports Plan.

ACC8530 Early Supports Plan – adult	Adult kiritaki aged 18 years and over
ACC8531 Early Supports Plan – child and young person	Child or young person aged 17 years and under

The following section provides guidance on specific parts of the Early Supports Plan report template.

Part A: Kiritaki Information

Areas of risk

The following aspects of safety and risk need to be considered in the risk assessment:

- internal risks to kiritaki such as suicidality, self-harm, medical and extended mental health needs;
- external risks to kiritaki, such as substance abuse and unsafe sexual practices, risks from others such as further sexual or physical abuse and neglect, and
- whether kiritaki pose a risk to others, including abuse or neglect of children.

The risk assessment should identify any situations (e.g. at work, in public, at home), where kiritaki may be more likely to present issues of risk. You should include information on how all identified risk issues will be monitored and mitigated.

Suppliers and lead service providers must ensure there is an adequate risk management plan for kiritaki, if necessary. If there are concerns it is your responsibility as the lead service provider to make any necessary notifications to relevant health professionals, agencies and organisations (e.g. General Practitioner, Police, acute Mental Health Services, Oranga Tamariki).

Reporting concern about a child or young person should be in accordance with the [Vulnerable Children Act 2014](#). If any notifications have been made to Police, acute Mental Health Services, Oranga Tamariki or other agencies, please record them in this section.

Part B: Event details

Event details

The following is an example of how to clearly and concisely outline [Schedule 3](#) event details:

Example event: 01/12/2024, unwanted genital touch over clothing, single event, adult male perpetrator, known to kiritaki.

If the specific date details are unclear, but kiritaki can remember their age at the time of the event, you should record the year when kiritaki was that age. This will ensure the event's time frame is clear.

Impact on the ability to function in the workplace

If an impact on the ability of the kiritaki to function in the workplace has been identified, describe how the workplace functioning has been impacted by the symptoms. This should include reference to symptoms and injuries related to the Schedule 3 events and indicate the causal relationship with any identified impairments on workplace functioning. For example, the perpetrator of the Schedule 3 event works with the kiritaki, and their symptoms are exacerbated at times when they anticipate the perpetrators arrival at work.

Part C: Planning and service requirements

Planned services and the providers who will deliver these

For service hours, you must ensure that the hours outlined in this section are in line with the hours and services detailed in the Service Schedule and Operational Guidelines for the Sensitive Claims Service.

In the table you must outline who will deliver each service and the hours requested.

Services that are pre-approved under the Sensitive Claims Service do not need to be included in this section.

The 'Total expected package duration of all services listed above' must include the timeframe (in line with the total estimated timeframe of the recovery goals) for all the services listed in each category (Tailored Support to Wellbeing, Group-based Therapy and Other ACC services) as they all contribute towards the recovery goals.

Guidelines for completing an Early Supports Plan – child and young person

This report

- is for a kiritaki 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.

The following section provides guidance on specific parts of the Early Supports Plan report template.

Part A: Kiritaki information

Consent to access the service

In addition to the below guidelines on consent, you should also seek to comply with consent considerations as outlined by your professional bodies.

This section focuses on consent and who can make decisions on behalf of the child or young person or whether they can make decisions for themselves. There are separate sections in the plan

for those between 0-15 years of age, and those aged 15-17. Please complete all sections relevant to the child or young person.

If the child or young person is aged 15 years and under, decisions on assessment and treatment cannot proceed without agreement from the child, young person, or their guardian.

For the guidelines below, if a young person is assessed as Gillick competent, meaning they are mature enough to make their own decisions, you should make every effort to encourage the young person to involve an appropriate adult, such as their parent, guardian or safe contact, who can be an advisor and supporter.

If the young person is aged 15 and under and Gillick competency is in place:

- they must provide consent themselves for treatment decisions; or
- may give authority to act to an adult to act on their behalf when communicating with us.

If the young person is 16 years and over:

- they must provide consent themselves for treatment decisions; or
- they may give authority to act to an adult to act on their behalf when communicating with us.

If there are difficulties gaining consent for any child or young person, please explain what these difficulties are in the report template.

Part D: Cover Determination

This section should only be completed if you are providing information for cover determination at the Early Supports Plan stage. You should consider whether it is appropriate to determine cover at this stage, considering:

- the age of the kiritaki and if the necessary information can be obtained;
- whether or not you can determine if the events fall within the description of offences listed in Schedule 3 of the Accident Compensation Act 2001; and
- if there are other factors that may have impacted the kiritaki such as developmental or whānau difficulties.

Psychometrics

To help confirm the presence of mental injury symptoms caused by a Schedule 3 events, you are required to provide two psychometric measures:

1. Health of the Nation Outcome Scale for Child and Adolescents - HoNOSCA (for a child or young people aged 4 years to 18 years old)
or
Health of the Nation Outcome Scale Infants - HoNOSI (for infants aged zero to 47 months);
and
2. an additional tool/ measure(s) of your choice that are relevant to the presenting symptoms of the child or young person, such as a measure for post-traumatic stress disorder or depression symptoms.

HoNOSCA/ HoNOSI

Complete the HoNOSCA/ HoNOSI in the report template, then enter total scores:

- Section A total score is out of 52 and

- Section A+B total score is out of 60.

Comment on the results, e.g. nature and interrelationship of any problems rated between 2-4.

Guidance on the use of HoNOS measures can be found on the [Te Pou website](#).

Additional Measures

Complete and provide the total score and clinical interpretation of the findings of at least one other psychometric tool/ measure.

When considering if the child or young person presents with a mental injury due to Schedule 3 events, ACC considers that clinically significant symptoms would be supported by a score of 2-4 on one or more of the 13 HoNOSCA/ HoNOSI scales, along with a clear description of the presenting symptoms of the kiritaki and a clear link to the Schedule 3 events.

As well as the HoNOSCA/ HoNOSI scale, at least one other appropriate psychometric tool/ measure must be used to explain how symptoms are linked to Schedule 3 events and not better explained by other factors. An explanation must be provided for the score for any measure chosen and how it supports a link between the presenting symptoms and the Schedule 3 events.

Link to Schedule 3 events

Relationship between the Schedule 3 events and the presenting symptoms:

This section of the report template requires you to identify the symptoms of injury and identify information to determine the causes of the injury, e.g. [Schedule 3](#) events or other life event.

ACC can provide cover for a sensitive claim where:

- there has been an event of sexual abuse or assault(s), or certain criminal actions, as listed in Schedule 3 of the act;
- there is a mental injury present, and the sexual abuse or assault events are causally linked to that event.
- the event occurred in New Zealand or, if the event occurred outside of New Zealand, kiritaki was [ordinarily resident](#) in New Zealand when the event occurred.

You must describe the causal link, including:

- the onset and progression of any proposed mental injury symptoms over time and across settings;
- triggers, and moderating factors of when symptoms improve and worsen; and
- themes/ content of kiritaki symptoms, such as
 - intrusive images;
 - flashbacks; and
 - rumination themes.

You must clearly identify the information that forms the basis of your opinion. For example, 'the following pieces of information support the causal link between the Schedule 3 events and the listed injury symptoms'.

