



Early Supports Plan - adult

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

Please refer to the Sensitive Claims Service Operational Guidelines and report guidelines on our website: www.acc.co.nz/resources. Return the completed report together with a signed ACC8532 Consent for cover timeframe extension – client (if applicable) to sensitiveclaimsreports@acc.co.nz.

Part A: Kiritaki information

1. Kiritaki details			
Kiritaki name: Jane Doe			
Date of birth: 01.01.2000		Claim number: X	
Address: x			
Contact details/safe contact where appropriate: 027 555 1111, someone@gmail.com			
<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Another gender	<input type="checkbox"/> Prefer not to say
Ethnicity: NZ Māori			
Is the kiritaki able to make decisions about their care? If no, please contact their ACC recovery team member about this.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part B: Event details

2. Event details	
For each event, clearly and concisely outline: <ul style="list-style-type: none"> the Schedule 3 events. Avoid using broad terms that are open to interpretation such as 'sexual abuse' and 'inappropriate touch' the date or date range of the events the frequency of the events the perpetrators relationship to the kiritaki, if known. For privacy reasons, refer to third parties by their relationship to the client, rather than their names. 	
Event 1:	Jane suffered ongoing physical and sexual abuse from her stepfather from the age of 4 until 12 years old. She was physically beaten, forced to perform oral sexual acts on him, digitally and vaginally penetrated for 8 years. These events occurred at least twice a week from what Jane can recall but sometimes more if her perpetrator was intoxicated or angry at her. Jane quotes, "My mum would shut me in a room with my stepdad whenever I was naughty and he would beat me with belts, shovels, his hand, bamboo sticks etc... then he would force me to do sexual acts like give him oral or let him do it to me then have sex with me and it went on for years. As I look back, I thought it was okay for him to do that. My mum always knew what was happening, but she was too afraid to do anything about it. My entire family hate me for speaking up and stopping it from happening, but I had to protect my little brother and sister. I just wish I was stronger earlier". Jane reports the relationship with her mother is still strained and she blames her for destroying her life.
Event 2:	Jane's maternal uncle vaginally raped her when she was 6 years old when she was on holiday with her family. This was a one-off event and the police were

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	called for this event but there was no investigation as they claimed Jane was just a “troubled child” and “lying”.	
Event 3:		
In your opinion, is it likely that one or more of the events is listed under Schedule 3 ? If unsure, please contact us to clarify.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Did any of the events happen in Aotearoa New Zealand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If any event <u>did not</u> happen in Aotearoa New Zealand, please provide the following information.		
Place and date the event occurred.		
Was the kiritaki living overseas at the time of the event?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Was the kiritaki temporarily overseas with plans to return to Aotearoa New Zealand at the time of the event?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
This information will help ACC confirm the kiritaki was ordinarily resident at the time of the events.		
Does the kiritaki have any other active ACC claims? If unsure, please contact us to clarify.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3. Kiritaki current situation

a. What presenting concerns is the kiritaki requesting assistance with?

Jane describes herself as “crazy” and has sought assistance due to family and friends stating that she needs help. Jane describes her home life as “full on” and claims her anxiety is taking its toll. Jane says she worries about everyone and does her best to help but it is taking its toll on her emotionally. Jane states that “when I really needed help, I didn’t know where to go or what to do so I just convinced myself I was crazy and now I struggle to see what’s real and what’s not... I’m just a big mess”.

b. Describe the current presentation of the kiritaki, include information on the following:

- any psychosocial stressors impacting them
- areas of function, including social and whānau
- strengths and protective factors they present with.

Jane presents with a tough exterior and uses sarcasm to avoid questions at times. Jane describes having OCD where she likes everything clean, she has made note of marks on my therapy room walls and detests the sound of a ticking clock.

Jane has diagnosed ADHD; however, as a child she was just seen as “troubled” and was not given the appropriate supports to manage the condition. Jane’s presenting ADHD symptoms are: often has trouble holding attention on tasks, often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g. loses focus, side-tracked), often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time, often loses things necessary for tasks and activities, is often easily distracted and often fidgets with or taps hands or feet, or squirms in seat.

