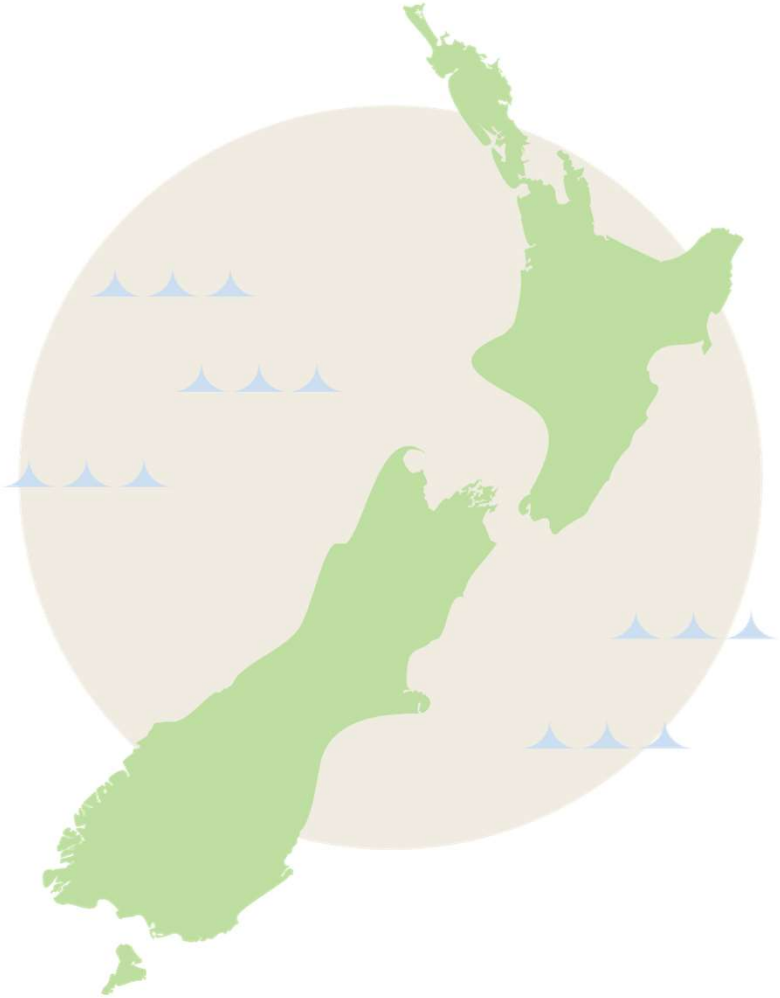
Sensitive Claims Evolution

Face-to-face engagement session
& Integrated Services for Sensitive Claims (ISSC) Supplier day



DATE: May 2023

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

Purpose of Face-to-Face Engagement Sessions

- The intent of these sessions is to hear your feedback and ideas on four key areas that we're exploring for the new ISSC contract: a new 'front door' (entry point) for survivors to access ACC support; how we can develop a more streamlined assessment process; tailored services (how to create a more flexible service offering for everyone); and cultural safety and uplift for ISSC providers
- *Note: what we are seeking is your feedback and thoughts on some of the early design thinking for the potential new ISSC service. We are keen to capture your thoughts and wonderings on these components,. It is important to note, however, that these are early considerations, which may not end up in the final ISSC service once the design is completed.*

What is the Integrated Services for Sensitive Claims?

Through the ISSC, we offer fully-funded support, treatment and assessment services for survivors of sexual violence who lodge a claim with ACC.

We provide support for anyone in New Zealand, including visitors to the country, who have experienced sexual violence. We may also be able to help New Zealand residents that have experienced sexual violence while travelling overseas. It doesn't matter if the event happened recently or a long time ago, ACC support services are available whenever a survivor is ready.

What survivors receive:

- Before supported assessment, survivors can access up to 14 hours with a provider, up to 10 hours of social work, and up to 20 hours of whānau support.
- If cover is accepted, survivors can access up to 48 hours per year of treatment sessions and 4 hours per year to maintain their recovery after completing treatment.

What is the ISSC Evolution programme?

