Helping to shape the future of Integrated Services for Sensitive Claims (ISSC)

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

Summary of feedback

Engagement Sessions held May 2023

July 2023

Background

During May 2023, as part of our efforts to evolve the Integrated Services for Sensitive Claims (ISSC), ACC engaged with a range of key stakeholders across 22 sessions in 15 locations throughout New Zealand, and 4 virtual sessions.

The sessions provided a recap of the work undertaken to date, then focused on four key areas we're currently exploring:


Front of House


Assessment


Tailored Services


Cultural Safety / Provider Education

We shared potential solutions/ideas in these areas, not definite changes to the future ISSC. We wanted to hear your thoughts while we're in the early stages of the work.

Following discussion at each session, participants were asked to submit their feedback using the below framework:

I like

I wish

I wonder

We received over 2,000 pieces of written feedback through these sessions. This document provides a summary of the feedback we received.

Current state insights

and other feedback

We heard general feedback about workforce

Pay rates differing by provider type

We heard requests to increase pay rates for ISSC providers, and some scepticism toward the different pay rates for counsellors, psychotherapists, psychologists, etc.

You told us that providers doing the same work should be paid the same rate. On the other hand, we were also told that it is important that pay recognises the different skills and qualifications of different types of providers.

You asked us to allow more ISSC work to be chargeable.

Becoming an ISSC Supplier or Service Provider

We heard that it needs to be easier to sign up as a supplier or a provider with ACC under the ISSC contract.

You told us that the new tender and application process in 2024 needs to be easier and faster, and that it could include more incentive for providers and suppliers to sign up.

You asked us to make the contract easier to understand and improve onboarding processes for new suppliers and providers.

Provider criteria and requirements

We heard mixed feedback about ACC's criteria for therapists becoming an ISSC provider.

Some told us that ACC should make it easier for therapists to become providers, suggesting that we remove the need for providers to have two years' experience working in sexual violence. Others told us that ACC needs to add more requirements, such as the need for sexual harm and trauma training.

You asked us to broaden the types of professions that could provide services, such as mental health nurses.

You also asked us to reconsider fortnightly supervision requirements, particularly for providers who work part time.

The need for more providers

We heard about the need for more providers.

You told us that the workforce delivering Sensitive Claim services needs to be bigger and more specialised so that clients can choose a provider that best meets their needs.

You asked us to focus on long-term solutions to workforce shortages.

Improving the pipeline of Māori practitioners

We heard a lot of feedback about the need for more Māori providers.

You told us that the pipeline of Māori therapists needs to be improved and that some regions have a greater need for more Māori therapists than others.

You asked us to consider how ACC can influence an increase in Māori mental health practitioners.

Greater diversity in the workforce providing support services

We heard there are opportunities to provide better support services to clients by having a more diverse workforce.

You told us that by having a more diverse workforce there would be greater understanding of different cultures and identities.

You asked that greater consideration be put into developing the workforce. The specific examples given were about better meeting the needs of Māori, people with disabilities, and ethnic communities.

We heard feedback about how the ISSC currently works

Creating awareness of available services

We heard that it can be challenging for people to find information about the services and providers available in each region.

You asked for a list of services that clients could access under the ISSC, and information about available Māori providers, ethnic providers, and providers with specific specialist areas.

FindSupport.co.nz and the ACC website can be challenging to navigate

We heard support for the recent improvements to the Find Support website, though acknowledge that it could be more user friendly and does not appropriately support clients to access what they need.

You told us that Find Support and the ACC website could be easier to navigate and more visually attractive.

Promoting Sensitive Claims

We heard ideas about advertising the ISSC.

You told us that there could be television adverts and promotional campaigns that create awareness of sexual violence support funded by ACC.

You asked for careful consideration about the impacts of potential advertising and promotion, as there was some concern that this could put greater pressure on already constrained workforce capacity.

Implementing changes to the ISSC in 2024 and 2025

We heard positive feedback about the overarching ideas presented to you during our sessions together and we received a lot of valuable feedback about how the ideas can be better shaped.

You told us that it will be important to ensure there are appropriate feedback loops to create awareness of what is and is not working.

You asked for a review of the changes once they are implemented. This review could then tell us if the investments in Sensitive Claims are meeting the intentions of the changes being made.

Suppliers experience difficulties managing high volumes of referrals

We heard about the different ways suppliers manage referrals and waitlists, and the associated challenges suppliers experience with this.

You told us about some of the frustrations with how ACC sends referrals to suppliers; the volume of those requests; the lack of information on the request; and delays in hearing back from us in relation to the referral.

You asked us to consider creating clear pathways for people to access support through ACC.

More client-centric communications and softer tone and language

We heard about potential confusion caused by the words and acronyms across ACC websites and communications to clients.

You told us that there needs to be greater care taken when communicating with clients to avoid disturbance or further traumatisation, and that this is particularly important for the first time ACC contacts a client.

You asked us, where possible, to use verbal communication rather than, or alongside, written communication.

