

# Sensitive Claims Hui 16 December 2021

*Identifying the challenges we face*

Summary of the identified challenges

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DATE: 23 December 2021



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

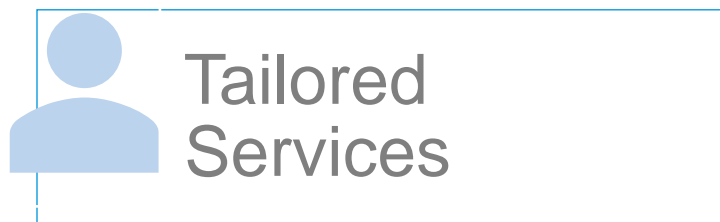
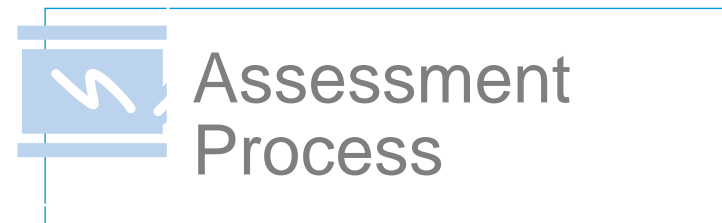
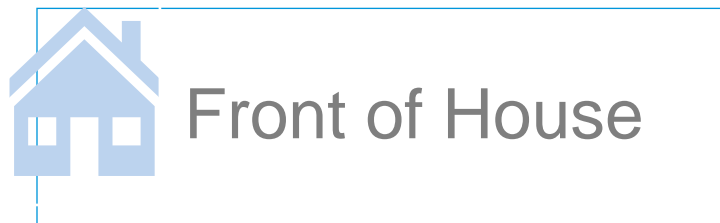


# What we heard – key themes

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*We asked you to share with us what the key challenges and concerns are that we need to consider as we evolve sensitive claims.*

*The following slides summarises the feedback received from across the nine breakout groups highlighting the key themes that emerged. We did capture other points that were raised on the day, and a brief summary of some of those other points can be found towards the end of this pack.*



# Improvements to the 'Front of House'



*How can we look more broadly at what services can be offered to clients who are seeking support from ACC, or on a waitlist, before they are able to engage with a therapist?*

We heard:

- The 'front of house' is inundated with requests that ACC cannot respond to.
- There are extensive wait times to access support through ACC and difficulty for people to find an available provider.
- The 'entry' process is not trauma-informed and is currently not working.
- Some NGO providers are managing this through other contracts (e.g. MSD contracts).
- There is a need for a 'better front system' to connect clients with ACC and Suppliers.
- There is a need for more creative treatments in the pre-cover space to help people while they are waiting to access services.
- There is a need for a clearer process for managing a waitlist.
- Can we develop creative ways to support clients who are waiting for support/on wait lists?
- Can we have available groups for people on a waiting list where they can find out about the ACC process and what they can access from ACC?
- Can we develop information/tools/kits that could help clients whilst on a waitlist?
- Can we explore the use of online tools and applications to support clients whilst they are on a waitlist?
- Can we create a centralised management system for waitlists and referrals?

# Streamlining the Assessment Process



*How can we streamline the supported assessment process and other assessment processes to make it more client led, and make better use of providers time, so they can spend more time on supporting clients?*

We heard:

- If a large percentage of supported assessment are approved, is an assessment always needed? Is there a risk of 'over-assessment'?
- The current assessment process isn't culturally responsive.
- The length of time it takes for a supported assessment (and delays with receiving medical notes) increases the capacity constraints within the service.
- For some clients the assessment process is useful, especially when they read their report and realise there is a valid reason for their behaviour, and it makes sense.
- However, some suggested removing the requirements for mental injury cover and this would remove the issues associated with the assessment.
- There is a need to clearly define what information is necessary and needed by ACC in the assessment process.
- How can we retain the assessment process but improve it for clients, providers and ACC?
- How can we ensure we don't duplicate assessments unnecessarily?
- How we may reduce requirements for people who have already been assessed by ACC?
- Can we look at assessments for certain clients rather than for all?
- Can we look for efficiencies in the assessment process?
- Can we look whether we can remove the need for a 'diagnosis' being attached to a client?



