Monitoring Report on the Implementation of the Recommendations from the Independent Panel's Review of the ACC's Sensitive Claims Clinical Pathway

Report prepared for ACC Board

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This report provides an overview of the response of ACC to implementation of the fourteen recommendation made by the Review Panel in the Clinical Review of ACC Sensitive Claims Clinical Pathway. This is the first progress report.

Contents

Executive Summary

1. In April 2010, The Honourable Dr Nick Smith, Minister for ACC, requested an independent review of the introduction of the new Sensitive Claims Clinical Pathway.

2. The independent panel[1] provided its report to the Minister in September 2010. The report was developed from a range of information sources including ACC, submissions from organisations and individuals, survivors, provider groups and Government agencies. The panel made 14 recommendations based on the outcomes of the review.

3. The fourteenth recommendation was that a process be established to independently monitor the development and implementation of actions recommended in the report.

4. In response to this recommendation, the ACC Board engaged the reviewer, Barbara Disley, to undertake an independent review at six months and eighteen month periods.

5. ACC provided the reviewer with a report and supporting documentation on actions taken to address the recommendations. Face to face interviews were conducted with a small number of ACC senior managers and staff with responsibilities for implementing the recommendations. The reviewer attended a meeting of the Sensitive Claims Advisory Group (SCAG) and received four written submissions from members.

6. In presenting this report it is acknowledged that there has not as yet been adequate time to implement all the review recommendations as ACC has needed to strike a balance between ensuring immediate access to support for victims of sexual abuse, re-establishing relationships and building trust, engaging the sector in the changes, and undertaking complex pieces of work to ensure that the end-to-end processes for victims of sexual abuse are safe and therapeutic.

7. The Review Report acknowledged that addressing its concerns would require a well planned long term approach. ACC has developed an explicit plan to systematically address in a comprehensive way, the issues raised in the Review report.

8. ACC identified four key focus areas for the first six months:

    a. To ensure client safety

    b. Introduce 16 hours of immediate support for all new clients

    c. Conduct thorough planning and

    d. Establish and/or rebuild necessary working groups and relationships within the sector

[1] Dr Barbara Disley (Chair), Clive Banks, Ruth Herbert and Graham Mellsop

9. ACC has made good progress in implementing processes to ensure that survivors of sexual abuse have access to support quickly. Relationships with the sector have improved and SCAG members reported that they have appreciated the responsiveness and openness which senior managers with responsibility for implementing the Review Panels recommendations have approached their tasks. Communications with clients are more client-focused and appropriate. Internal SCU processes are improved, management practices have been enhanced and there is greater focus on providing quality services.

10. The review report looks at each of the Review Panel recommendations and presents commentary on progress to date.

11. ACC made substantial changes to its processes to quickly implement claimants' access to 16 sessions of support. Implementation of this recommendation is seen as a positive first step by SCAG and the sector.

12. Implementation of the support sessions has substantially reduced the time taken for clients to receive initial support.

13. ACC has re-established positive working relationships with SCAG. In addition, working parties to revise children and adolescent and Māori client processes have been established.

14. These working parties are in their infancy and in the early stages of influencing the end to end claims, assessment and treatment processes. However, ACC is optimistic that these working groups will make a significant contribution to the work programme.

15. There remains a high level of sector concern that the independent assessment still required for a claimant to move through the claims process does not align with the Massey Guidelines. ACC is aware of these concerns and sees that the child and adolescent and Maori working groups will allow input and feedback into these key issues.

16. ACC needs to effectively engage the sector to work through the claims assessment, return to counselling and reactivated claims processes to ensure that every aspect aligns with the Massey Guidelines. ACC have noted that these issues require robust discussion as there are very differing views and approaches within the sector.

17. While there is acknowledgement of ACC's focus on improved communication and stronger relationships, there is scepticism that the core decisions around the thresholds and mechanisms for determining mental injury and causation will be made by ACC without adequate engagement or consideration of the SCAG, Māori, or child and adolescent working parties' views.

18. In order to allay these fears, ACC would be wise to reiterate the roles, relationships and decision making responsibilities of ACC itself, the SCAG and the working parties, particularly in regard to the advisory role of Mental Health Sector Liaison Group (MHSLG).

19. Work on recommendations 6 or 7 which relate to credentialing of the workforce and quality standards is in its infancy with ACC in the early stages of consultation. ACC's reported focus to date has been on improving its own internal claims processing. Finalising this aspect of the work programme is unlikely to happen until the substantive work on the assessment and treatment frameworks has been completed.