We heard feedback about how the ISSC currently works

Influencing greater integration with other government agencies

We heard that services funded under ACC and MSD could better complement one another.

You told us that the sexual violence system needs to be better integrated and there could be an opportunity for better communication across different government agencies.

You asked if there was opportunity for more information sharing between systems and databases across government agencies e.g., ACC, Corrections, Te Whatu Ora. You also asked for a flow chart or diagram that helps people understand the services funded by different agencies.

ACC legislation

We heard that providers want the definition of a 'Schedule 3' event to be broader.

You told us that non-sexual violence should be covered by the act, and that a broader definition of sexual abuse is needed.

Limitations regarding provider travel and Territorial Local Authorities (TLAs)

We heard about the provider scarcity in some regions creating a greater need for travel beyond TLAs.

You told us about some areas where providers need to travel more, requiring more mileage reimbursement, and that some of the TLA rules do not enable this.

You asked for greater flexibility when it comes to travel.

Improving ACC's processes

We heard about opportunities to improve how things work from ACC's end within the ISSC, such as answering calls faster and more consistent decision-making across recovery teams.

You told us that direct access to psychology advisors would be helpful, whether that be through a helpline or live chat.

You asked us for a child protection policy.

You can find information about ACC's Children's Worker Safety Checks here.

Recovery teams at ACC

We heard that there could be greater consistency from recovery partners who are approving requests made by providers for additional support services.

You told us about a need for more knowledge of regional differences to improve the handling of claims and requests for services. You told us there was a need for recovery teams to be better trained to understand cultural requirements and to meet the needs of clients with trauma.

You asked us for more succinct and consistent communication to providers.

Preventing sexual violence

We heard that fewer people would need a sensitive claim if there was more preventative action.

You told us about the need to prevent sexual violence, focussing on areas such as consent, healthy communities, and family/whānau.

You asked ACC to do more to discourage sexual abuse.

You can find information about Violence Prevention at ACC here.

Focus Area 1

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 central point of access for sexual abuse survivors to access help and support, including a supported pathway to access ISSC.

We shared the concept of a new front door

We heard about the challenges when entering and accessing ISSC services

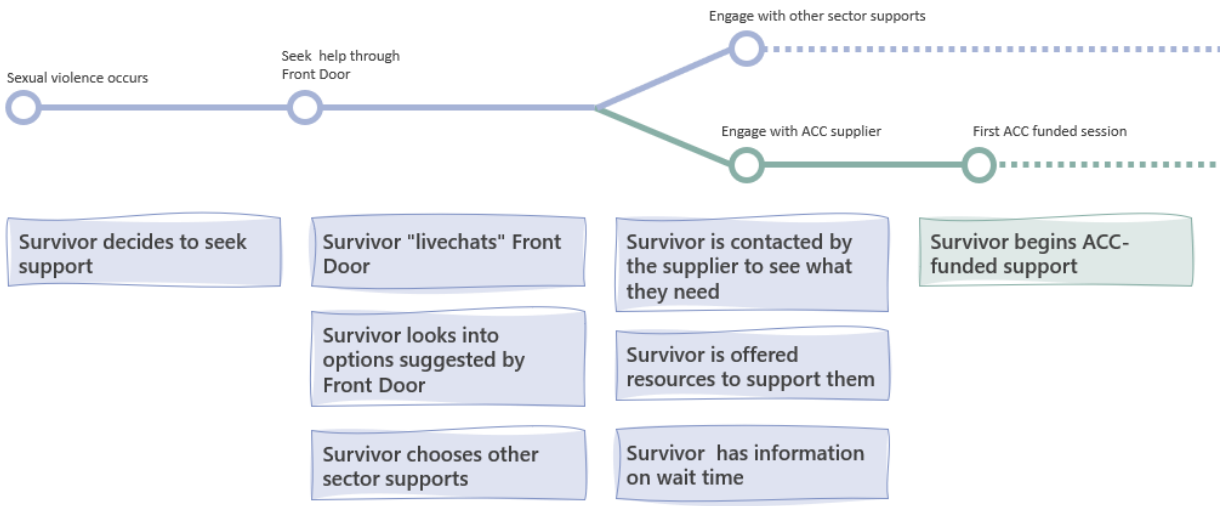
- Wait times are a barrier for survivors trying to access support services
- It can be challenging for survivors to find information, and the information available is inconsistent
- Managing waitlists can be challenging for supplier organisations
- Survivors of sexual violence need support sooner
- Sometimes the support that's available is not the support survivors want or need

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 ISSC.

The key areas we are considering through this work are:

1. Central entry point
2. Greater understanding of provider availability
3. A consistent, easier way to manage waitlists

An example of what the front door could look like



What this could mean

Survivors could access help and support through a website or centralised number.

Greater visibility of providers available to provide ISSC support services.

Reduction in the administrative workload relating to referrals and waitlists, and provider availability.

Survivors would feel heard and supported right from the very first contact (after taking the step to reach out for support).

Greater visibility of the geographical gaps of service providers across the motu

Survivors can make informed choices with access to information about the available services.

