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ISSC EVOLUTION | QUESTIONS AND ANSWERS June 2023

In May 2023, as part of ACC's evolution of the Integrated Services for Sensitive Claims (ISSC), we engaged with a range of key stakeholders across 22 sessions in 15 locations throughout New Zealand, and 4 virtual sessions.

During these sessions, we provided an overview of the work undertaken to date and sought your feedback on four key areas that are in the early design stage for the potential new ISSC service. The four areas were:

1. Front Door
2. Assessment
3. Tailored Services
4. Cultural Safety and Provider Education.

What was discussed were ideas that we are currently exploring, they are not definite changes to ISSC. It was important that we could gather feedback while we're still in the early stages of this work.

Participants were invited to provide written feedback throughout the sessions using I like, I wish, and I wonder to frame their feedback. Through this process questions were gathered or identified through the written feedback. This document captures and responds to those questions. This is not intended as an exhaustive list of all the questions that were received throughout the sessions.

Separately, a summary of the feedback we heard and gathered will be available before the end of July 2023. This will be available at Evolving the Integrated Services for Sensitive Claims (acc.co.nz)

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Front Door

We're partnering with Whakarongorau Aotearoa // New Zealand Telehealth Services to develop a more effective 'front door' or entry way into the sexual violence system and the ISSC. Whakarongorau will work with us over the next 12 months to design a single point of access for sexual abuse survivors to access help and support, including a supported pathway to access ISSC.

How will the Front Door Service be designed and delivered, and when is it expected to go live?

We have engaged Whakarongorau to work with us over the next 12 months (until June 2024) to design a single-entry point for sexual abuse survivors to access help and support, including a supported pathway to access our sensitive claim services.

Whakarongorau operates Safe to talk, the Ministry of Social Development funded national, free, 24/7 sexual harm support service that enables people affected by sexual harm to get advice and support from trained specialists and to be connected to support services in their community. The service offers support via text, webchat, phone, SMS, email and via www.safetotalk.nz.

This provides an exciting opportunity to look at how we can create a pathway into ISSC through Safe to talk as the existing national sexual harm service.

Currently, Whakarongorau is in the research and discovery phase of this initiative. Then, between November 2023 and June 2024, they will begin designing and engaging on the proposed solution and incorporating feedback from key stakeholder groups. Following the design period, further work will be undertaken to determine the best solution to take forward to develop and implement. A ‘go live’ date will be set once that solution is determined.

Until a new solution is ready to implement, Find Support will continue to be available.

Will the ‘front door’ be available 24/7’?

Yes, our plan is for the ‘front door’ to be available 24/7.

If we proceed to leverage ‘Safe to talk’, the existing National Sexual Violence Helpline, this is already a 24/7 service. We are exploring the opportunity to add a specific pathway to ISSC through Safe to talk.

Safe to talk is available nationwide to provide 24/7 access to free and confidential information and support to people affected by sexual harm in any way. Safe to talk enables people to get advice and support from trained specialists and to be connected to support services in their community. When launched, this was the first-time people affected by sexual harm were able to seek help anonymously at any time from one central place.

Will the ‘front door’ have clinically trained people (in sexual violence)?

Yes, the intent is that the ‘front door’ would have trained specialists.

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Could individuals on a waitlist receive short term support through ISSC?

As part of the design phase, we are looking at what other supports (like the use of digital tools) could be made available for people whilst on a waitlist.

They would not be able to access 'short term' supports as described and available under the ISSC whilst on a waitlist. Short term supports can only be accessed once a claim has been lodged with ACC.

Where will ACC find resourcing for the 'front door'?

At this stage, we have engaged Whakarongorau to work with us over the next 12 months (until June 2024) to design a 'front door' solution.

Following the design period, further work will be undertaken to determine the best solution to take forward to develop and implement. It is expected that the implementation and delivery of a 'front door' solution will be set up as a standalone service outside of the ISSC contract.

Will survivors be able to directly approach an ISSC supplier if they prefer (rather than going through the 'front door')?

Yes, survivors will continue to be able to contact a supplier directly if they would prefer to do so rather than coming through the 'front door'.

What would happen if the person said they needed more support whilst they waited and what could be offered?

This question will be considered further as part of the design work underway.

By using Safe to talk as the entry point to the sexual violence system, survivors may be connected to other services and supports (outside of ACC) while waiting to see a therapist through the ISSC.

As part of the design, we will also be looking at what other supports (like Digital Tools) could be made available for people whilst on a waitlist.

How can we support transient clients, who call once but then don't call back or are non-contactable?

As part of the first phase of work we will be working with Whakarongorau to understand entry points into the system and how we can ensure equity of access.

How will the 'single' access point for initial enquiries fit with localised Kaupapa Māori solutions?