It is important that you distinguish whether the Schedule 3 events were causally linked to the presenting symptoms, instead of being a trigger or the final event in a succession of stressful

events. You should also determine whether the presenting issues have arisen at times where this might be better accounted for by other factors in the life, circumstances, or development of kiritaki.

Relationship between non-Schedule 3 factors and the presenting symptoms:

You may consider the themes and content of the presenting symptoms are better explained by factors outside of the Schedule 3 events. If applicable, please outline what other life events or difficulties, separate from the Schedule 3 events, may have causally linked to the presenting symptoms or emotional and behavioural problems of kiritaki, such as:

- early abuse when living overseas
- other sources of social trauma, adversity, or major adjustment
- resurfacing of other life events, e.g. grief, loss, separation.

It is critical that if factors outside of a Schedule 3 events are identified as relevant to the kiritaki, e.g. mental health, medical, interpersonal, it is clearly stated whether or not each has contributed to their presenting symptoms.

Quality Criteria for the Early Supports Plan

Early Supports Plan - adult

- The events are described in sufficient detail to clearly establish that the events meet Schedule 3 criteria.
- Events are only described in the event section of the report template. Referencing events in the report template is expected, but without repeating the details.
- The concerns that the kiritaki is seeking support for are clearly described.
- Background information and current situation of the kiritaki are succinct and clinically relevant.
- Impacts on workplace function (if present) is clearly described.
- Risks are clearly noted, and all duty of care actions are explained, where required.
- Where other agencies are involved, this is documented.
- Clear rationale provided for the next requested Sensitive Claims Service.
- The hours required for the services requested, including any additional services required, and who will provide the services, are clearly listed.

If Short-term Support to Wellbeing is selected:

- The goals for short-term support are Specific, Measurable, Action-Oriented, Realistic and Time-bound (SMART), and an explanation provided about how the goals will be achieved in the sessions available.

Early Supports Plan - child and young people

- Legal guardianship and Oranga Tamariki care status are clearly explained, along with any rationale why the legal guardians should not be contacted if applicable.
- Who has provided consent for the child or young person is clearly noted.
- The events are described in sufficient detail to clearly establish that the events meet Schedule 3 criteria.
- Events are only described in the event section of the report template. Referencing events in the report template is expected, but without repeating the details.
- The concerns that the child or young person is seeking support for are clearly described, either directly by the child or young person or by their safe contact or authority to act.

- Background information about the child or young person is succinct and relevant.
- Impacts on school and workplace function (if present) are clearly described.
- Risks and other agencies involved are clearly noted. All duty of care actions for identified risks have been taken and explained.
- Clear rationale has been provided for the next requested Sensitive Claims Service.
- The hours required for the services requested, including any additional services required, and who will provide the services, are clearly listed.

If Short-term Support to Wellbeing has been chosen:

- The goals for short-term support are Specific, Measurable, Action-Oriented, Realistic, and Time-bound (SMART), and an explanation provided about how the goals will be achieved in the sessions available.

If cover is being sought using the Early Supports Plan:

- The HoNOSCA or HoNOSI and at least one other relevant psychometric measure has been accurately completed.
- Clear clinical evidence/ rationale has been provided showing the causal contribution of the Schedule 3 events on the symptoms of the child or young person.
- If applicable, a clear description of other life events that may (or may not) help explain the symptoms of the child or young person has been provided.

Cover and Wellbeing Plan

Guidelines for completing a Cover and Wellbeing Plan

This report should be completed during the Cover and Wellbeing Plan sessions by the Lead Service Provider in collaboration with the kiritaki, a guardian, safe contact or whānau where appropriate.

Please choose the appropriate Cover and Wellbeing Plan based on the age of the kiritaki at the time of completing the Early Supports Plan.

ACC8534 Cover and Wellbeing Plan – adult	Adult kiritaki aged 18 years and over
ACC8535 Cover and Wellbeing Plan – child and young person	Child or young person aged 17 years and under

The Cover and Wellbeing Plan is not a comprehensive clinical and diagnostic assessment. At no time will a diagnosis be requested or required inside of the Cover and Wellbeing Plan. Referring to kiritaki injury symptoms is sufficient.

The following section provides guidance on specific parts of the Cover and Wellbeing Plan report template.

Part A: Kiritaki information

Consent to access the service

Refer to the consent to access the service [section](#) of the Early Supports Plan for more information.

Changes since the Early Supports Plan

Identify if there have been any changes to the current situation or identified needs of kiritaki since the completion of the Early Supports Plan and detail those changes.

For information about risk, refer to the areas of risk [section](#) of the Early Supports Plan.

Please list and number all sources of information used in completing the plan. Identify the:

- nature of the information, e.g. document, interview, or phone contact;
- origin or author of the information; and,
- the date of the information, if undated please note this.

If kiritaki present with complex symptoms, significant risk, or significant treatment barriers, consider the Specialist Cover Assessment pathway. If a second opinion is needed, then with kiritaki consent, you should seek advice from an experienced colleague (such as your supplier or supervisor).

Part B: Cover determination

Psychometrics

Adult:

The Impact of Events Scale - Revised (IES-R) is a 22-item self-report measure that assesses subjective distress caused by traumatic events. Kiritaki are asked to indicate how distressing each difficulty listed in the IES-R has been during the past seven (7) days, in relation to the specific Schedule 3 events that the current claim is for.

Items are rated on a 5-point scale ranging from 0 ("not at all") to 4 ("extremely") giving a total score between 0 to 88. The causal information in the opinion section of the Cover and Wellbeing Plan report template will be used in conjunction with this score to support confirmation of a mental injury of "Unspecified Trauma or Stressor Related Disorder."

Complete the scale located at the end of the report template with kiritaki and provide the individual item scores. Add the individual items to provide the total score in the psychometrics section of the report template.

ACC considers IES-R scores of 24 or above, supported with a clear description of the presenting symptoms of the kiritaki and a clear link to the Schedule 3 events, to be a good indicator of potential mental injury. If the IES-R score is below 24 and you believe this is because there are symptoms not captured by the IES-R, you may opt to include another appropriate psychometric tool/ measure and explanation of how this demonstrates the presenting symptoms are linked to the Schedule 3 events.

If the IES-R score is below 24 and other appropriate tools/ measures do not show a clear link between the presenting symptoms and the Schedule 3 events, consider if this means the kiritaki may not be presenting with a mental injury.

Child and young person:

Refer to the cover determination [section](#) of the Early Supports Plan for more information on what to include in this section.

Link to Schedule 3 events:

Refer to the link to Schedule 3 events [section](#) of the Early Supports Plan for more information on what to include in this section.

If available, a description of kiritaki functioning prior to the Schedule 3 events if the events occurred in adulthood should be provided. Where this is not possible, for example if sexual abuse or assault events occurred in early childhood, or there is little information about early functioning, you must carefully consider the development and progression of the presenting symptoms and the psychosocial context of kiritaki to identify and fully consider all factors that have contributed to the presentation of symptoms.

Part C: Wellbeing Plan

Treatment

Mental injury recovery does not necessarily equal a full and complete return to a pre-injury state. Many kiritaki wish to improve their functioning in specific areas of their lives to get them 'back on track' while others wish for a complete return to a 'pre-injury state'. For kiritaki with prolonged and intrusive histories of sexual abuse or assault, achieving full recovery may be unrealistic. Instead, the focus should be on symptom improvement and enhancing overall quality of life.