A more connected and integrated service response

Survivors could talk with a trained person

Survivors can access a range of digital resources for more support.

If survivors are placed on a waitlist for ISSC support, they could remain in contact with the Front Door until their provider becomes available

We could understand the true number of survivors waiting to access support through ISSC

Survivors 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.

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.

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

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

What you told us through the feedback

It's important to ensure the survivor and their needs are front and centre when developing a front door

We heard that you liked ACC's acknowledgement that not everyone is ready for or wants talk therapy and that other services might be needed. You supported the intent of the front door to empower survivors and give them some control over the process.

You told us that you wanted survivors to:

- be supported and empowered from the moment they reach out for help and support.
- find help and support with one phone call or email.
- be supported to find the right provider.

You asked us to consider how we can ensure the confidentiality and privacy of survivors contacting the front door.

> "I like that clients can get information about the support they need, not necessarily being propelled towards therapy."

Having one place to go to access information, help and support

We heard that you liked the idea of having a single-entry point using Safe to talk that connects to real people that can provide information and access to supports.

You told us that you wanted to ensure another layer of bureaucracy is not added and that people are not re-traumatised when they contact the front door.

You asked us to consider:

- What a warm handover process would look and feel like for a client.
- Ensure the front door will be welcoming and safe for all – that people feel well cared for and looked after.
- Whether everyone should come via the front door.

> "I like the idea of one entry point, someone to support/keep in contact with survivors whilst they wait and help to connect people with the most appropriate provider."

Ensuring that the new service and ACC supports are well advertised and promoted

We heard that you liked the idea of one place to find information on available services and resources.

You told us that you wanted:

- The service to be more clearly advertised and promoted so survivors can find it and use it.
- More information about what services are available.
- Greater awareness of ISSC and that funding exists to help.

You asked us to consider how we can help people know what is available and create resources that could be given to survivors and whānau.

> "I wish that the availability of sensitive claim services was even more widely known."

What you told us through the feedback

The front door is easy to access for everyone

We heard that you liked the multiple options available to connect with the front door: live chat, phone, email, text – this caters to a wide range of people.

You told us that it needs to be accessible for everyone.

You asked us to consider:

- how to enable those who have barriers to access (literacy, no or limited English, disabilities, no access to technology).
- how it would work for people that do not want to interact with an 'online service'.
- whether navigators could be used, and if the front door could be physical as well.
- how equity of access could be achieved.

> "I wonder how to enable those who have barriers to access the ability to access the front door?"

The importance of having an appropriate workforce behind the front door

We heard that you liked the idea of an 'alternate' third party being behind the front door, rather than ACC, with trained staff experienced in supporting survivors.

You told us that you wanted exceptional 'real' people on the front door who are warm, empathetic, trauma informed and consistent in the information they provide.

You asked us to consider:

- if there are enough skilled staff to handle the volume of people seeking support.
- ensuring the staff on the front door are culturally responsive.
- how social workers and mental health nurses could be utilised at the front door to provide initial support.

> "I wonder who will be behind the front door – will they be clinically trained, and trauma informed?"

Would like to see a form of 'triage' to understand a client's needs

We heard that you would like a form of triage system to identify a person's current needs and that this happens before being matched with a provider.

You told us that you wanted to:

- know the level of complexity of a client's need before agreeing to see a client.
- be part of the initial call to confirm that the survivor has a sensitive claim (confirming that there is a schedule 3 event, ordinarily resident etc) before accepting a referral.

You asked us to consider if:

- a system could be developed to triage clients with more urgent needs.
- we could triage by need, and if this would be a good process.

> "I wish I could know the level of complexity of a client's needs before agreeing to see them."

What you told us through the feedback

Highlighted the importance of client choice and the 'right match' with a provider

We heard that you liked that a conversation can happen to look to match a client with a provider right from the start.

You told us that you would like clients to be offered choice of therapist to engage with, but worried due to capacity constraints people will settle for who they could get (rather than the right match).

You asked us to consider:

- the level of information that would be required to inform matching a client with a provider.
- how it will be decided which supplier a referral would go to, and would suppliers retain autonomy to decide who they took on.
- how it would work when a client moved or wanted to change supplier/provider.
- how suppliers/providers would be funded to interact with the front door.

> "I like the idea of clients and therapists being well matched as relationships are key."

A centralised waitlist with regular contact and access to supports

We heard that you liked the waitlist concept through the front door allowing increased visibility of people seeking support and actual wait times. You liked that people could be 'held gently' whilst waiting to see a provider with access to digital supports.

You told us that you would like to see more supports available whilst people waited, including to reduce the barriers to engage in therapy.

You asked us to consider:

- if clients could have visibility to see where they were on the waitlist (beginning, middle, end).
- provision of short-term services, or short education packages before a client engages in therapy.
- who would hold the clinical responsibility when someone engages the front door and is on a wait list.
- how risk would be managed.

> "I like that ACC recognises the issues with waitlists and is looking to gain a better understanding of capacity and wait times and offer regular check-ins."