A multi-year, multi-pronged effort

- In late 2021, we embarked on a comprehensive effort to evolve and strengthen the way we support survivors of sexual violence through the Integrated Services for Sensitive Claims (ISSC).
- Since December 2021, we've hosted several engagement activities with providers, suppliers, client advocates and representatives from professional bodies and government agencies to hear their feedback and work together to address key challenges.
- Through our engagement, we've collected 200+ recommendations and have been working with our external ISSC Evolution Working Group, our Sexual Violence Customer Advisory Panel (SVCAP) and others to determine which recommendations might be taken forward into the new contract.
- We're now exploring how the recommendations will impact the survivor journey and are developing a high-level design of a potential future state service for survivors.

Learn more: www.acc.co.nz/ISSCevolution

Front Door

We heard about the challenges when entering and accessing ISSC services

Wait times are barrier for survivors trying to access support services

- The lack of available therapists means that survivors are making multiple attempts to find a therapist only to be told the provider has no availability.
- The process of finding an ACC-funded therapist feels unsupportive and demoralising.
- ACC currently provides the only publicly funded option for long-term therapy for survivors, but the wait time is long and uncertain.

Managing waitlists can be challenging for Supplier organisations

- The 'front of house' is inundated with requests that ACC cannot respond to.
- There is a need for a clearer process for managing a waitlist.
- Survivors that have engaged with a supplier or provider are unlikely to receive regular support or check-ins while on the waitlist.

Sometimes the support that's available is not the support survivors want or need

- The system might not be offering the right support at the right time, not everyone is ready for therapy or needs therapy when they are seeking support.

It can be challenging for survivors to find information, and the information available is inconsistent

- There is no clear path for survivors to gain information about what to do and they have to navigate a complex system alone.
- The sector is disjointed with no 'one place' to get the information and support needed.
- Depending on which 'avenue' a survivors takes (NGO, GP, etc) the support and guidance will be very different.

Survivors of sexual violence need support sooner

- While waiting for 1:1 therapy, many survivors need short- to medium-term support.
- There is a need for more creative treatments in the pre-cover space to help people while they are waiting to access services.
- Some organisations with multiple funding streams can provide services and support to survivors at this point.
- There is little funded support available to survivors who experience barriers to starting therapy.

We are looking to improve the accessibility of ISSC services by developing a Front Door

The front door is a concept of a single point of access for sexual abuse survivors to access help and support, including a supported pathway to access the Integrated Services for Sensitive Claims.

The key areas we are considering through this work are:

1. **Central entry point**
   A place where survivors and whānau can access information and resources, and if they want to access support services they will be supported toward the pathway that best suits their needs.

2. **Greater understanding of provider availability**
   Enabled by digital solutions within the front door, there would be a way to monitor the capacity of ISSC providers.

3. **A consistent, easier way to manage waitlists**
   A waitlist management platform at either a national or regional level, where the 'Front Door' could manage the waitlist and maintain contact with survivors while they wait to engage with an ISSC Supplier.

The Front Door could improve the experience of survivors before they access support

We believe there could be a number of benefits by offering a 'Front Door' so survivors can find the information and support they need;

- Survivors can make informed choices with access to information about the available services.
- Survivors could access help and support through a website or centralised number.
- They felt heard and supported right from the very first contact (after taking the step to reach out for support).
- They would experience easier access to the Integrated Services for Sensitive Claims (ISSC) supported by the Front Door, that may include a 'warm handover' to an ISSC supplier.
- A better ability to match a survivor with an appropriate provider that meets their needs.
- If survivors are placed on a waitlist for ISSC support, they could remain in contact with the Front Door until their provider becomes available.
- Reduction in the administrative workload relating to referrals and waitlists, and provider availability. Survivors can access a range of digital resources for more support.
- We could understand the true number of survivors waiting to access support through ISSC can inform further improvement to the service.
- A more connected and integrated service response.
- Greater visibility of the geographical gaps of service providers across the motu.
- Greater better visibility of providers available to provide ISSC support services.