# Tailoring Services

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*How can we ensure there are services available for everyone, including Kaupapa Māori, Pacifica, the rainbow community, men, and people's intersectionality?*

We heard:

- There are no services for the rainbow community to access.
- There is a lack of informed referrals, which is frustrating when working across diverse ethnic groups who may have specific cultural and language needs.
- The current model of care encourages dependence with no clear pathway to exit the scheme.
- There is a need for ACC to work more closely with MSD to more strongly integrate the responses funded by MSD with ACC's ISSC service.
- There is need for a more holistic and flexible approach.
- There is a need to have peer support recognised by ACC as a valuable part of the client's rehabilitation.
- Can we create greater flexibility within the service to allow clients to access what they need?
- Can we integrate a Kaupapa Māori approach into the ISSC?
- Can we develop clearer processes for how we can support people to access different kinds of therapies beyond talk therapy?
- How can we address intersectionality in the ISSC? You can be Māori, with a disability and part of the rainbow community.



# ACC Supports and Entitlements

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*How can we raise awareness about what support and entitlements ACC offers, so clients and providers know what is available?*

We heard:

- The process needs to be survivor/client led and culturally appropriate.
- There can be inconsistency of advice, support, and flexibility of Recovery Partners.
- There are inefficient processes, ineffective protocols, and administrative waste. Contracts are seen as inadequate for the service.
- That ACC processes can be difficult for clients and providers to navigate.
- Providers don't always know all of the services are available for their clients (ACC or external) and what ACC can fund.
  
- There needs to be more information about the support available.
- There needs to be a central place where all resources are visible and what can be accessed.
- There needs to be a dedicated case owner who is familiar with the detail of the claim.
- There needs to be a list of services that providers can use to empower their conversations with survivors and be accessed by survivors.
  
- Can we enable opportunities to streamline processes with providers in an efficient and agile way?
- Can we educate the public and other health providers about what is available?
- How can we make it easier for people to access financial entitlements?
- How can we get greater consistency in practices and transparency in what people can access?
- Can Image Based Sexual Abuse (IBSA) be included on the schedule for cover?

# Other areas raised



## *How can we increase the capacity of the workforce to meet the growing demand for services?*

### We heard:

- That workforce development is crucial to the on-going success.
- By having more clinicians to work with Tangata Whenua and whanau would improve ACC's ability to attract more Māori clinicians.
- There is a need to increase the focus on training of psychologist and clinicians across the country.
- There is a need for more providers with an easier process to get them through the approval process.
- There is a need to explore the use of social workers and occupational therapists in the delivery of services
- How can we capture potential practitioners early in undergraduate studies and to discuss the benefits of working with and supporting clients?
- Can we look at the process for internships and trust suppliers to manager internships?
- Can we develop an induction pack for new providers?
- Can we work together to be clear on roles and responsibilities under the contract?

## *How can we develop outcomes that effectively measure progress?*

### We heard:

- We need to have outcome measures that are related to recovery from trauma.
- That outcome measures need to truly reflect the changes and successes that clients are making.

## *How can we effectively use Telehealth to support clients?*

### We heard:

- Differing views about the extended use of telehealth (some calling for broader use of telehealth vs those saying it must remain localised to ensure safety and quality).
- Could we expand telehealth options with appropriate risk assessment –for patients that require this support and/or are remote?

## *How can we create greater integration across the Health system?*

### We heard:

- There needs to be greater co-ordination across the Health System to support clients with complex needs.
- There needs to be greater information sharing across the system.

# Ways of working

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*We asked you for your ideas on how we can best work together as we progress the evolution of sensitive claims?*

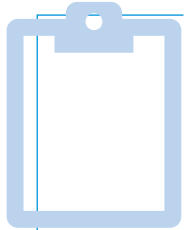
*We acknowledge that not all the breakout groups had time to discuss this question. There will be further opportunities to tell us how you want to work with us.*

We did hear:

- You want to work in partnership with us
- You value the early engagement to inform the development of the work.
- You want us to create opportunities to gather provider and survivor experiences to inform the development of the work
- You want to work together – Kotahitanga
- You want a clear understanding of roles and responsibilities - Katiakitanga

# Next Steps

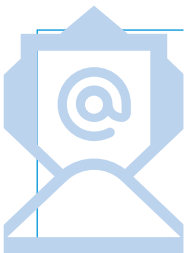
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Tell us how you found the Hui and how you want to work with us (Survey link in the cover email)



More information in the New Year on opportunities to continue the conversations about the challenges and what we can do to tackle them



You can contact us at:  
[ISSCevolution@acc.co.nz](mailto:ISSCevolution@acc.co.nz)

*Your feedback is important to us.*

*If we haven't captured something right, or you have more that you would like to add at this stage, please let us know using the email address on this page.*

*We will be looking to pick this conversation up again in the New Year, so there will be more opportunities to engage with us and to share your view.*