Having visibility of capacity will help more effectively match clients with providers with availability

We heard that availability is complex with suppliers needing to consider overall workload and risk management, but you liked that we are trying to find solutions to overcome the problem.

You told us that you wanted:

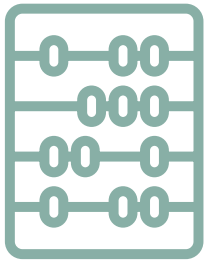
- A 'live' system that would be easy to access and update showing availability in real time
- A simple system that does not require much effort from suppliers to update.
- Information the public can access, and a separate portal for ACC and suppliers/providers.

You asked us to consider:

- What would be required from suppliers to support this, and how it will work where providers work across multiple suppliers.

> "I like the idea of ACC tracking provider availability – helps people seeking services to know who to contact and gives providers more time to see people (instead of responding to requests)."

Focus Area 2



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.

We shared our early thinking on the assessment process

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

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
- 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

Early thinking on what the future assessment process could look like

Non-Specialist Assessment

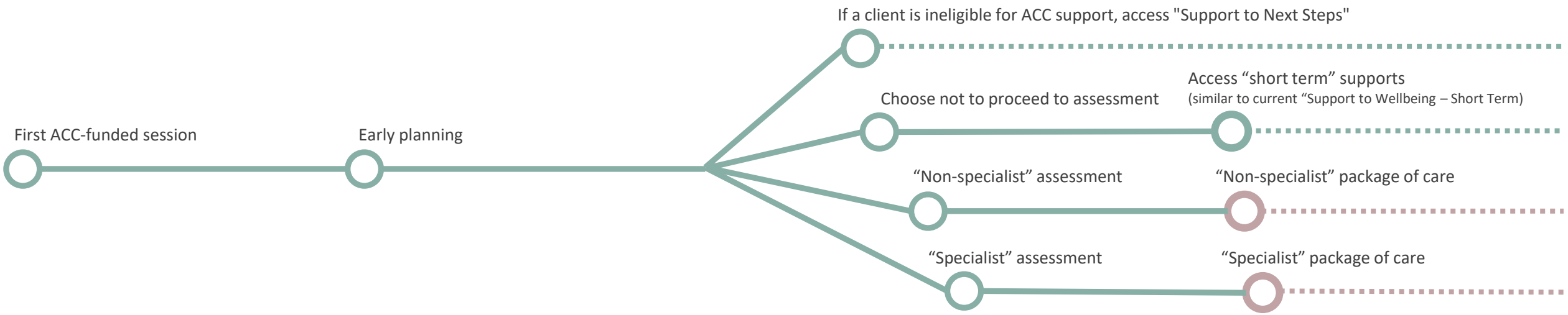
- The lead provider could determine if it is clinically appropriate for them to complete a non-specialist assessment
- The lead provider could complete a report early in the client's engagement that provided ACC with the answers to core cover criteria, a question to confirm causation, and the completion of an IES-R questionnaire
- The non-specialist assessment could include the IES-R, a brief psychological tool to identify the presence of trauma symptoms linked to particular events

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, then they would utilise the "Specialist" assessment pathway
- This would be similar to the existing Supported Assessment
- Once a client has cover, they could access a standard 'package of supports'. Further entitlements outside of the package can be requested if needed, but may require further investigation and assessment by ACC

We shared our early thinking on the assessment process

An example of what two forms of assessment could look like



What this could mean....

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

- The lead provider would determine the most appropriate assessment approach for a client. Would this add challenges to establishing the therapeutic relationship?
- Returning clients (who may have already completed the Non-Specialist assessment and received a package of supports) may need to take the Specialist pathway, which may be a barrier to reengaging.
- While the proposed Non-Specialist assessment includes a more general form of diagnosis than the current Supported Assessment, it does still result in a mental health diagnosis which can be a concern for some clients.
- 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.

What you told us through the feedback

This feels like a kinder and more flexible approach to assessing clients for cover

We heard that the proposed assessment changes sounded more client-led, and that it was the right direction to providing more choice to the client and reducing the need for them to re-tell their story.

You told us that:

- the assessment process needed to be less taxing and intrusive for clients.
- the decision about which approach to take needed to sit with the client, supported appropriately by their provider.
- any assessment should start by taking the view that a client was engaging in the ISSC system because they needed to be there.

You asked us to consider what alternatives may exist to verbal history taking/assessment for those who may struggle with that approach.

> "I like that the focus will be on key information needed rather than the quantity of information."

It is a huge improvement to not always need a strict diagnosis, but we must consider possible risk

We heard support for the idea of not always requiring an exact Diagnostic and Statistical Manual of Mental Disorders (DSM) or similar diagnosis, but that we needed to ensure the right support was in place so that those clients who may really benefit from that level of specific diagnosis could access the right assessment.

You told us that:

- it was important to ensure that the screening tools could provide enough clarity about the client's presentation.
- we needed to be careful around the risk of potentially missing a complex presentation or misattributing injury symptoms to the wrong cause.