Managing expectations for treatment outcomes is key to reducing kiritaki disillusionment and increasing focus on factors they can influence the most. Becoming fully and consistently symptom free may not be a realistic goal.

However, applying therapy strategies to help kiritaki feel a sense of self-management over their trauma symptoms can provide empowerment and self-assurance, making it more likely that symptoms will reduce, remit and resolve.

A shared understanding between the lead service provider and kiritaki about what an 'effective' or 'successful' treatment outcome looks like is important. Treatment can be considered effective or successful when kiritaki have the skills to understand:

- a trauma response has been triggered;
- 'what' has triggered the trauma response;
- select a skill/ strategy to improve coping; and
- apply this process independently.

Treatment may also be considered effective or successful when kiritaki have recognised unhelpful coping or lifestyle patterns and have been actively reducing these patterns and independently engaging in more helpful coping responses and lifestyle choices.

Tailored treatment needs

This section requires clear identification of treatment needs that are specific to the individual symptoms and functional difficulties of kiritaki. The treatment needs should outline:

- the ways kiritaki are impacted by reduced functioning, e.g. unable to visit friends; and
- factors that make specific areas of functioning better or worse, e.g. being around known and safe people vs being distressed by unknown people.

The reduced function may or may not be caused by the mental injury. For example, regular patterns of acute pain from endometriosis may reduce function and be unrelated to a [Schedule 3](#) event. Non-Schedule 3 related symptoms can be addressed by linking kiritaki to their General Practitioner, non-ACC supports or health professional. Some non-Schedule 3 related symptoms may be considered treatment needs when they are barriers to recovery from symptoms of the covered injuries.

After identifying the area of reduced function, create a pathway to help establish who or what service is best placed to assess and address the difficulties. If the nature and cause of symptoms are unclear or outside of your scope of practice, discuss appropriate referral pathways with your clinical supervisor or supplier.

Outline the treatment and supports needed to improve kiritaki functioning. This may be delivered by you or another Sensitive Claims Service provider. Note any supports that will be provided by non-ACC suppliers or providers, and ensure this section describes how the cultural and spiritual needs of kiritaki will be met within the Wellbeing Plan.

Broad treatment outcomes

The broad treatment outcomes are the points on the horizon that act as the directional compass for therapy. In other words, the smaller, 'bite-sized' recovery SMART goals (refer below) are stepping-stones in the direction of these broader treatment outcomes. The broad treatment outcomes can be referred to as little or often as needed to check the direction of therapy remains on track. Some kiritaki may find the broader treatment outcomes overwhelming to consider, others may view them as hopeful. However, the broader treatment outcomes must be clinically useful and guide the direction of treatment.

Kiritaki goals may not always be related to a mental injury, e.g. a parenting course, but are a valid and meaningful piece of their therapy pathway. This is where referrals to other non-ACC services in the community can contribute to the pathway for kiritaki.

Other non-ACC supports in the community

Lead service providers and suppliers have essential knowledge of community providers of services in their geographic area and region. This knowledge helps tailor kiritaki wider treatment and wellbeing needs and coordinate the treatment approach with other involved supports (such as Te Whatu Ora Mental Health Services, e.g. CAMHAS, ICAMHS, Older Adult Services, Community Addiction Services, or Disability Services).

List any community providers that are involved in the treatment pathway for kiritaki. You can also include community providers who you plan to involve in treatment for kiritaki.

Be mindful of the hours kiritaki will be investing each week across all interventions – both ACC and community based. Interventions need careful consideration to avoid kiritaki being overwhelmed and to reduce the risk of disengagement.

The most effective way to support kiritaki engagement and participation is checking in with the volume and pace of interventions. If you are aware of other supports or services involved, you must outline that there has been consultation with them to ensure a coordinated approach to treatment. Most importantly, the recovery goals must be designed to be manageable for kiritaki and build self-efficacy.

Treatment barriers

A treatment barrier is any condition, such as psychosis, or circumstance, such as housing or safety issues in the home, which reduces your ability to treat kiritaki effectively and safely. Often, a treatment barrier can be a non-covered disorder/ comorbidity. For example, a non-covered mood disorder may be identified as a treatment barrier. Addressing the low mood of kiritaki can increase the safety and effectiveness of targeting the covered mental injury. For a child or young person, temperament factors could also be barriers.

If the comorbidity is complex, a specialist team in the community would likely deliver the intervention. For example, stabilising an eating disorder via the Regional Eating Disorder Service, stabilising psychosis via Community Mental Health Services or addiction or dependence recovery via Alcohol and Drug Services. Active liaison with community providers can help identify when kiritaki are sufficiently stabilised and can re-engage with you. If a complex comorbidity is identified, consider the Specialist Cover Assessment pathway.

In this section, describe the barriers to treatment and the plan to address and manage these. Targeting treatment barriers can be completed prior to, or alongside targeting the recovery goals. Identify who will complete the work and whether they will work under the Sensitive Claims Service, another ACC contract, or a non-ACC agency or provider.

Recovery goals

SMART goals and SMART goal development

SMART goals are the 'stepping-stones' toward achieving the larger goal of recovery or improved functioning for kiritaki with a mental injury. SMART goals are designed to be clear, achievable, foster hope, and build the momentum of therapy gains for kiritaki. Therapy goals that are broad and non-specific can be difficult to chart progress. This measurement system can be vulnerable to how kiritaki feel on the day and could reflect an unrelated stressor.

When creating a SMART goal, it is important to think about the desired change or improvement kiritaki would like to achieve. This change should be something kiritaki will be able to do differently or better. For example, a SMART goal for kiritaki might be to "manage my anger better by communicating, walking away and exercising" instead of the vaguer goal of "I want to feel less angry."

Refer to the SMART goal framework and examples [below](#) for more information.

Planned services and the providers who will deliver these

Refer to the Planned services and the providers who will deliver these [section](#) of the Early Supports Plan for more information on what to include in this section.

SMART Goal Framework

SMART goals	What needs to be considered
Specific	<p>SMART goals need to be specific goals:</p> <ul style="list-style-type: none"> • What would kiritaki be able to do differently or better if their flashbacks reduced? • What would improve in their day-to-day functioning or interactions if their altered mood and altered cognitions were improved? • What are the specific goals regarding the desirable and functional outcomes?
Measurable	<p>SMART goals should include measurable goals.</p> <ul style="list-style-type: none"> • How can you measure change? • How often will you measure the effects? <i>For example, frequency counts of pleasant activities/ walks/ relaxation exercises, practiced/ observing without judgement, psychometric measures, response/ delay times and duration of time spent exercising.</i>
Action-Oriented	<p>Action-oriented goals can be behavioural (pleasant activity), communicative (sharing an emotional need) or cognitive (mindfully observe without judgement and balancing negative thinking).</p> <ul style="list-style-type: none"> • What specific actions/ strategies/ techniques will be done to achieve the goal?
Realistic	<p>A realistic goal is essential for achieving progress enhancing engagement and promoting the possibility of further positive outcomes.</p> <ul style="list-style-type: none"> • Is the developed goal realistic for this kiritaki? <i>Consider pace, intensity, duration, resources, and the personal context of kiritaki.</i> • Are there barriers that need addressing first? • What might get in the way of a positive outcome?
Time-bound	<p>SMART goals need to be time-bound:</p> <ul style="list-style-type: none"> • What timeframe seems realistic and achievable for kiritaki to complete the goal or succeed in coping differently/ better? • Will the goal timeframe foster hope or overwhelm? <i>If the latter, reconsider if the goal is realistic and review any barriers that might yet to be disclosed.</i>

- Will the goal be worked on concurrently or sequentially to other recovery goals?