The proposed 'front door' solution is not intended as the sole entry point into services, rather an option for survivors to access (with the intention to replace the existing Find Support website).

How could a call centre be able to hold a client in crisis for a long period of time?

Safe to talk is a national sexual violence helpline rather than a call centre.

Safe to talk is a free, 24/7 sexual harm support service that enables people affected by sexual harm to get advice and support from trained specialists and to be connected to

support services in their community. The service offers support via text, webchat, phone, SMS, email and via www.safetotalk.nz.

The intent of Safe to talk is not to 'hold' a client for a long period of time, rather they can refer a client to a specialist service in their area (e.g., a sexual harm crisis support service).

When will support services available through Kaupapa Māori providers be visible within ACC, will there be a Māori door?

In partnership with Māori, we're developing a new ACC pathway called kaupapa Māori solutions. This pathway will provide whānau with choice across injury prevention, hauora (health) and rehabilitation.

We want to meet specific needs, improve the experience of ACC through culturally appropriate care and enable equitable health outcomes for whānau. We're seeking to achieve this through Māori-led, regionally based approaches that embrace local mātauranga.

We will be appointing design panels of kaupapa Māori specialists to design these initiatives and services in 12 rohe (regions) across Aotearoa. Each rohe will have its own needs, so each service will be designed independently of one another.

Panels have now been appointed to design pathways for Tranche 1 (Tainui waka rohe) and Tranche 2 (Te Tai Tokerau and Tamaki Makaurau rohe).

To stay updated on this work, visit Kaupapa Māori solutions (acc.co.nz).

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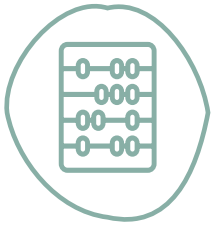
Assessment



We're exploring how we can streamline the assessment process for sensitive claims clients in a way that doesn't always require them to re-tell their story and enables them to move into treatment and supports much quicker. The idea is to see if we can create two different forms of assessment based on individual survivor need: a Specialist Assessment and a Non-Specialist Assessment.

Will all lead providers be able to do the Non-Specialist Assessment?

Yes, if this change makes it in the final design of the new ISSC service, the intention is to ensure that all lead providers would be able to undertake the Non-Specialist Assessment with their clients.

Could a sensitive claim be declined following only undertaking the Non-Specialist Assessment?

No, the current indication if a Non-Specialist Assessment option is progressed through final service design, a claim would not be declined based only on the Non-Specialist Assessment. If a client does not meet criteria under the Non-Specialist Assessment, ACC would offer a Specialist Assessment to ensure all possible information was appropriately considered. The only exceptions to this would be if the client did not meet the criteria for ACC support at all (for example, if the events happened while the client was not ordinarily resident in New Zealand).

Does the Non-Specialist Assessment approach mean that a causal link to Schedule 3 events will not be required?

If the Non-Specialist Assessment is implemented as part of final design decision, a causal link to Schedule 3 events will still be required as part of that assessment approach, and an explicit question around this causal link will be included for providers to complete.

Will training and support be given to help providers understand what is needed from the Non-Specialist Assessment?

Yes, if we proceed with implementing the Non-Specialist Assessment, training and support will be provided.

We are working through the details of this as part of detailed design, but examples of what we are considering include: exemplars of completed assessments; training modules for providers to complete as part of the contract go-live; resources and guidance that providers can access at any time post contract go-live to help work through a particular client's situation and determine the best approach for them; and helpline/contact methods to connect with ACC's Psychology Advisor team for advice and support.

Will medical notes be required to undertake the Non-Specialist Assessment?

If we proceed with implementing the Non-Specialist Assessment, it will not necessarily be a requirement to have medical notes to complete the Non-Specialist Assessment. These details will be worked out in the next phase of the design process.

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What will the differences be in the services and supports that can be accessed following each assessment approach?

It is proposed that different packages of care are made available, which package a client can access is dependent on what pathway is chosen – non-specialist assessment, specialist assessment, support to wellbeing (short term), support for next steps.

The detail of each pathway and the 'packages' available are still being determined.

If a client goes through a Non-Specialist Assessment and it is later determined that a Specialist Assessment would be more appropriate, can the client access Specialist Assessment at any time?

Yes, it is intended that a client could access the Specialist Assessment at any time via a request to ACC.

What will the Non-Specialist Assessment look like for children?

This is currently being explored as part of the detailed design phase.

What happens to clients whose claim is declined following assessment?

The process would remain the same to what is currently available under ISSC.

If, following assessment, ACC is unable to confirm the presence of a mental injury caused by sexual abuse (and therefore must decline the claim for cover), the client can access 'Support to Next Steps' to work with their provider to find non-ACC support services to transition to.