You asked us to consider whether the proposed screening tool could assess the necessary range of potential clients, and how best to minimise the risks of a briefer assessment process.

> "I wonder about the risk of missing complexity of clients by using the Non-Specialist Assessment."

Questioned the potential impacts of this change on treatment recommendations & entitlements

We heard that it was a good idea to combine assessments wherever possible, and that there were questions about how treatment recommendations may be impacted if a comprehensive assessment was not done.

You told us that:

- it is often valuable to have another perspective of a client's situation that an assessor can provide.
- it was important to still have some boundaries around treatment after assessment and that it should not be unlimited.
- combining assessments where possible was the right way to go.

You asked us to consider how clients might access financial entitlements from the different assessment approaches, and where medication reviews might best fit in this new approach to assessment.

> "I like combining assessments where possible."

What you told us through the feedback

The idea of Non-Specialist Assessment is broadly supported if the right support is put in place for it to be done consistently and safely

We heard a lot of positive feedback about the potential for this proposal to speed up client's access to the services, reduce re-traumatisation, and allow for the lead provider and client to manage the assessment process without always needing a third party involved.

You told us:

- careful consideration would need to be given to the potential risks of a brief assessment process.
- it would be important to ensure that there were clear indicators of what to look for that might suggest a Specialist Assessment is needed instead.
- while there are positives to the lead provider being able to do an assessment, there could also be impacts to the therapeutic relationship.

You asked us to consider if we could look at broadening the kinds of things the Non-Specialist Assessment could look for (such as disconnection from family), what kind of training and support ACC could offer providers for this process, and if we could consider alternative names.

> "I like that treatment can be accessed faster and there will less need to hold the space for weeks."

ACC should carefully consider the potential risks of this proposal and ensure that clear mitigations are included in further design work

We heard concerns about clients potentially not accessing the assessment approach that would be the best fit for them, and their treatment suffering as a result. We also heard concerns about how the process could be designed so that any of our providers could undertake it, and how this would be monitored for success or issues.

You told us:

- that we would need to be clear that the legal test for cover was still met with this new process.
- that any children who go through this new process should not end up disadvantaged if they seek further support later in life.
- care would have to be taken to ensure the process did not always end up being both assessments for every client.

You asked us to consider how the quality of Non-Specialist Assessments would be maintained, how we could confirm the skills and knowledge required to undertake this assessment process, and whether support from experienced assessors could be made available to lead providers.

> "I wonder how to ensure that clients don't always fall into the pattern of Non-Specialist Assessment to start with, and Specialist Assessment later."

What you told us through the feedback

It is important to keep a comprehensive assessment option and the Specialist Assessment should meet this purpose

We heard clear support for keeping the option of a comprehensive assessment approach, alongside suggestions that this process could still be made simpler while remaining a thorough assessment.

You told us:

- that clear guidance would be needed about when a specialist assessment would be recommended.
- stronger communication between assessors, lead providers, and ACC would be beneficial to improve the process.
- the process of moving between Non-Specialist and Specialist Assessment where required needs to be easy.

You asked us to consider what the impact of the proposed changes may be on clinicians who only do assessments currently, and how we might avoid just moving the current bottleneck in services down the road.

> "I like that clients will still be able to access comprehensive assessment and treatment planning"

Impacts on provider and assessor capacity could be significant from this change

We heard that there could be a lot of benefit in freeing up assessor time for treatment instead, and that there were questions about if there would be enough assessor capacity for the Specialist Assessment option to be done quickly and easily.

You told us:

- that it was good to see the proposal had a high level of trust in provider's judgement.
- that we should be aware of potential impacts to assessors who only do assessment currently.
- having a way to report on and easily see assessor capacity could be very helpful if possible.

You asked us to consider how best to ensure those undertaking assessments were appropriately compensated; and how we might involve suppliers in having more oversight of the assessment process.

> "I wonder if more providers will be attracted to work with ISSC because they won't have to outsource their assessments."

ACC needs to consider culturally appropriate approaches to assessment and what this may look like

We heard that it was important for ACC to consider what a Māori approach to assessment might look like, as this proposed change is still based on a Western medical model.

You told us that:

- it would be good to see Te Whare Tapa Whā incorporated into assessment and treatment.
- having cultural assessment across both Non-Specialist and Specialist approaches would be beneficial.
- more mana and validation needed to be given to Te Ao Māori tikanga.

You asked us to consider if a Kaupapa Māori assessment option could be made available for sensitive claims clients.

> "I wish that there were more cultural models in assessment work."

Focus Area 3

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.

We shared early thinking about how services could be offered in the future

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.

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.

What this could mean....

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.

There may be regional discrepancies based on location of available services.

Potential administrative burden on the reporting of multiple services.

Consider what will happen if the ISSC does not have the right services available under packages of care.

There may be discrepancies in access to services based on the supplier size and connection with a range of providers in different services.

What you told us through the feedback

Ensuring the survivor and their needs are front and centre

We heard that you appreciated the consideration of autonomy and empowerment for clients, allowing them to identify and work towards their own goals.