If a Front Door is developed, we would need to remember…

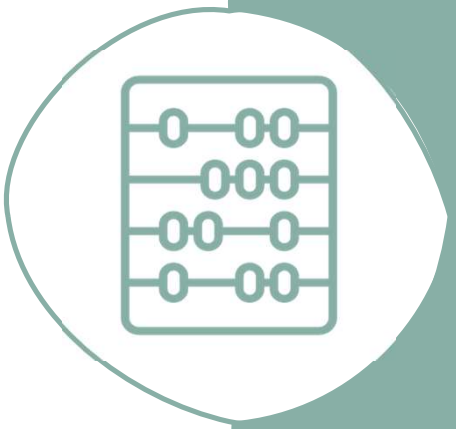
Survivors may not want to contact a new 'Front Door' to access support through ISSC and could feel it is an unnecessary step.

This could introduce another 'person' that a survivor needs to interact with to access services and support

Suppliers would have different responsibilities regarding waitlist management.

There would be a reliance on Suppliers and/or providers to provide up to date information on their availability for new clients.

There would need to be consideration on how referrals and waitlists would be managed – first in first served, or triaged based on need?



Streamline the Supported Assessment Process

About the Current Supported Assessment Process

ACC is required to establish there is a mental injury present that can be casually linked to an event/events of sexual abuse or assault (as per Schedule 3 of the Act).

- To establish cover for Mental Injury Caused by Sexual Abuse, clients must currently attend a "Supported Assessment".
- This assessment is carried out by a qualified assessor
- The "Supported Assessment" provides ACC with the information needed to answer the cover question required by the Accident Compensation Act 2001 ("the Act"): if there is a "clinically significant behavioural, cognitive, or psychological dysfunction" that is causally linked to an event that falls under Schedule 3 of the Act.
- Currently, the assessment results in a covered injury using diagnoses that falls under a standard psychological framework (e.g. DSM-V, ICD-10), such as PTSD or Depression.

What we know about the current Supported Assessment process

- It can be a very unpleasant and traumatic experience for clients.
- It is a lengthy process, currently taking an average of 222 days to complete and receive a cover decision.
- Workforce capacity constraints contribute to the time an assessment takes.
- It is a time consuming process for our survivors, providers, and assessors
- The current requirement for medical notes to support the assessment presents a privacy risk when these medical notes are sent or received.
- The acceptance rate following Supported Assessment is high, with 95% of claims receiving cover following the completion of an assessment report.

What could the future assessment process look like?

We are exploring an idea shared with us during our sector engagement in 2022; to create two different forms of assessment based on individual survivor need.

Non-Specialist Assessment

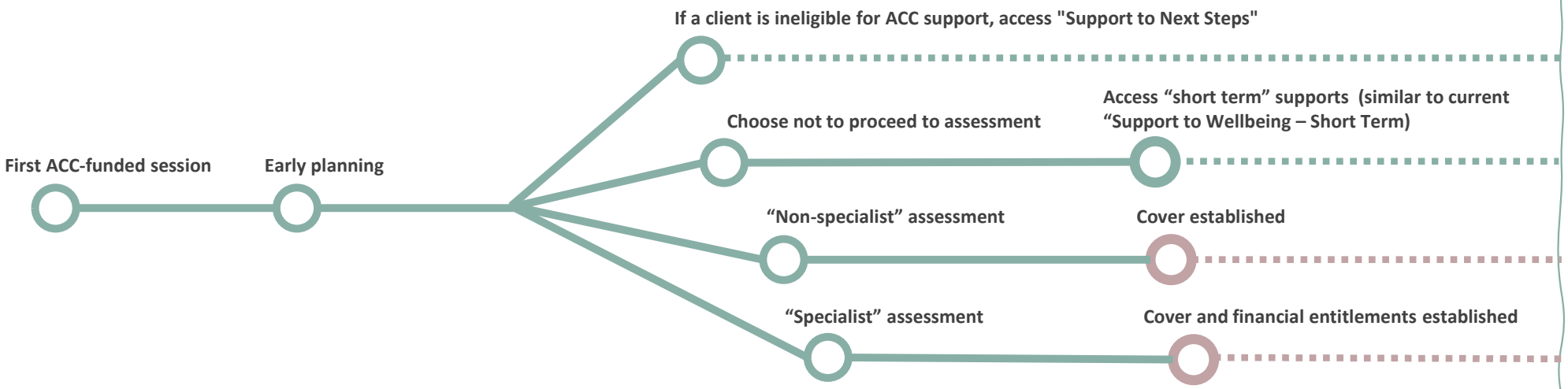
- The Lead Provider can determine if it is clinically appropriate for them to assess the client's presentation and needs, they can utilise a new "Non-Specialist" assessment option.
- The Lead Provider would complete a report early in the client's engagement that provided ACC with the answers to core cover criteria (was the client ordinarily resident, does the description of the sexual violence meet the Schedule 3 criteria), a question to confirm causation (the clear link between the Schedule 3 events and the client's presentation) and the completion of an IES-R questionnaire.
- The IES-R is a brief psychological tool that has strong clinical evidence to show it can identify the presence of trauma symptoms linked to particular events.
- Currently it is indicated that the "Non-Specialist" assessment may result in cover for a trauma-related injury, though this is still to be worked through in design.