SMART Goal examples

The following tables provide examples of how a SMART goal can be constructed and the level of detail required to be submitted as part of a report template.

SMART Goal Framework	Development of the goal
Goal description	Psychoeducation: I will develop my understanding of trauma and how my body and mind have responded. I'll learn about the understandable ways I try to make the thoughts and feelings from the trauma go away and how this can keep my symptoms going.
How will the outcomes of this goal improve kiritaki functioning? eg what will the kiritaki be able to do differently or better?	<ul style="list-style-type: none"> • I will have more knowledge and awareness about how thoughts, feelings, behaviours and physical (body) reactions to trauma are interconnected. • This knowledge will help me understand my own trauma response and why certain skills and therapy techniques work to manage my symptoms more effectively.
How will this goal be achieved? Specify the services needed and how they will be used to achieve the goal.	<ul style="list-style-type: none"> • John (lead service provider) will share different models (ways of explaining) what trauma can do to the body and mind. • I will tell John which trauma explanations helped (clicked with me) the best. • I will communicate when I understand and when I don't. • I will share my symptoms and how I respond to them. • I will make a resource for myself to refer back to that holds information that I think is helpful for me.
How will progress towards this goal be measured?	<ul style="list-style-type: none"> • I can begin to describe how my trauma experience impacts on my thoughts, feelings, behaviours, my physical self and mood. • I can notice at least one trauma response pattern (thought, feeling, or behaviour). • I can describe the response pattern to John and what was happening at the time when I noticed it.
Who will deliver the services to support this goal and what is the expected timeframe to achieve this goal?	<ul style="list-style-type: none"> • John Doe – Lead service provider. • 2-3 months. • The psychoeducational material will be revisited during the course of therapy as needed.

SMART Goal Framework	Development of the goal
Goal description	Distress tolerance/ emotional regulation: I will improve my ability to settle my emotions when I feel distress by using strategies learned in session and practiced outside of session. I will continue to use these strategies in an ongoing way to manage distress.
How will the outcomes of this goal improve kiritaki functioning? eg what will the kiritaki be able to do differently or better?	<ul style="list-style-type: none"> • I will be able to choose healthy ways to calm myself and reduce distress, instead of ways I've used before, like over-eating. • I will be able to communicate more effectively with others when distressed which means improved relationships. • I will be able to manage the intensity of my emotions better which means feeling more empowered.
How will this goal be achieved? Specify the services needed and how they will be used to achieve the goal.	I will learn and apply mindfulness techniques and DBT skills. <ul style="list-style-type: none"> • The Wise Mind model. • Mindfulness exercises to support observation and grounding. • Mindful awareness to increase insight, monitoring and managing of triggers, urges and replacement behaviours. • Self-soothing using the senses. • Practicing effective communication skills in session and outside of session with a safe person. • Trauma Informed Yoga (TIY; Group-based Therapy).
How will progress towards this goal be measured?	<ul style="list-style-type: none"> • Monitoring the frequency of times healthy strategies are chosen to manage distress. • Monitoring the frequency of times that I'm in my wise mind when I usually wouldn't be. • Duration of time that I'm out of my wise mind as I apply strategies to return. • I will record my progress on my phone journal or notes app. • Change measured using the Distress Tolerance Scale (DTS).
Who will deliver the services to support this goal and what is the expected timeframe to achieve this goal?	<ul style="list-style-type: none"> • Jim Doe – Lead service provider. • 6 months of focused work. • Threaded through the duration of therapy term.. • TIY – Sally Doe (10 weeks).

SMART Goal Framework	Development of the goal
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Goal description	I will make regular use of the relaxation/mindfulness strategies learned in session. This is to allow me to further engage in social activities and reduce the frequency and severity of panic attacks. I will do this for the next month and record my progress on my phone journal or notes app.
How will the outcomes of this goal improve kiritaki functioning? eg what will the kiritaki be able to do differently or better?	I will have skills to make it easier going out to social gatherings and spend longer amounts of time around (safe) friends again.
How will this goal be achieved? Specify the services needed and how they will be used to achieve the goal.	<p>I will use mindfulness and relaxation techniques to reduce the number of panic attacks I have.</p> <ul style="list-style-type: none"> • Mindfulness to increase awareness and insight into stress levels and anxiety levels building. • Relaxation techniques to apply as a prevention and as a response when anxiety increases – e.g. diaphragmatic breathing, guided imagery meditation, self-soothing using sensory modulation.
How will progress towards this goal be measured?	<ul style="list-style-type: none"> • The number of times strategies are practiced per day as a prevention measure. • The number of times in a week when I stretched myself to socialise in ways that are important to me. • Scoring of the Panic Disorder Severity Scale (PDSS) before, during and after treatment.
Who will deliver the services to support this goal and what is the expected timeframe to achieve this goal?	<ul style="list-style-type: none"> • Jane Doe – Lead service provider. • 1-2 months. • Returned to during the course of therapy as needed.

SMART Goals Checklist

Below is the checklist that ACC Recovery Team Members use to ensure consistency when reviewing SMART goals.

For each recovery goal, it should be clear what the current presentation of the kiritaki is for the specific symptoms that goal is working on. This may be found in the goal itself, or it may be in the information in the Wellbeing Plan or Progress Report about the kiritaki presentation, symptoms, and needs.

How to review each of the factors:

SMART Goal	What do I need to check?
Specific	<p>Is the goal specific?</p> <ul style="list-style-type: none"> • Is it clear what the goal is and how it relates to the kiritaki? • Does it describe what the kiritaki will be able to do differently or better if they achieve the goal? • Is the goal linked to the covered mental injury, or addressing a barrier to treatment? <p><u>If the answer is NO:</u> Is it too broad and needs refining? Consider returning the report and ask for more specific details.</p>
Measurable	<p>Is the goal measurable?</p> <ul style="list-style-type: none"> • How will they measure change? • Is an objective measure (eg. scale or tool) provided? If an objective measure is not available or appropriate, has a subjective measure or kiritaki report been suggested instead? • Have they named the scale or tool? For example, psychometric measure, subjective measure, kiritaki report. • What is the expected frequency or reduction of the symptoms when treatment is completed for this goal? <p><u>If the answer is NO:</u> If there is no description and/or the name of the measure(s) that will be used – consider returning the report and ask for an appropriate measure for the goal selected.</p>
Action-oriented	<p>Are actions/ strategies/ techniques described that show how the goal will be achieved?</p> <ul style="list-style-type: none"> • Are there behavioural, communicative or cognitive steps outlined to achieve this goal? For example, what will the kiritaki do? Specific strategies such as follow safety plan to reduce self-harm, use mindfulness exercises, use identified Cognitive Behavioural Therapy (CBT) strategies. <p><u>If the answer is NO:</u> Consider returning the report and ask for the actions/ strategies/ techniques to be outlined.</p>
Realistic	<p>Does the goal appear to be realistic for this kiritaki?</p> <ul style="list-style-type: none"> • Thinking critically, does the goal seem realistic when considering the pace, intensity, duration, resources and the personal context of the kiritaki? • Are there barriers that need to be addressed first before working on this goal can begin? <p><u>If the answer is NO:</u> Consider returning the report and ask for smaller goals that move towards the bigger goal.</p>
Time-bound	<ul style="list-style-type: none"> • Is there a specific estimated timeframe for when the goal will be completed? • Is the timeframe clear, eg. 1 month, a range of no more than 6 months, or a clear 'up to X months'?