You told us to:

- consider the tension between client safety, consistency of care and avoiding dependency.
- consider an appropriate way of identifying who are progressing and who may need more or alternative supports.
- acknowledge a survivor's life demands and the need to be flexible with treatment timeframes.

You asked us to consider what happens when a client's needs change, further trauma occurs, or more flexible timeframes are required.

> "I like that tailored to the client is the way forward."

Supporting suppliers in implementing a multi-disciplinary approach requires practical solutions

We heard that you liked the idea of a multi-disciplinary approach, with considerations for practicalities such as billing and the roles and responsibilities for suppliers.

You told us that you wanted:

- coordination and administrative time to be factored in for suppliers.
- compensation for suppliers if they are required to take on additional responsibilities as escalating admin requirements may arise.

You asked us to consider the practical aspects for suppliers such as remuneration, impact on workload and supplier role and responsibilities.

> "If suppliers are required to 'do more' there will need to be some form of compensation."

Desire for a system that fosters trust, autonomy, effective integration, clarity, and support for providers within the context of Tailored Services

We heard that you liked the concept of high trust and autonomy for providers.

You told us to that you want:

- the level of trust in provider's expertise to be returned.
- simplification of the provider accreditation process and criteria.
- Social Workers to be named providers on each supplier's contract as an integral part of the team.
- a lead provider to ensure the right supports are involved and oversee the division of hours appropriately.

You asked us to consider the potential impacts of administration and funding, the need for clearly defined roles and responsibilities, and support for provider integration into a multiple disciplinary approach.

> "I wonder how much support providers will have for holistic options."

What you told us through the feedback

The importance of clients sharing their experiences, progress and goals.

We heard that you would like goals to not be the only measure of success, and for client's to be able to share their progress and experience via outcome measures and surveys.

You told us:

- there is support for not using PWI and WHODAS as outcome measures.
- that clients should have the opportunity to be surveyed about their experience to help shape future services.

You asked us to consider creating experience surveys, identify how outcome measures will be used to understand individual service benefits when working as a multi-disciplinary approach, monitoring outcome measures and ensuring that clients get benefit.

> "I wonder about regular outcome measures to assess the benefits of extra services within the contract."

Need for clarity and improvement on areas of reporting and report writing time.

We heard there was support for flexibility and consistent tracking on reporting progress to align with therapy timelines.

You told us to:

- simplify the reporting process to make it easier, including guidelines in plain English.
- separate funding for reporting writing time.

You asked us to consider who's responsible for addressing issues with meeting contract expectations and to explore the option of replacing some reports with updates from clinicians as needed, promoting reflection and review.

There is value in focusing on a transition to independence from the beginning.

We heard that you liked the focus on a transition to independence, from the start of engagement.

You told us:

- that clear goals with a focus on client independence should be developed from the outset.
- that scaffolded support to independence is essential.

You asked us to consider what supports are available when a client is transitioning or has transitioned to independence.

Desire for inclusive, culturally sensitive, and accessible support services for survivors, with a particular emphasis on Māori and Pasifika communities.

We heard that you appreciated us seeking ways to become more inclusive and recognising the lack of culturally appropriate providers' capacity.

You told us:

- there is a need for equitable access to services across different areas, regions, and suppliers, and overcoming inequities in access.
- that more culturally appropriate services should be available.

You asked us to consider how access inequities will be managed.

> "I wish that culturally appropriate services become available"

What you told us through the feedback

Support for a flexible tailored approach, with curiosity about the practical implementation and effectiveness of the packages of care

We heard that you liked the proposed shift from a siloed, talk therapy focused approach to a multi-disciplinary tailored approach to care, including involvement of the whānau.

You told us that you wanted:

- increased flexibility in care without compromising quality.
- additional hours of support to address complex needs.
- tailored packages of care available specifically for individuals with disabilities.
- access to non-talk therapy without having to engage in talk therapy.
- inclusion of cultural healing experiences.

You asked us to consider the coordination and funding of packages of care, ensuring that there are sufficient hours and access to meet survivor need, assess the capacity of smaller suppliers to work within a multi-disciplinary approach, including consideration of how this will work within more remote and regional areas.

Support for tailored support and flexible services for children and young people

We heard that there is support for the idea of tailored services being specifically designed for children and young people, allowing them to easily access more whānau centred support at different developmental stages.'.

You told us to:

- offer supports and education to those who care for children and young people.
- provide unlimited sessions with whānau before engaging with a child.

You asked us to consider other services for children and young people beyond those provided by ACC, such as teacher aides and respite care.

Desire to integrate Training for Independence (TI) services into ISSC

We heard support for integrating Training for Independence (TI) services into ISSC.

You told us TI services need to be easier to access.

You asked us to consider the possible impacts on providers/suppliers relating to contract requirements and ensure that an integration of contracts is done properly.

Desire for a service that provides survivors with holistic care

We heard that there is support and a need for a diverse range of supports and services to cater to individual survivor needs.