Specialist Assessment

- If the Lead Provider determines that it would be clinically inappropriate for them to assess the client's presentation and needs; or if a client requests more comprehensive entitlements (e.g. Weekly Compensation, specialist treatment options, etc), then they would utilise the "Specialist" assessment pathway.
- This would be similar to the existing Supported Assessment: a more in-depth assessment to identify exact diagnoses, but with a refined reporting template to ensure only necessary information was captured.
- Once a client has cover under one of these pathways, they would be able to access a standard package of supports. Further entitlements outside of this package) can be requested if needed, but may require further investigation and assessment by ACC.

What would two forms of assessment look like?

One of the ideas is to create a "non-specialist" and a "specialist" assessment.



There could be several benefits of having a "non-specialist" assessment:

- A much less intrusive "non-specialist" assessment would mean a far better experience for clients.
- Easier access to a tailored package of care based on client need.
- A reduction in "deemed decisions", and "soft declines".
- Delays to see a specialist assessor would ease, as they may no longer be required for the cover assessments for all clients.
- The amount of information required, like medical notes, could be significantly reduced.
- Clients could focus on their goals faster because they can access treatment much sooner.
- Could benefit the therapeutic relationship between providers and their clients.

What could two forms of assessment look like?

These are the questions in the IES-R scale which could be used in the "non-specialist" assessment.

Instructions:

Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to (the event). How much were you distressed or bothered by these difficulties?

		Not at all	A little bit	Moderately	Quite a bit	Extremely
1	Any reminder brought back feelings about it	0	1	2	3	4
2	I had trouble staying asleep	0	1	2	3	4
3	Other things kept making me think about it	0	1	2	3	4
4	I felt irritable and angry	0	1	2	3	4
5	I avoided letting myself get upset when I thought about it or was reminded of it	0	1	2	3	4
6	I thought about it when I didn't mean to	0	1	2	3	4
7	I felt as if it hadn't happened or wasn't real	0	1	2	3	4
8	I stayed away from reminders about it	0	1	2	3	4
9	Pictures about it popped into my mind	0	1	2	3	4
10	I was jumpy and easily startled	0	1	2	3	4
11	I tried not to think about it	0	1	2	3	4
12	I was aware that I still had a lot of feelings about it, but I didn't deal with them	0	1	2	3	4
13	My feelings about it were kind of numb	0	1	2	3	4
14	I found myself acting or feeling as though I was back at that time	0	1	2	3	4
15	I had trouble falling asleep	0	1	2	3	4
16	I had waves of strong feelings about it	0	1	2	3	4

		Not at all	A little bit	Moderately	Quite a bit	Extremely
17	I tried to remove it from my memory	0	1	2	3	4
18	I had trouble concentrating	0	1	2	3	4
19	Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart	0	1	2	3	4
20	I had dreams about it	0	1	2	3	4
21	I felt watchful or on-guard	0	1	2	3	4
22	I tried not to talk about it	0	1	2	3	4

What could two forms of assessment look like?

The questions below are from the Child & Adolescent Trauma Screen (CATS) which could be used for children and young people.