- Is it clear whether the goals will be undertaken concurrently or sequentially?

If the answer is NO: Consider returning the report and ask for a specific timeframe.

Remember! For **each goal** there must be:

- A description of the services needed to achieve this goal;
- Detail on how progress on the goal will be measured; and
- An estimated timeframe for goal completion.

Planned services and the providers who will deliver these

Refer to the Planned services and the providers who will deliver these [section](#) of the [Early Supports Plan for](#) more information on what to include in this section.

Quality criteria for the Cover and Wellbeing Plan

Cover and Wellbeing Plan - adult

- Any changes to the presentation of the kiritaki, risks, and other agency involvement is clearly explained. Any actions taken on newly identified risks have been explained.
- The Impact of Events Scale – Revised (IES-R) is completed correctly, and the overall score has been provided, with an explanation for what the findings of the IES-R shows.
- If appropriate, other symptoms not captured by the IES-R have been explained and captured by additional measures. If additional measures have been used, an explanation of why and what the resulting score shows, has been provided.
- Clear clinical evidence and rationale has been provided to show a causal contribution of the Schedule 3 events on the symptoms and presentation of kiritaki.
- Non-Schedule 3 event factors have been understood and considered for their impact on the symptoms of kiritaki.
- The overall treatment outcome and needs of kiritaki are clearly explained, including any barriers to treatment and how these are proposed to be addressed.
- Each recovery goal is Specific, Measurable, Action-Oriented, Realistic, and Time-bound (SMART).
- Each recovery goal has a clear explanation of how it is relevant to the presenting symptoms of kiritaki and how it will improve their functioning.
- Each recovery goal is clear if it is being worked on concurrently or sequentially to other recovery goals and the lead service provider has correctly calculated the timeframe of the Tailored Support to Wellbeing package.
- The hours required for the services needed, including any additional services requested, and who will provide the services, are clearly listed.
- A “total hours” amount for the package of Tailored Support to Wellbeing Package A, has been provided, which must equal the sum total of all requested hours for each service.

Cover and Wellbeing Plan - child and young person

- Who has provided consent for the child or young person is clearly noted.

- Any changes to the presentation of the child or young person, risks, and other agency involvement is clearly explained. Any actions taken on newly identified risks have been explained.
- The HoNOSCA/ HoNOSI and at least one other relevant psychometric measure has been accurately completed.
- A clear clinical rationale has been provided identifying the causal contribution of the Schedule 3 events on the child or young person's symptoms.
- Non-Schedule 3 event factors have been described and any impact on the symptoms of the child and young person has been noted.
- The overall treatment outcome and needs of the child or young person are clearly explained, including any barriers to treatment and how these are proposed to be addressed.
- Each recovery goal is Specific, Measurable, Action-Oriented, Realistic, and Time-bound (SMART).
- Each recovery goal has a clear explanation of how it is relevant to the presenting symptoms of the child or young person and how it will improve their functioning.
- Each recovery goal is clear if it is being worked on concurrently or sequentially to other recovery goals and the lead service provider has correctly calculated the timeframe of the Tailored Support to Wellbeing package.
- The hours required for the services needed, including any additional services requested, and who will provide the services, are clearly listed.
- A "total hours" amount for the package of Tailored Support to Wellbeing Package A has been provided, which must equal the sum total of all requested hours for each service.

Specialist Cover Assessment

Guidelines for completing a Specialist Cover Assessment

This report should be completed for a Specialist Cover Assessment or Function Assessment by a named assessment provider.

Please choose the appropriate Specialist Cover Assessment based on the age of the kiritaki at the time of completing the Specialist Cover Assessment.

ACC8536 Specialist Cover Assessment – adult	Adult kiritaki aged 18 years and over
ACC8537 Specialist Cover Assessment – child and young person	Child or young person aged 17 years and under

For kiritaki who are aged 17 years and under and request a Function Assessment alongside a Specialist Cover Assessment, the Specialist Cover Assessment – adult report template must be used.

The following section provides guidance on specific parts of the Specialist Cover Assessment report template.

Part B: Specialist Cover Assessment

Sources of information

Please list and number all sources of information used in completing the assessment. Identify the nature of the information, e.g. document, interview or phone contact, the origin or author of the information, and the date of the information. If undated, please note this. Information that you are aware of but unable to access should also be noted.

Sources of information can be pre- or post-injury in the form of:

- past medical records from a general practitioner or other mental health providers
- records from other agencies such as Oranga Tamariki
- accounts from family/ whānau, friends, educational providers, or employers (if older young person and relevant).

This information can help to provide a more accurate and fuller picture of pre- and post-injury presentation, the course of any impairment over time and any non-abuse related factors that might have contributed to the overall presentation. Examples of such factors include:

- exposure to domestic violence
- exposure to bullying
- poor attachment
- serious physical health problems
- family history of other mental health or behavioural problems.

It can also help to assist in determining the clinical significance of any impairment resulting from injury in the social, educational, and other relevant environment of kiritaki.

About the Schedule 3 events

Refer to Event Details [section](#) of the Early Supports Plan for more information on what to include in this section.

Background kiritaki information

The following list provides a guide to information that may be included in the report template where relevant.

Medical history

Include any past medical history relevant to this assessment.

Personal history

Summarise the personal history of kiritaki, including:

- Clinically relevant personal information as applicable:
 - development history, e.g. birth, attachment, milestones, parenting style, disciplinary practices, modelling, exposure to neglect, emotional abuse, physical abuse, family violence, parentification.
 - relationship history
 - social history
 - educational and vocational history, e.g. learning, attainment, peer influences.
 - other relevant life adversities
- If any mental health disorders or significant behavioural problems are identified, describe a comprehensive account of the personal history.

Family/ whānau history

Summarise family/ whānau relationships and functioning, including:

- Family/ whānau of origin and current family/whānau composition, including blended families and relationships
- an overview of family/ whānau dynamics and functioning
- the relationships kiritaki have with family/ whānau, friends and any past and present partners or spouses
- for a child or young person, any change in care arrangements, including parental separation and custody disputes (e.g. family court involvement) and the impact on the child or young person
- any family/ whānau history of mental health, alcohol, or drug problems.

To protect privacy, refer to third parties using their relationship to kiritaki, rather than their names, e.g. paternal grandmother, or grandmother on their father's side of the family.