Jane is presenting with PTSD symptoms which include: difficulty concentrating, difficulty sleeping, an inability to recall key features of the trauma, overly negative thoughts of oneself and the world, trauma related thoughts and feelings, unwanted upsetting feelings, and difficulty experiencing positive affect.

Jane is also presenting with depressive symptoms by spending a lot of time in bed, she states that she hates people and tends to isolate herself. Jane’s presenting depressive symptoms are: depressed mood most of the day, nearly every day, diminished interest or pleasure in all, or almost all, activities most of the day, nearly

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every day, fatigue or loss of energy nearly every day, feelings of worthlessness or excessive or inappropriate guilt nearly every day and diminished ability to think or concentrate, or indecisiveness, nearly every day.

Jane has some physical health issues which include Deep Vein Thrombosis and has had scans on her heart. She describes fainting and having seizures. She is under a specialist for these symptoms.

Jane was addicted to methamphetamine for a long period of time but moved to her father's place in x and rehabilitated herself by going cold turkey. Jane claims she only uses Meth occasionally now but smokes marijuana frequently. Jane does not drink alcohol a lot but allows herself to have a "blow out" at Christmas time each year.

Jane moved houses and schools frequently as a child. She reported she was expelled and trespassed from one Primary School due to beating a child with a baseball bat and nearly breaking a girl's neck. These assaults were due to her sibling's being bullied by these people. Jane and her siblings were removed from her mother's care when Jane was 12 years old, Jane had 3 foster homes, and her last home was with caregivers who she states taught her to control her anger.

Jane has 3 children, 2 of which are in her care. Jane's daughters are primary school aged and she at times finds parenting difficult. Jane was working 1 day a week cleaning; however, she has recently been fired from this job. Jane was working as an escort in a private parlour; however, is not currently doing this work, she states she will most likely go back to it at some stage. Jane has been escorting on and off for 10 years and says she enjoys being an escort as it makes her "feel good".

Jane is currently in an on/off again relationship; however, he is currently in prison for methamphetamine supply and is likely to serve 2 years imprisonment. Jane is also in an on/off relationship with her partner's brother. The brother is the father of Jane's youngest daughter.

Jane had to declare herself bankrupt 4 years ago and is now receiving a Sole Parent Support benefit.

c. Have the events, described above, impacted the ability of the kiritaki to function in the workplace? If yes, describe the impact on their functioning.

Yes

No

Jane has attempted to work at multiple times in her life but has never sustained employment longer than a month due to difficulties sustaining working relationships and resulting triggering of early abuse experiences in the form of dreams, intrusive memories and flashbacks.

d. Describe any cultural or spiritual needs relevant to the kiritaki.

None identified. Jane does not identify with her Māori culture and does not want to explore this and further.

e. Are there any areas of risk? Complete a risk assessment, considering the following risks:

- is there a risk to self?
- does the kiritaki pose a risk to others?
- is the kiritaki at risk of harm from others?

Are there any risks identified?

Yes

No

If yes, describe the risk and any duty of care actions taken.

Jane is at risk of harming herself, she tried to commit suicide in 2019 by overdosing on various medications. Whilst she does not have suicidal ideation at present, a safety plan has been completed with Jane and she has the contact information for the Crisis Resolution Team if required.

f. Are any other agencies currently involved in supporting the kiritaki?

Yes

No

If yes, list the agencies involved eg Community Mental Health and Addiction Services.

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N/A		
g. Has the kiritaki previously accessed assistance for their mental health?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide details about when and where the kiritaki sought assistance.		
XDHB crisis resolution - 2019		
h. Does the kiritaki need support from an interpreter? If yes, please specify which language.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
N/A		