Mark 0, 1, 2 or 3 for how often the following things have bothered the child in the last two weeks. Answer the best you can:
0 Never / 1 Once in a while / 2 Half the time / 3 Almost always:

1.	Upsetting thoughts or images about a stressful event. Or re-enacting a stressful event in play.	0	1	2	3
2.	Having bad dreams related to a stressful event.	0	1	2	3
3.	Acting, playing or feeling as if a stressful event is happening right now.	0	1	2	3
4.	Feeling very emotionally upset when reminded of a stressful event.	0	1	2	3
5.	Strong physical reactions when reminded of a stressful event (sweating, heart beating fast).	0	1	2	3
6.	Trying not to remember, think about or have feelings about a stressful event.	0	1	2	3
7.	Avoiding anything that is a reminder of a stressful event (activities, people, places, things, talks)	0	1	2	3
8.	Increase in negative emotional states (afraid, angry, guilty, ashamed, confusion).	0	1	2	3
9.	Losing interest in activities s/he enjoyed before a stressful event. Including not playing as much.	0	1	2	3
10.	Acting socially withdrawn.	0	1	2	3
11.	Reduction in showing positive feelings (being happy, having loving feelings).	0	1	2	3
12.	Being irritable. Or having angry outbursts without a good reason and taking it out on other people or things.	0	1	2	3
13.	Being overly alert or on guard.	0	1	2	3
14.	Being jumpy or easily startled.	0	1	2	3
15.	Problems with concentration.	0	1	2	3
16.	Trouble falling or staying asleep.	0	1	2	3

Please mark YES or NO if the problems you marked interfered with:

1. Getting along with others ☐Yes ☐No
2. Hobbies/Fun ☐Yes ☐No
3. School or daycare ☐Yes ☐No
4. Family relationships ☐Yes ☐No
5. General happiness ☐Yes ☐No

If two forms of assessment were developed, we would need to remember…

- Returning clients (who may have already completed the Non-Specialist assessment and received a package of supports) may need to be take the Specialist pathway, which may be a barrier to reengaging.
- The lead provider would determine the most appropriate assessment approach for a client. Would this add challenges to establishing the therapeutic relationship?
- These potential assessment approaches are based on a Western psychological methodology, and we have heard this may not feel like a good fit for all clients.
- While the proposed Non-Specialist assessment includes a more general form of diagnosis than the current Supported Assessment, it may still result in a mental health diagnosis which can be a concern for some clients.

Tailored Services

About the current services available to clients under the ISSC

The core service offered to clients under ISSC is Support to Wellbeing (talk therapy), alongside a set of Support Services.

- Talk therapy is the core approach taken, with "Support to Wellbeing" most often being up to 48 hours of talk therapy sessions (or similar therapeutic approaches) per year.
- The Support Services (Social Work, Family/Whānau, Active Liaison, and Cultural Advice) are more limited and prescriptive in number of hours and can only be accessed alongside the Support to Wellbeing sessions.
- Services must be requested by the lead provider but are then approved by ACC before being able to proceed.
- Services are focused on the individual clients, and do not work well to support a client's whānau or wider networks who are also crucial to their wellbeing.
- Progress reporting is undertaken at the same points in time throughout the year, regardless of the best time to discuss progress and check on next steps.

There is a need for ACC to offer more flexible and tailored supports to better meet the needs of individual clients.

- There is need for a more holistic and flexible approach, where clients can access the services that are most appropriate for their personal needs.
- There are service gaps and areas where needs aren't able to be met– for example, for Māori clients, rainbow clients, and male survivors .
- The sector would like ACC to trust provider's recommendations for the services that would best support their client's recovery and improve the consistency from ACC recovery teams about what is approved.
- We have had many suggestions around expanding the types of services that can be provided under ISSC (for example, sensory/bodywork approaches, peer support).
- Overall, there has been a clear preference for more choice when providing ISSC services to survivors.

How could services be offered in the future?

From	To
A prescriptive single set of supports that are the same for every client	A true multi-disciplinary approach to “Packages” of supports that can be better tailored to individual needs
48 Hours per year that can only be used for talk therapy	A fixed allocation of hours, but one that can be divided up as needed among requested services
ACC “approving” treatment approaches suggested by the provider(s)	A model where provider and client have more autonomy and flexibility to tailor supports.
Reporting measures that can be “tick box” or not useful for the client	A range of measures to help understand client progress and support continuous improvement of the service
Unclear processes for ending and restarting ISSC support	Greater focus on transition to independence, and a smoother reengagement process.