Why has a trauma-focused screening tool been used for the Non-Specialist Assessment?

We are currently considering the Impact of Events Scale –Revised (IES-R) as the screening tool for the Non-Specialist Assessment.

Current ACC data indicates that trauma-related injuries make up most of the injuries covered following a Supported Assessment. Therefore, an assessment method is being considered that has strengths in identifying trauma symptoms, to ensure it is appropriate for the widest range of potential clients.

We are also exploring what tool would be appropriate to use for children and young people.

Could the Non-Specialist Assessment be completed by areas outside of ISSC (such as the proposed 'front door', or the SAATS service)?

No, we are not considering having the Non-Specialist Assessment completed outside of the ISSC contract.

Could the Non-Specialist Assessment be completed online?

This will need to be fully considered as part of detailed design, but in cases where telehealth services have been considered clinically appropriate for a client, we are exploring if the Non-Specialist Assessment (and assessment in general) could be conducted online.

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What processes will be in place to ensure the assessment approaches are used appropriately and/or ensure the quality of the reports received?

Our plan is to provide effective training and support to ensure suppliers and providers are equipped to determined appropriate assessment pathways and provide quality reporting. As part of this we are also looking at the role of suppliers in relation to the areas presented as part of this engagement.

Through the design process, we are exploring how we can best monitor the uptake of the different assessment approaches to follow up on patterns or trends that might show a potential issue (for example, every client from a provider/supplier always going through Non-Specialist Assessment and then further requires a Specialist Assessment). This information could then inform performance monitoring conversations between ACC and the supplier.

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Tailored Services

We're exploring developing more flexible and tailored supports to better meet the needs of individual clients. It is proposed that a client and provider will tailor the package of care to ensure that the mix of supports and treatments will best support the client to achieve their goals. The supports and treatments available under the packages of care is to be determined through the design process.

What will happen if a package of care ends and there are still unmet client needs?

This is currently being investigated as part of the detailed design phase. The current indication is if entitlement(s) outside of the package of care is requested, further information or assessment may be requested to establish that the supports are necessary and appropriate.

What will happen if a client's needs change once a package of care has been agreed on?

As part of the detailed design phase, this is being further explored. Early indication may involve a review of the goals and treatment to identify if any supports in place need adjusting, increasing, or decreasing the frequency or duration of support, or exploring alternative supports that better address the change in need(s).

What will packages of care look like for children and young people?

The details are being considered and developed through the detailed design of tailored services, but we recognise that greater flexibility is required to reflect the changing needs of children and young people and their whānau due to developmental changes.

Children and young people frequently enter and exit therapy and services as their needs change, and we are looking at ways to minimise the barriers for them to enter and exit services as needed.

What holistic care options are being considered?

It is proposed that tailored services focus on a holistic, outcomes-focused approach to client wellbeing, which can involve the use of multi-disciplinary teams to support the client to achieve their goals.

We are looking to enable the ability for a client and provider to tailor the package of care to ensure that the mix of supports and treatments will best support the client to achieve their goals. The supports and treatments available under the packages of care is to be determined through the design process.

What will the roles and responsibilities be of providers, suppliers, and ACC for tailored services?

The roles and responsibilities of suppliers, providers and ACC will be defined once the design for tailored services is confirmed.

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Will there be a central point of contact for a multi-disciplinary team?

We are still working through how a multi-disciplinary approach might be able to be used within the ISSC and as part of the tailored services concept, and the role of a lead provider.

Will training and support be given to help providers understand packages of care and what services are available?

With any changes that are taken forward as part of this work, training and support will be made available for suppliers and providers as part of implementation of the new contract.

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Cultural Safety and Provider Education

We are exploring how we can support providers to deliver a culturally safe service for all survivors. For example, how can we improve the training and resources available to providers and staff to meet the needs of all diversities? How can we improve the navigation and partnership to specialist providers and workforce? How can we improve provider education via practical support and onboarding?

Does ACC know what is already available in the cultural safety space?

We have been working on ways to better understand both the cultural needs of our clients and our providers (through working groups, provider and survivor surveys, Quarterly Conversations, and face-to-face engagements).

We want to keep building this understanding by working with our providers, communities, and other government agencies. We are progressing this work to get a clearer understanding of what supports are already available and where the gaps are.

Do you recognise Pakeha who have extensive cultural training?

All providers are recognised for their skills in cultural safety and competency and the way those skills support the cultural needs of their clients.

Can we get training as non-Māori providers?

Yes, it is important to ACC that all providers meet the cultural needs of their clients, and while ethnicity is a factor in meeting those needs, consideration also needs to be given to identity and background.