You told us there is a:

- need for expanded and accessible support services for clients and/or whānau, and the implementation of various holistic approaches.
- desire for funding and availability of support services before and during treatment, such as groupwork.

You asked us to consider what training, supports and services ACC could offer under service provision.

> "I like the idea of tailored services being specifically designed for children and young people, separate to services for adults."

Focus Area 4

Cultural Safety & 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?

We shared early insights on our thinking

Capacity issues are driving capability shortages; meaning clients are disadvantaged by the limited choice of providers who have availability.

- The demand for sexual violence support services far outweighs availability of service providers
- Service demand increases mean provider choice is limited
- Of the Sensitive Claims made annually, 20% of clients are children and adolescents and 30% are Māori clients.

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

As part of the ISSC service, the Lead Provider can request Cultural Support and Advice to address cultural barriers, it 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

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
- There are service gaps and areas where needs are not able to be met
- The sector would like ACC to trust provider's judgements and recommendations
- We have had many suggestions around expanding the types of services that can be provided under ISSC
- Overall, there has been a clear preference for more choice when providing ISSC services to survivors

Other potential opportunity areas....

- Improve the training and resources available to providers and staff to meet the needs of all diversities
- Improve the navigation and partnership to specialist providers and workforce
- Standardise cultural competency requirements
- Improve provider education via practical support and onboarding
- Centralised Resource Hub?
- ISSC specific provider onboarding?
- Secondary contracts for specialist providers?

What you told us through the feedback

The Cultural Advice and Support Service is valuable but needs clarity and better awareness

We heard that the Cultural Support and Advice Service is valuable, and you liked that ACC are taking cultural support seriously and prioritising it.

You told us that you liked the trust ACC has in providers to gauge who is appropriate to engage in services for their client. You wished there was more awareness of the service and more clarity about the process to access it.

You asked us to collaborate with providers to develop guidelines on how to access Cultural Support and Advice.

> "I wish ACC were more pro-active in raising awareness and encouraging the use of Cultural Support and Advice Services (e.g., hours, how to access etc.)"

Cultural safety and competency – should it be standardised/required?

We heard that you liked the new ACC Cultural Safety Policy (Kawa Whakaruruhau) and wondered if this would mean suppliers/providers could be more accountable in 12 months' time.

Some told us that you would like to see cultural supervision and cultural competencies standardised and mandated, others liked the trust to gauge requirements for themselves.

You questioned if ACC could require suppliers to be linked in with local Iwi. You wondered if ACC could audit requirements.

You can find information about ACC's Cultural Safety Policy – Kawa Whakaruruhau here

> "I wonder if ACC can mandate cultural safety to all named providers under the contract."

Cultural Advice and Support should be better valued in the contract

We heard that contract changes would better enable the utilisation of Cultural Support and Advice.

You told us that you would like contract changes to enable suppliers to better support their providers and improve relationships. You told us you liked the idea of secondary contracts for specialist agencies to deliver training and support cultural safety.

You asked us to consider an increase in hours for Cultural Support and Advice and wondered if this could form part of Tailored Services.

> "I wish it wasn't an afterthought and more entwined in the contract and like the idea of secondary contracts for cultural safety and education."

What you told us through the feedback

Uncertainty about the meaning of culture, how it can be defined, and what training is needed

We heard that there was uncertainty about cultural safety, how to identify cultural needs of clients, and how to know what cultural training might be required.

You told us there needed to be easier ways to identify needs. However, some providers didn't see a need for change.

We were asked to consider what cultural needs should be prioritised and how (or if) we could address these needs. You questioned how we could define cultural safety and competency.

Challenges to cultural safety and competency

We heard that you liked Kawa Whakaruruhau, but some questioned how it can be implemented effectively – the Act is still individualistic and there is no way for ACC to control it.

Some thought we needed to address challenges for small organisations, others questioned if it was ACC's role to be involved – should it be left to the professional bodies?

You asked us to consider what success looks like, for who, and who defines this?

Cultural safety and competency related to Māori

We heard that you liked that ACC is taking time to build and develop authentic relationships with Tangata whenua. You also questioned if ACC have developed relationships with Māori.

You told us:

- there needs to be solutions that are for Māori by Māori which includes supporting Māori practitioners to provide Cultural Support and Advice.
- you wish there were more Māori providers.
- a Kaupapa Māori framework is needed and important pathways for healing include Tikanga and use of Te Reo Māori.
- you wish it was Mana informing, not trauma informing.

You asked us to consider funding more Kaupapa Māori organisations and better supporting whānau, hapu, iwi to korero and bring whakapapa into recovery. You asked us if all Māori clients want Māori practitioners?

You can find information about Kaupapa Māori solutions and Rongoā Māori Services

Recommendations and ideas related to intersectionality

We heard that you like that ACC is thinking outside of the individualistic medical model; and embracing diversity and different elements of culture. You liked that this inclusion was about Māori and wider cultural needs.

You asked us to consider the intersections of rainbow populations and trauma, and how to better support disabled and Asian communities. You wondered if we should call it "Culture and Identity".