Early thinking: providing ISSC services

DESIGN CONCEPT

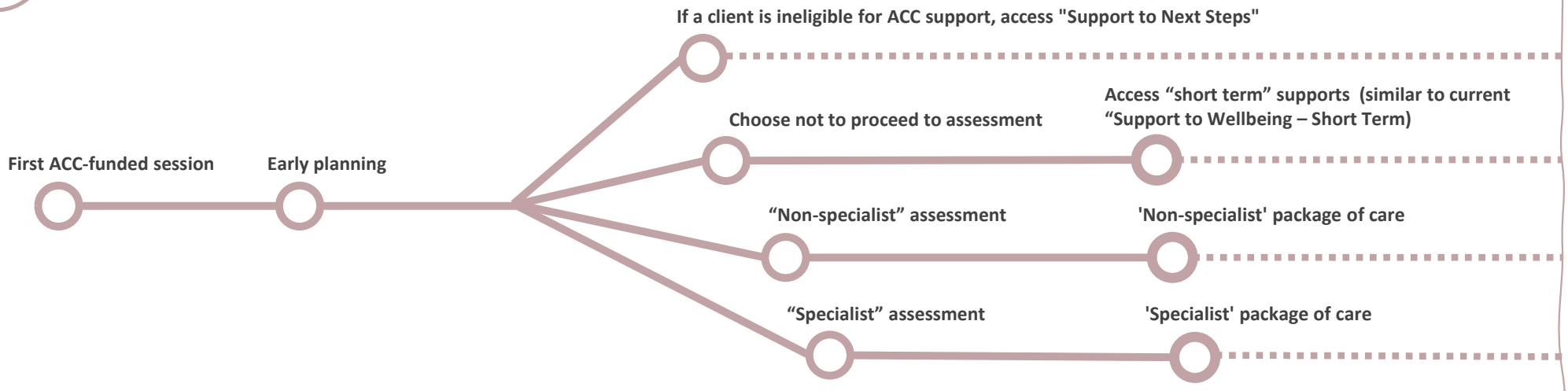
SET GOALS/DETERMINE TREATMENT	DELIVERING TREATMENT	ACC MONITORING/ CHECK-INS	TRANSITION TO INDEPENDENCE
Client and provider discuss and agree on functional goals. If goals meet ACC criteria, this establishes access to one of the timeboxed and capped packages of care. The package is based on which assessment pathway the client has engaged with. Requests for additional support can be made to ACC by the provider or client at any point in time. These will be assessed and may be approved if 'necessary and appropriate'.	Provider and client tailor treatment and support to client's individual need. Funding and facilitation of treatment plan is managed by the supplier. To support equitable access to services an additional funding package is available for those clients who experience barriers to access. To support flexibility in the recovery journey, a short top up package may be available following the non-specialist package of care if the goals have not quite been met.	Client progress, safety and satisfaction is monitored through a combination of: • Recovery check-ins at appropriate milestones • Provider progress updates • Client Patient Reported Outcome Measures (PROMS) • Itemised reporting on purchases ACC will also use data to enable monitoring of: • Clinical appropriateness • Client outcomes and experience (individual and service level) • Service performance and continuous improvement opportunities	A client's transition to independence should be planned for and supported as part of the package of care. This includes transitioning to other community or agency supports if required. Maintain Wellbeing sessions are made available to clients who have transitioned to independence. Re-engagement: A client can choose to re-engage with ACC services at any point in the process.

Early thinking: what are we aiming for?

KEY CHANGES

SET GOALS/DETERMINE TREATMENT	DELIVERING TREATMENT	ACC MONITORING/ CHECK-INS	TRANSITION TO INDEPENDENCE
Faster access to services Treatment is no longer approved on an individual basis, instead clients access pre-approved, timeboxed and capped hours. **Functional goals** Increased focus on the client achieving functional goals within a set timeframe.	**Realise a high trust, client centred, multi-disciplinary, provider led model** A model where provider and client have autonomy and flexibility to tailor treatments based on the client's individual needs. **Greater flexibility and tailoring** Focus on tailoring treatments to best support the achievement of functional goals.	**More targeted monitoring and review** Monitoring used: • to understand individual client progress across specific milestones for quality assurance • to gather evidence that will contribute to continuous improvement of the service experience.	**Greater focus on transition planning** Clearer expectations that the client's transition to independence should be planned for and supported. **Smoother re-engagement process** Minimal barriers and friction for clients who dis-engage and re-engage in treatment, no matter where in the process they are return.