Cultural and spiritual background (if relevant)

Summarise the relevant cultural and spiritual background of kiritaki and outline any cultural needs that need to be considered when working therapeutically with kiritaki. Note there are guidelines to assist healthcare providers in improving access and delivering appropriate advice, care, and treatment to Māori kiritaki. Refer to '[ACC1625 Guidelines on Māori Cultural Competencies](#)'.

Education or employment-related issues

Record any relevant issues kiritaki have in their study or workplace environment that could influence their presentation. Include details of any occupational functioning over time.

Alcohol, drug, and gambling history (if relevant)

Describe a full alcohol, drug, and gambling history if relevant. Include:

- the onset of use, methods of access, and social environment/circumstances at the time, including if the onset is linked to being supplied substances during the Schedule 3 events.
- the nature, frequency, and pattern of use or behaviour over time
- current level of alcohol and substance use
- whether kiritaki describe any symptoms or signs of abuse or dependence
- what problems their alcohol or drug use or gambling behaviour has caused them and what function these behaviours are serving for kiritaki, such as avoidance of symptoms
- any family history, modelling, or normalisation of substance abuse/ dependence
- whether kiritaki have accessed previous treatment or rehabilitation programmes, and whether these were successful (if unsuccessful what contributed to this).

It is important to record the current pattern of use and behaviour, and what difficulties this might be causing kiritaki in areas that are likely to be relevant to occupational rehabilitation. If any alcohol, drug or gambling related problems are diagnosed, please include the information that supports this diagnosis.

Forensic history (if relevant)

Please record any information on criminal and imprisonment history that is of relevance to understanding the presentation of kiritaki and their current treatment needs.

Current circumstances and presenting difficulties

Describe the current circumstances and presenting difficulties for kiritaki. Include:

- who they are living with, their current relationship status, parenting status, and any other information to help contextualise the presentation of kiritaki
- the current problems described by kiritaki
- a comprehensive account of the current symptom presentation, summarising the clinical evidence obtained by your assessment
- an assessment of the original onset (including age of onset), progression of symptoms, and the effects of the symptoms on thinking, emotions, and behaviour over time
- any resulting impacts on function, and the extent to which each impact impedes rehabilitation for kiritaki
- for a younger child, consider commenting on observed activity, play, response to others, and how typical this behaviour is.

Mental health history including treatment for historical and current presenting difficulties (if relevant)

Record any past psychological and psychiatric history if relevant. Include:

- any pre- and post-event experience of symptoms, behavioural problems, and psychosocial difficulties
- a clear account of the identified problems, times that treatment was received, what the treatment was, and effects or outcomes of treatment
- the details of previous treatment providers if known.

If available, comment on any other assessments (ACC or otherwise) that have been previously completed and integrate information from those reports into the current report template.

Check if the kiritaki description of their mental injury, symptoms or events is different in any way and note those differences. When differences across sources of information is identified, provide an explanation on the likely reasons for these discrepancies. If necessary, identify other tests or assessments that may be helpful in further clarifying aspects of kiritaki presentation.

Health provider details

If kiritaki have received any relevant treatment from other health providers for their mental health, provide a contact name and email/ phone number for each provider. With kiritaki consent, you can seek additional information on current and previously delivered supports, whether from ACC or non-ACC providers, to help consider pathways and a coordinated approach to future interventions. Addressing treatment barriers can also be achieved swiftly with approaches that have previously been successful in therapy.

Current medications and dosages, including the names of prescribers

List all current medications and dosages and any relevant past medication. Include the names of doctors who prescribed the medications.

Strengths and vulnerabilities

Personality assessment

Undertake a formal clinical assessment of personality and standardised personality testing, if indicated, to identify relevant aspects of personality function. Please resist making premature comments about personality function before obtaining sufficient supporting evidence. Consider personality trait patterns that may be relevant to the strengths and vulnerability presentation of kiritaki. These may not reach the clinical threshold for a diagnosis but may be useful for guiding engagement and treatment.

Note that for the Specialist Cover Assessment – child and young person, section 6a refers to behavioral traits and assessment.

Strengths and protective factors

The following are additional examples of strengths and protective factors to consider;

- existing coping skills
- areas of mastery/ attainment
- hobbies/ clubs
- meaningful activities
- motivation for treatment.

Areas of vulnerability

The following are additional examples of areas of vulnerability to consider;

- health complaints
- self-destructive behaviours
- peer influences

- learning difficulties/ educational attainment
- impact of care arrangements, e.g. custody disputes

Areas of Risk

Refer to the areas of risk [section](#) of the Early Supports Plan for more information.

You must ensure there is an adequate risk management plan for kiritaki, if necessary. If there are concerns it is your responsibility as the named assessment provider to make any necessary notifications to relevant health professionals, agencies, and organisations (e.g. General Practitioner, Police, acute Mental Health Services, Oranga Tamariki).

If any notifications have been made, please record them here.

Psychometrics

Psychometric measures

Psychometric measures can:

- Help to clarify aspects of the presentation of kiritaki.
- Assist with understanding the symptom presentation.
- Provide direction for areas to be further explored during the assessment interviews with kiritaki.
- Psychometric measures are also useful to provide a baseline for measuring treatment progress and tracking of symptom changes over time.

Whenever appropriate, psychometric measures of relevance to understanding the symptom presentation are to be administered as part of the assessment. This is to provide additional information to help inform understanding of the clinical presentation and mental injury findings of the assessment.

Consider using both qualitative and quantitative data without relying exclusively on one or the other.

List all psychometric measures administered as part of the assessment. Provide a clinical analysis of the findings for all psychometric measures used. Information from the psychometric measures should be integrated into the overall assessment.

Symptom validity

Comment on symptom validity based on the available assessment information, such as self-report, psychometric measures, and clinical reports.

When a significant inconsistency arises between sources of information, consider the options to investigate this further. This may include:

- further interview with kiritaki or significant others
- review of file information
- use of psychometrics measures.

When possible symptom validity issues are identified, or if there are discrepancies between the findings of a psychometric measure and other sources of information, you should discuss the likely explanations for the identified discrepancies and symptom validity issues in the report template. This should include comment on whether symptom validity issues undermine your ability to draw conclusions about the clinical presentation of kiritaki or conclusions regarding mental injury.

Clinical symptoms or diagnosis

Mental injury/ diagnosis

Outline the symptoms of kiritaki that reach clinical significance and/ or threshold for diagnosis. Include all clinically significant symptoms (diagnoses), including those that are not proposed as mental injuries and reference them clearly to the classification system used. Consider the following questions:

- In your opinion, does the kiritaki have a clinically significant mental health condition?
- If so, what factors indicate this?
- What is the diagnosis? Please define precisely and outline the classification system used.
- If the diagnosis differs from previous diagnoses, please give reasons for the difference.

Formulation and summary

Provide a clear formulation explaining how kiritaki developed any presenting difficulties. The formulation requires:

- a narrative summary of all the factors, both positive and negative, specific to an individual kiritaki that clearly explains why and how kiritaki have developed the difficulties they are currently presenting with
- why these difficulties have persisted
- discussion of any barriers to recovery that might exist
- population based research, does not feature inside a formulation
- discussion on the onset of symptoms and how they are clearly linked to the Schedule 3 events.

The formulation does not need to be long but should succinctly encompass aspects of the individuality of kiritaki. Please do not simply copy and paste previous sections, but rather summarise key information that contributed to the current presentation of kiritaki.