We expect all providers to seek training and to upskill to ensure they meet the cultural safety and competency outlined under the ISSC Service Schedule, as well as those set out by relevant professional bodies and associations.

The recent release of Kawa Whakaruruhau (Cultural Safety), ACC's new policy for providers, is focused on delivering culturally appropriate care. It also provides guidance on training expectations which are the responsibility of the provider to meet.

Kawa Whakaruruhau should be read in conjunction with Te Whānau Māori me ō mahi: Guidance on Māori Cultural Competencies for Providers. This guidance outlines expectations for suppliers and providers supporting kiritaki (Māori clients), whānau and communities.

Can ACC ensure care is given to language (Kopu)?

We are working on a project to review and update the language used in relation to ISSC services.

Can the ISSC engagement form be more inclusive e.g., culture/gender identity?

ACC is reviewing the forms and information sheets used across the organisation including the ISSC engagement form. We are aware of the need to make our forms more inclusive and representative of diversity.

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Can cultural advice and support be made available to other providers, not just the lead provider?

Currently, as per the ISSC Operational Guidelines, the lead provider can request funding for cultural support and advice to engage an appropriate person in the community to facilitate the removal of cultural barriers to a client's recovery.

We are looking at all the support services currently available under the ISSC and are considering changes to how this can be accessed in relation to other proposed changes.

Can active liaison hours be used for seeking cultural advice and support?

No. Active liaison is for co-ordinating key activities that support a client's rehabilitation, such as cross-sector inter-agency meetings e.g., NZ Police, Oranga Tamariki, Clients GP. Active liaison can be used for time spent with a provider who has been engaged to deliver cultural support and advice but not for identifying an appropriate third party to provide cultural support and advice.

Are suppliers expected to provide training or is this a role of professional bodies?

Currently, the roles and responsibilities of suppliers and providers under the ISSC are set out in the ISSC Operational Guidelines. This sets out that suppliers are expected to train new providers on the contract, and providers are required to inform their supplier of any training requirements they have (and the supplier can help facilitate access to the necessary training). The roles and responsibilities of Suppliers and Providers are being reviewed as part of the work underway and in relation to other proposed changes.

Why can't I, as a supplier, provide cultural support to members of my own team?

As per the ISSC Operational Guidelines, the intent of cultural support and advice is to allow a lead provider to engage with an 'appropriate third party' to support them to facilitate the removal of cultural barriers to a client's recovery.

As a supplier, you could provide cultural support to providers under your contract, but this would not be funded under cultural support and advice of the contract.

Can client's access Rongoā and Mirimiri services?

Yes, clients with an accepted ISSC claim can access Rongoā Māori (traditional Māori healing) by approaching their ACC Recovery Partner or Assisted Recovery for approval. This is managed outside of the ISSC and is funded separately. Clients or their lead provider can identify which Rongoā practitioner they would like to seek care from in their request to ACC.

For more information about Rongoā Māori, including a list of practitioners who are registered to deliver services for ACC clients, refer to our website Using rongoā Māori services (acc.co.nz)

I regularly seek cultural supervision for ACC clients but have been informed that I cannot claim for this via ACC. Is this correct?

Yes, supervision (cultural or general) is part of the expectations set out under professional bodies for providers to meet the diverse needs of the clients they support.

Cultural support and advice is not intended to replace cultural supervision for a provider. The distinction between cultural supervision and cultural support and advice is:

1. Cultural supervision is intended to increase a provider's cultural competency in general.
2. Cultural support and advice is relevant to a specific client and focusses on the removal of cultural barriers and alignment to treatment goals to increase the effectiveness of therapy.

Are there any services like Special Rehabilitation Services that are Māori only?

Whilst ACC fund services that attend to specific world views, such as Rongoā Māori services, ACC does not restrict access to any clients if they have a covered claim and are entitled to services that address the covered injury.

Can cultural support and advice be available across all ACC contracts?

The ISSC Evolution work has a specific focus on changes that we can make to the ISSC.

Consideration of changes to other ACC contracts needs to be considered in the context of each of the services and contracts and is outside the scope of this work.

What is the current process to access cultural support and advice under the ISSC?

The lead provider can request funding (up to 10 hours over a 12-month period) for cultural support and advice to engage an appropriate person in the community determined to have the right level of stature within that community and expertise necessary to facilitate the removal of cultural barriers to a client's recovery.

Cultural support and advice requires prior approval. The lead provider must consult with ACC when determining the need for cultural support and advice. The lead provider will need to provide the following information to ACC:

1. Relevant background information on the proposed provider of cultural support and advice, including why they are suitable to provide cultural support and advice.
2. Rationale for requiring cultural support and advice, including details of the cultural barriers to be overcome and alignment to any treatment goals.

Further information is available in the ISSC Operational Guidelines.