Early thinking: for children and adolescents



- ACC cover is established through non-specialist or specialist assessment.
- Client works with a provider to set goals.
- ACC accepts that the goals are relevant to the injury, preapproving timeboxed, capped hours; this enables the client to gain faster, more flexible access to packages of care.
- Provider tailors' treatment package towards achieving goals and begins treatment.
- Client achieves recovery goals and transitions to independence.

Following the Non-Specialist assessment, a young person would have access to a capped package of care.

This would be a total number of hours that could be accessed at any time in childhood (up to age 16).

It would be available without a specialist assessment when a young person re-engages with services.

Note: Any tailored package of care should allow for the ability for re-engagement, reflecting the 'snacking' like approach to engagement and therapy of children and young persons. Where appropriate, re-engagement could include a short assessment and discussion of new goals. Care and protection concerns are to be addressed at initial engagement prior to supports being available.

We could improve survivor's outcomes if we changed the way services are offered

- Providing more diverse, tailored treatment options
- Reduced pressure on talk therapy, ideally reducing wait times
- Help the ISSC move towards a more holistic, outcomes-focused approach to client wellbeing, outcomes and experience via a multi-disciplinary approach.
- More choice and improved access to a range of services that can better meet a client's cultural needs.
- Streamlined access to services funded outside of ISSC, such as Rongoā Māori services.
- Flexibility to accommodate new treatment and support options as they become available.
- Increased support for whānau acknowledging the positive impact the support can have for the children's or young persons recovery.
- Increased support to children and young people when they are young, helping prevent worsening mental injury as they grow.

If we changed the way services are offered, we would need to remember...

- There may be regional discrepancies based on location of available services.
- Consider what will happen if the ISSC does not have the right services available under packages of care.
- Potential administrative burden on the reporting of multiple services.
- There may be discrepancies in access to services based on the supplier size and connection with a range of providers in different services.

Cultural safety uplift & Provider education

ACC's Vision for Cultural Safety & Competency

ACC's Raranga project recently provided new Policy and updated Guidelines on Cultural Safety across all ACC services.

'We want our clients and whānau to be welcomed into culturally safe environments where they receive appropriate and equitable health care'

As a priority, this vision seeks to improve the experiences and health outcomes for Māori, as Tiriti partners across all our services.

While ACC has committed to creating new kaupapa Māori health services, we also have a duty to ensure that clients who choose mainstream services are entering into environments where their cultural needs are respected.

Raranga is our opportunity to ensure everyone feels culturally safe in our care.

Whilst the focus of Raranga starts with Māori, cultural safety and competency is required across all cultures and communities.

ACC staff will also be on the journey with an internal focused cultural safety uplift programme.

There will be more engagement and guidance from ACC on this project over the next 12 months.

The current requirements set out under ISSC contracted services to meet this vision:

Cultural safety and competency requirements are defined via the ISSC Service Contract, Operational Guidelines and external Professional Standards

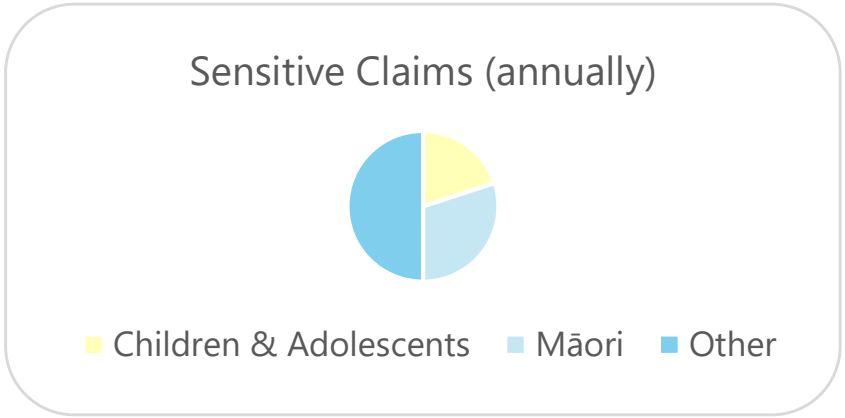
- The ISSC Service Schedule and Operational Guidelines set out the requirements for ISSC providers to be culturally responsive; recognising clients individual and diverse beliefs and values.
- Professional Bodies across our contracted providers have their own standards and accreditation processes to ensure cultural capability.