Formulation is different than diagnosis in that if diagnosis provides the answer to the question “what mental injuries is the kiritaki experiencing?”, formulation provides the answer to the questions “why has the kiritaki developed these difficulties” and “what is maintaining them?”.

Formulations will likely range from simple to complex depending on specific kiritaki circumstances and should provide an explanation for all the presenting difficulties so that it is clear which have been caused by the sexual abuse, which have not, and which act as rehabilitation barriers.

Opinion on mental injury

Refer to link to schedule 3 events [section](#) of the Early Supports Plan for more information on what to include in this section.

If the events occurred in adulthood, provide a description of kiritaki functioning prior to the Schedule 3 events. Where this is not possible, for example if sexual abuse or assault events occurred in early childhood, or there is little information about early functioning, you must carefully consider the development and progression of the presenting symptoms and the psychosocial context of kiritaki to identify and fully consider all factors that have contributed to the presentation of symptoms.

Treatment

While this report template is to provide us with an assessment of the mental injuries of kiritaki, ACC understand that the determination of treatment recommendations is a routine part of assessment.

Provide any broad recommendations for the treatment of kiritaki derived from the assessment. These might include some broad goals such as emotional regulation, skills acquisition for anxiety management or increased engagement in social activity, or broad recommendations for how a lead service provider might approach these issues such as graded exposure, or trauma processing.

If the named assessment provider and lead service provider are different, it is expected that this section will be developed by the named assessment provider in discussion with the lead service provider. The broad recommendations of the assessment report will continue to allow the lead service provider to develop their own specific Wellbeing Plan within any broad recommendations made by the named assessment provider.

Given the assessment is comprehensive in scope, you can also provide comment on the likelihood of need for non-ACC interventions and relevant services in the treatment recommendations.

Part C: Function Assessment

For kiritaki who are aged 17 years or under and require a Function Assessment alongside a Specialist Cover Assessment, use the Specialist Cover Assessment – adult report template.

Clearly address all questions in either the body of the report template, or separately as an addendum to the report template. As part of addressing all questions, consider the following:

- Complete a history, examination, and a detailed review of the clinical notes.
- Detail the past and current functional effects of the mental injuries of kiritaki, including details that are particularly relevant to the ability to engage in these work types.
- Consider the Work Type Description Sheets or individual job description included with the referral for a description of relevant work types.
- The assessment only needs to include an opinion on the functional effects of the mental injuries. You are not required to determine if the kiritaki can undertake specific work types. For example, if an aspect of a work type that could trigger symptoms for kiritaki is identified, or there are safety concerns for a specific work type, describe this in the report template.
- Identify clinical records provided with the referral that likely provide evidence of your opinion about the functional effects of the mental injuries of kiritaki.
- If for any reason your evidence-based opinion on any of the questions posed is unable to be provided, clearly outline the reason. For example, is it from lack of information? Is it outside of your scope of practice?
- Reference clinical evidence in the referral documentation that supports the opinion.

If an opinion is based on your own subject matter expertise rather than evidence available within clinical records, clearly state this and provide supporting rationale.

Quality criteria for the Specialist Cover Assessment

- All sources of information that have informed the assessment report are clearly noted, including dates received and who the information was received from.

If the assessment is for the purpose of determining mental injury cover (and not for a Function Assessment only):

- The events are described in sufficient detail to clearly establish that the events meet Schedule 3 criteria. The relevance of any additional information not provided in the Early Supports Plan is clearly explained.

- Sexual abuse or assault events are only described in the event section of the report template to contain traumatic content. Referencing events in the report template is expected, but without repeating traumatic details.
- All background information on kiritaki cover all areas that might be relevant to the kiritaki, but is succinct and clinically relevant to the report, either to explain the presentation of the kiritaki or provide further context to the conclusions reached.
- Information sourced word-for-word from earlier clinical reports are to be in quotation marks. The original clinician/ author is identified with the corresponding report name and date.
- Previous report excerpts will be the minority portion of the report contents.
- Any previous mental health history is explained in sufficient detail to support whether it may have impacted on the mental injury presentation of kiritaki.
- Any previous mental health treatment has been clearly summarised. Where possible, contact details for current or previous treating providers has been given, or an explanation provided for why this was not possible.
- Strengths and vulnerabilities for kiritaki are clearly and succinctly summarised.
- Risks for kiritaki are clearly detailed. All duty-of-care actions for identified risks have been taken and explained. It is clear who holds follow-up responsibility in relation to risks and actions taken.
- For each psychometric measure used, a clear explanation is provided of the measure, interpretation of the scores, clinical significance, and validity of the results. Raw psychometric data is not included.
- If no psychometric measures were used, a clear explanation of why not has been provided.
- Each identified clinical diagnosis and/ or cluster of clinically significant symptoms is clearly explained and detailed with how kiritaki experience these symptoms in a functional way.
- Consideration of differential diagnoses (other explanations for the presenting symptoms) is clearly documented.
- A formulation is provided detailing how those diagnoses or symptom clusters have developed over time and reached clinical significance.
- A clear clinical rationale has been provided regarding any causal contribution of the Schedule 3 events to the symptoms and presentation of kiritaki.
- Consideration has been shown that non-Schedule 3 event factors have been understood and considered for their ability to contribute to the symptoms of kiritaki.
- Treatment recommendations have been provided at a level that will support the lead service provider to plan appropriate goals.
- An estimated prognosis of the mental injury has been provided, along with any potential treatment barriers.

If the Function Assessment component (adult only) has been undertaken:

- All questions are answered, and a clear explanation has been provided about the impact of both the proposed or covered mental injuries and any other comorbid factors on the functioning of kiritaki.

If information about past functioning (adult only) has been provided:

- Evidence has been provided of past functional impacts of the proposed or covered mental injuries on kiritaki. If this has not been possible, an explanation of why not has been provided.

Wellbeing Plan

Guidelines for completing a Wellbeing Plan

This report should be completed by the lead service provider in collaboration with the kiritaki when planning their recovery from a covered mental injury and either:

- the kiritaki has not previously had a Wellbeing Plan developed for their injuries, e.g. because their claim for the injuries was recently approved, or
- the kiritaki is returning for treatment of injuries on an existing covered claim but requires a new Wellbeing Plan.

The following section provides guidance on specific parts of the Wellbeing Plan report template.

Current situation and impacts

Complete this section to put the recovery goals into clinical and personal context for the current and ongoing circumstances of kiritaki, such as worsening chronic illness, death of a loved one, redundancy, or eviction. Include the impacts from both mental injury and non-mental injury stressors. These have an important bearing on the psychological, emotional, and behavioural state of kiritaki and play a role in understanding the ebb and flow of therapy readiness, barriers, and outcomes.

Ensure risks factors are clearly outlined including areas of vulnerability where kiritaki may be at risk to themselves, to others or from others. Identify where environment, lifestyle and mental health factors may escalate vulnerabilities and risks. Describe how any identified risks will be managed. This may include developing a separate safety plan with kiritaki.

If there are practical barriers to accessing services for kiritaki, e.g. transport, mobility, provider availability, please describe these barriers and potential solutions if known.