There is a lack of cultural advisors with appropriate expertise to meet the need

You told us there aren't enough cultural advisors (or expertise) to go to for cultural support and advice, especially in some local regions and for specialists who work with children.

You told us it would be useful to have:

- 'registered' cultural advisors to access.
- peer support or groups to go to for cultural supervision.

You questioned how ACC or providers could determine who was an 'expert'. You asked us to consider how we ensure cultural advisors are 'trauma informed'.

What you told us through the feedback

Cultural Advice and Support should be client and community led

We heard that you liked that ACC were considering and acknowledging diversity.

You told us that we need to listen to client's voices to truly measure our cultural safety and wish that clients could request providers to access upskilling.

You asked us to consider how to support spiritual needs and specific community needs. You wondered how ACC will give opportunity to Māori and ethnic communities to express their needs. You asked how we could support partnership and develop local communities including iwi to develop cultural support.

> "I like that ACC are embracing diversity and different elements of culture – rainbow, age, ethnicity."

Provider training by ACC is supported

We heard that you liked the idea of Provider On-Boarding and improving general training to providers – topics you suggested were trauma training, Te Tiriti, Te Ao Māori, and general ACC learning modules.

You told us that you wanted it to be easier to access via funding, and platforms – webinars, seminars and face-to-face or drop-ins.

You asked us to consider third parties such as MEDSAC and TOAH-NNEST as providers. You wondered if ACC could have a team of 'Cultural Advisors'.

> "I wish ACC would provide specialist trauma training."

A 'Resource Hub' or central platform would be helpful

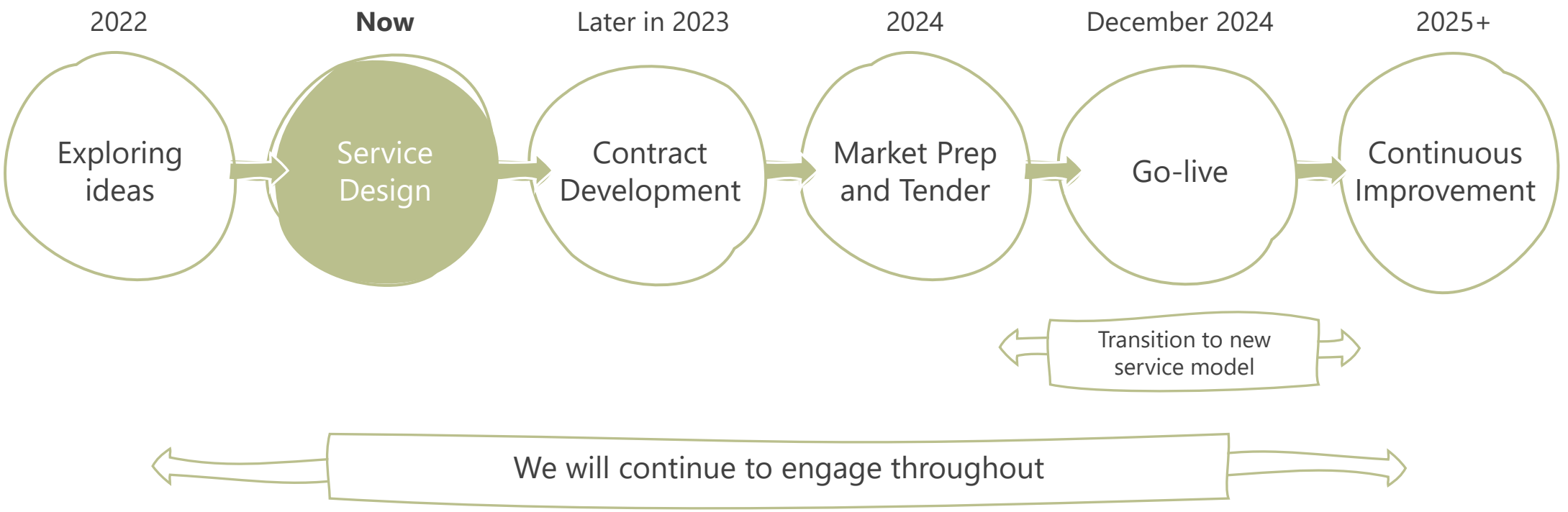
We heard that a central list of supports and services on a Hub or similar would be useful.

You told us this could include a list of specific advisors or providers (e.g., for Māori, rainbow, children, disability, ethnic communities) and recommended trainings. You would like to see a partnership to develop regional lists and share these.

You asked us to consider a helpline/helpdesk and a database of providers. You wondered if we could provide access to resources both internally and externally for shared learning.

> "I wonder if you could use the ACC website - a Kete on ACC website with cultural supports/needs and provider education."

Recap: What's next for the Evolution Work Programme?



All the feedback and ideas we heard throughout the sessions are now being reviewed and considered and may be incorporated into the detailed design of each of the key areas outlined within the session.

Any further feedback?

We continue to welcome feedback as we work through the design.

You can contact us at ISSCevolution@acc.co.nz