The release of the new Kawa Whakaruruhau – Cultural Policy and Guidelines is an opportunity to work with you to better understand how we can support the uplift of cultural safety across ISSC services.

What we have heard about the challenges our clients experience ...

Capacity issues are driving capability shortages; meaning client's are disadvantaged by the limited choice of providers who have availability

- The demand for sexual violence support services far outweighs availability of service providers with a growth of 19% in sensitive claims annually.
- Service demand increases mean provider choice is limited which can have a significant impact on a client's experience and ability to achieve improved health and wellbeing outcomes.
- Of Sensitive Claims made annually, 20% of clients are children and adolescents and 30% are Māori clients. There are simply not enough Mental Health Practitioners specialising in these areas, and the problem is worse for minority groups, and marginalised communities.



"Lots of people apply the culture of adults to children and there's a mismatch, and really often there's a dearth of child workers anyway. There's a real shortage up and down the country and particularly in rural areas. And we'll hear over and over again how they're just seen as little adults and so they're forced into one model that does not work for children. So developmentally we've got to get some of that part straight and the cultural elements to that."

Sexual Violence Customer Advisory Panel Member, 2022

> Being transgender and trying to find help from a counsellor who understands and knows about being a transgender is hard, been the biggest hurdle as people trigger you constantly due to discrimination.

> You see us, but view us with Pākeha lenses. You hear us but listen through a Pākeha filter.

> It was challenging to find a provider at all. I rang every single therapist in the phone book until I could find someone that could take me. This was extremely stressful as I was not well at the time.

What we have heard – the potential opportunity areas….

Improve the training and resources available to providers and staff to meet the needs of all diversities

- Provide training to ACC staff and providers to better support a Te Ao Māori approach under ISSC. Include Te Tiriti o Waitangi, Decolonisation, "Mana informed not trauma informed", Whanaungatanga that is not tokenistic.
- Include general & specialist topics e.g. Trauma and Child and Young People development.

Improve the navigation and partnership to specialist providers and workforce

- Consider partnering for training with existing and new workforce members.
- Provide navigation support, online education and awareness, and using other skilled and knowledgeable professionals e.g., Rongoa Māori providers and navigators, Mental Health nurses etc.

Standardise cultural competency requirements

- Mandate understanding of Te Tiriti o Waitangi and cultural competency as a prerequisite for being registered as a Provider within ISSC.
- Establish a Taumata Group to standardise, assess and regulate cultural competency and supervision for Suppliers/Providers working within ISSC

Improve provider education via practical support and on-boarding

- Support the training, upskilling, and professional development of the existing ISSC workforce and of newly trained providers.
- Webinars to ask specific questions about ACC. Recorded webinars on the paperwork/reporting /invoicing side of things that providers can access anytime

Opportunities to Support Cultural Uplift

Elevating what we have …

How might we increase the use of the existing ISSC funded Support Service: Cultural Support and Advice?

As part of the ISSC service, the Lead Provider can request Cultural Support and Advice to address cultural barriers which may include:

- Facilitating access to culturally relevant social services and supports
- Facilitating connectivity to cultural community networks
- Addressing the culturally specific spiritual or holistic aspects of healing

On average only 2-3 Cultural Support and Advice sessions are used per claim

Some other ideas…

Centralised Resource Hub

ISSC specific Provider on-Boarding

Secondary contracts for specialist providers

We look forward to meeting you and finding out your thoughts on Front Door, Streamlining the Assessment process, Tailored Services (creating more flexible service offering for everyone), Cultural Safety Uplift & Provider Education:

- What you like ...
- What you wish ....
- What you wonder ....