Treatment

Refer to the treatment [section](#) of the Cover and Wellbeing Plan for more information on what to include in this section.

Treatment barriers

Refer to the treatment barriers [section](#) of the Cover and Wellbeing Plan for more information on what to include in this section.

Recovery goals

Refer to the recovery goals [section](#) of the Cover and Wellbeing Plan for more information on what to include in this section.

Planned services and the providers who will deliver these

Refer to the Planned services and the providers who will deliver these [section](#) of the Early Supports Plan for more information on what to include in this section.

Quality Criteria for the Wellbeing Plan

- Any changes to the situation, presentation, and risk for kiritaki since the previous Sensitive Claims Service report are clearly and succinctly explained. Any actions taken on newly identified risks have been explained.
- The overall treatment outcome and treatment needs of kiritaki are clearly explained, including any barriers to treatment and how these are proposed to be addressed.

- Each recovery goal is Specific, Measurable, Action-Oriented, Realistic, and Time-bound (SMART).
- Each recovery goal has a clear explanation of how it is relevant to the covered mental injuries and will improve the functioning of kiritaki.
- Each recovery goal is clear if it is being worked on concurrently or sequentially to other recovery goals and the lead service provider has correctly calculated the timeframe of the Tailored Support to Wellbeing package.
- The hours required for the services needed, including any additional services requested, and who will provide said services, are clearly listed.
- Requested Tailored Support to Wellbeing Service hours are correctly calculated according to the allocation of hours available.

Progress Report and Progress Check-ins

Guidelines for completing a Progress Report

This report should be completed by the lead service provider in collaboration with kiritaki when reporting on their progress since the Cover and Wellbeing Plan or Wellbeing Plan.

Refer to the Wellbeing Plan [section](#) for more information on what to include in sections of this report template.

Where the report template asks for changes since the previously received report, ensure that an update is given, even if the update is that there have been no significant changes. Provide information about the change or lack thereof.

Quality Criteria for the Progress Report

- Information has been clearly and succinctly provided about any changes to the presentation and life situation of kiritaki.
- Any changes to vulnerability, risk, treatment barriers, and/ or non-ACC provided treatment is noted and explained. Any actions taken on newly identified risks have been explained.
- For each recovery goal, a summary of progress to date has been provided, including an explanation of any barriers to progress and the currently expected next steps.
- Each recovery goal is clear if it is being worked on concurrently or sequentially to other recovery goals and the lead service provider has correctly calculated the timeframe of the Tailored Support to Wellbeing package.
- The hours required for any new services needed, including any additional services requested or changes to currently requested services, and who will provide said services, are clearly listed.

If any new recovery goals are added:

- Each new recovery goal is Specific, Measurable, Action-Oriented, Realistic, and Time-bound (SMART).
- Each new recovery goal has a clear explanation of how it is relevant to the covered mental injuries and will improve the functioning of the kiritaki.

Guidelines for completing a Progress Check-in

The questions in the Progress Check-in email from ACC will be used even if the check-in is being done via a call. You, as the lead service provider must ensure you have answers to each question in preparation for the check-in call.

- Give careful consideration to whether kiritaki can achieve their recovery goals in the remaining time and hours of their package of Tailored Support to Wellbeing. The sooner ACC is made aware of any potential barriers or additional needs, the quicker further supports can be planned for and put in place.
- If new goals are being added or existing goals are changed, use the SMART goal principles described in the recovery goals [section](#) of the Cover and Wellbeing Plan.
- If the next steps for kiritaki will involve engaging a named assessment provider (to complete a Specialist Cover Assessment or Treatment Review), confirm with the supplier who will deliver this service and advise this as part of the check-in response.

Treatment Review

Guidelines for completing a Treatment Review

This report should be completed by the named assessment provider completing the treatment review.

Refer to the Specialist Cover Assessment [section](#) for more information on what to include in sections of this report template.

If it is identified that there may be additional diagnoses or changes to the existing covered mental injuries, please do not make a formal recommendation about whether the covered injuries should be changed as a result of the Treatment Review. Instead, provide a recommendation on whether an update to the covered injuries is recommended for kiritaki and that a Specialist Cover Assessment would be appropriate.

Quality Criteria for the Treatment Review

- All sources of information that have informed the report are clearly noted, including dates received and who the information was received from.
- Any changes to information about the background, history, and treatment of kiritaki are clearly and succinctly explained.
- The current situation, presentation, and formulation of difficulties for the kiritaki are clearly and succinctly explained.
- A summary of the current treatment kiritaki has received and the progress they have made on their Recovery Goals has been provided, including clear explanations of the relevance of the current goals and any unexpected issues that have impacted on the recovery of kiritaki.
- An explanation has been provided of any barriers to treatment and how these are or are not being addressed.
- An opinion has been provided on whether the currently covered mental injuries still appear appropriate.
 - If the opinion suggests the currently covered mental injuries do not fully capture the symptom presentation you are seeing from the kiritaki, recommendations have been made about whether a reassessment of cover would be appropriate.
- Clear recommendations have been provided about further treatment (including possible treatments from external providers), changes to recovery goals or treatment methods, and any further adjunctive treatment or services to address treatment barriers that should be provided.
- Clear recommendations have been provided about any aspects of treatment that should not continue for kiritaki and why this is the case.

Completion Report

Guidelines for a Completion Report

This report should be completed by the lead service provider in collaboration with kiritaki once they have completed their treatment under the Sensitive Claims Service.

Note that “completion” does not necessarily mean full recovery or full achievement of all goals, but rather that you and the kiritaki agree that they are ready to leave the Sensitive Claims Service.

Refer to the Wellbeing Plan [section](#) for more information on sections of this report template.

Quality Criteria for the Completion Report

- The Sensitive Claims Service stage that the Completion Report is being submitted for has been noted.
- The situation and presentation of kiritaki at the time of completion are clearly and succinctly explained.
- Any vulnerability or risk factors for kiritaki have been identified and an explanation provided of how these will be managed after the completion of treatment.
- Any non-ACC agency or provider involvement expected to continue has been noted and details provided.
- For each recovery goal, a summary of progress has been provided, including an explanation of any barriers to progress, and the outcome of the goal.
- An explanation of the self-management plan for kiritaki has been provided and an indication given about whether Maintaining Wellbeing is likely to be used.
- For kiritaki who requiring ongoing support outside of ACC, there has been timely and appropriate transition to the primary health provider (or relevant service) to ensure continuity of care.
- Final outcome measures have been completed, and this has been indicated. If they have not been completed, an explanation has been provided as to why not.

Closure Notice

Guidelines for a Closure Notice

This report should be completed by the lead service provider when kiritaki are no longer attending assessment or treatment services provided under the Sensitive Claims Service.

A Closure Notice should be sent:

- at the completion of the Support for Next Steps service, or
- if kiritaki disengage before the conclusion of their current service and it is not appropriate to send a partially completed report template.

Quality Criteria for the Closure Notice

- The Sensitive Claims Service stage that kiritaki disengaged from has been noted.
- The rationale for why the Closure Notice is being submitted has been noted. If “Other” is selected, an explanation has been provided.
- Information has been provided where possible about the reasons why kiritaki left the service and any safety risks that are known. If no information is available, the reason has been explained either at the end of section 3, or the beginning of section 4.