Part C: Planning and service requirements

4. Planning and service requirements	
Please indicate which service is most appropriate to meet the current needs of the kiritaki:	
<input type="checkbox"/>	Support for Next Steps eg the kiritaki is not eligible for ACC services under the Sensitive Claims Service. If this service is selected, please continue to part D and complete sections 7 and 8.
<input type="checkbox"/>	Short-term Support to Wellbeing eg the kiritaki recovery needs can be addressed in 8 hours or less of therapeutic intervention. If this service is selected, complete sections 5, 6, 7, and 8.
<input type="checkbox"/>	Cover and Wellbeing Plan eg kiritaki symptoms are specific to a Schedule 3 event with no other significant complicating factors/trauma or early adversity. You are confident assessing the symptoms of the kiritaki, their treatment needs and successfully completing treatment and support within up to 80 hours, over no more than 24 months. If this service is selected, complete sections 5, 7 and 8.
<input checked="" type="checkbox"/>	Specialist Cover Assessment eg the kiritaki presents as complex and/or requires a fuller understanding of their clinical presentation, treatment, and support needs. This option is required for kiritaki who need a Function Assessment to consider financial entitlements and access to other supports, such as Residential Rehabilitation. If this service is selected, complete sections 5, 7 and 8.
<input checked="" type="checkbox"/>	A Function Assessment is to be completed as part of the Specialist Cover Assessment. If this service is selected, complete section 5 to confirm the Named Assessment Provider.
<input type="checkbox"/>	Tailored Support to Wellbeing Package eg the kiritaki already has an accepted sensitive claim and wishes to re-engage in treatment and support. If this service is selected, complete sections 5, 7 and 8.
Indicate other ACC supports (not available under the Sensitive Claims Service) that may address challenges for the kiritaki, eg transport barriers, rural location, financial entitlements.	
<input type="checkbox"/>	Social rehabilitation (eg childcare, Rongoā Māori services):
<input type="checkbox"/>	Treatment (eg a neuropsychological assessment):
<input type="checkbox"/>	Other (eg transport assistance):
<input type="checkbox"/>	Vocational rehabilitation (eg a stay at work programme):

5. Planned services and the providers who will deliver these
For services requested above, outline who will deliver each service and how many hours are required for each. An example is provided below. We require the following information to consider approval of services.

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Service	Provider name/ ACC ID	Provider discipline	Supplier/ Supplier ID	Hours
eg Short-term Support to Wellbeing	eg Jane Doe/ACC123	eg Psychotherapist	eg ABC/ACC234	eg 1 hour
Specialist Cover Assessment – Assessor	Billy Joe	Psychiatrist	G09884	6
Specialist Cover Assessment – Report	Billy Joe	Psychiatrist	G09884	10
Function Assessment	Billy Joe	Psychiatrist	G09884	2
Specialist Cover Assessment – Lead Provider	John Doe	Counsellor	G09884	10

If pre-cover supporting services have been listed in the table above, please describe how these services and the requested hours will be used to support the kiritaki:

Jane wants to receive ongoing counselling and would like to have an assessment for cover. She would like me to be involved in the process. Billy Joe has agreed to undertake specialist cover assessment clinics for South Psychology clients. She will require prior approval of travel time and distance and remote room hire.

6. Short-term Support to Wellbeing recovery goals

Short-term recovery goals	N/A
How will the outcomes of this goal improve kiritaki functioning and/or quality of life, eg what will the kiritaki be able to do differently or better?	N/A
How will this goal be achieved?	N/A

Part D: Other information and declarations

7. Other information

Please provide the date of the last face-to-face meeting with the kiritaki that informed this report	Date: 25.11.2024
Date of disengagement by the kiritaki (if applicable)	Date: N/A
Please provide any other information that you consider relevant to assist in the recovery of the kiritaki:	
N/A	
<input type="checkbox"/> I have attached other documents, eg clinical reports, other psychometric results. List these:	
<input checked="" type="checkbox"/> I have attached an ACC8532 Consent for cover timeframe extension – client form (if applicable)	

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I have attached an ACC6300 Authority to collect medical and other records (if applicable)

8. Provider declaration

I have informed the kiritaki that the information collected for this report will be sent to ACC to support cover decisions and treatment and rehabilitation needs. I have kiritaki authority for this.

I confirm that the information contained in this report is accurate and that I have followed the standards set out in the Sensitive Claims Service operational guidelines.

Lead Service Provider name: John Doe

Provider ID: PAN###

Supplier name: South Coast Psychology

Supplier ID: G09884

Date: 25.11.2024

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.