20. ACC has set up working groups for children and adolescent and Māori to ensure that end-to-end claims processes are appropriate and deliver to the needs of these client groups and while SCAG supports these initiatives, there remains concern that progress in developing the post 16 session claims and treatment processes is slow. On the other hand, ACC is keen to ensure that its engagement processes and the work on new frameworks are robust. The overall work programme is 12-18 months in duration and to date ACC's priorities have been to re-establish relationships and to implement access to immediate support.

21. High levels of concern remain about the independent assessment processes. The pool of ACC identified assessors with experience of treating victims of sexual abuse, particularly for children is small.

22. ACC must reiterate its processes of engagement with sector groups over these key issues and reinforce how the existing working groups will contribute to the final frameworks.

23. ACC has made internal changes that have contributed to more streamlined clinical review processes and faster decision making however, there remain significant delays in the provision of external assessments and this is impacting on claims decision timeframes. Delays are sometimes exacerbated by clients and /or counsellors not indicating sufficiently early in the supports sessions of their intentions to progress to a claim.

24. Processes have been put in place to ensure clients have access to support while cover decisions are being made.

25. The Review Panel Recommendation 13 that ACC provide mechanisms for involving family/whanau in therapy especially for children and adolescents has yet to be fully addressed. ACC endorses the need for family involvement and are in the early stages of consulting with the Child and Adolescent Working Group the best way to achieve this. Ensuring these options are appropriate for Māori is also an ACC future priority

26. In conclusion, at the six month review point, ACC has made substantial changes to its internal processes to improve the quality and responsiveness of the SCU. This is acknowledged and appreciated by the sector. Newly presenting clients have immediate access to support and communication and relationships with claimants and the sector have improved. Priority must now be given to working with SCAG and other sector experts on developing processes for determining mental injury and causality. These two aspects of the claims process are of considerable concern to SCAG members, to Māori and to providers working with children and young people.

Background[2]

27. ACC introduced a new Sensitive Claims clinical pathway in October 2009 to apply a strengthened clinical model to the way it managed sensitive claims.

28. The introduction and implementation of the clinical pathway created significant public/media and stakeholder issues.

29. In April 2010, The Honourable Dr Nick Smith, Minister for ACC, requested an independent review of the introduction of the new Sensitive Claims Clinical Pathway.

30. The independent panel: Dr Barbara Disley (Chair), Clive Banks, Ruth Herbert and Graham Mellsop, provided its report to the Minister in September 2010. The report was developed from a range of information sources including ACC, submissions from organisations and individuals, survivors, provider groups and Government agencies. The panel made 14 recommendations based on the outcomes of the review.

31. Recommendation 14 suggested that a process be established to independently monitor the development and implementation of actions recommended in the report.

32. The ACC Board requested that Dr Barbara Disley be engaged to conduct the independent monitoring at 6 and 18 month intervals post the release of the Panel's report (i.e. March 2011 and March 2012).

In Scope

33. This review monitored ACC's progress in the development and implementation of each of the recommendations in the report of the Independent Panel. The recommendations are set out in Appendix 2.

34. The review was limited in its approach and relied heavily on ACC reporting and feedback from the SCAG. Assessment of the quality, timeliness and adequacy of progress made to implement the recommendations is therefore heavily based on perceptions and ACC provided evidence.

Out of Scope

35. This work was confined to looking at the progress ACC had made with implementing the Independent Panel's Recommendations and did not include making new recommendations, except where these relate solely to improving progress with the original recommendations.

36. The review is based on written information provided by ACC and interviews with key staff and on interviews with Sensitive Claims Advisory Group (SCAG). Four SCAG

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2 Adapted from the Monitoring the Implementation of the Recommendations from the Independent Panel's Review of the ACC's Sensitive Claims Clinical Pathway - Terms of Reference :January 2011 developed by ACC (See Appendix 1)

members provided additional written submissions. As set out in the terms of reference for the review, it did not include interviews with clients or external stakeholders other than the Sensitive Claims Advisory Group.

37. The reviewer was commissioned to produce a short written report that set out the actions ACC has taken to implement the recommendations and any suggestions for improving progress with the implementation of the recommendations.

38. The findings of the Review were presented to the ACC Board.

The Review Methodology

39. ACC provided the reviewer with a detailed written report[3] providing commentary and evidence of progress made in implementing the Sensitive Claims Review Panel Report recommendations. In addition, face to face interviews were held with a small number of senior ACC staff.

40. The reviewer met with SCAG members at a regular meeting on 24th March 2011. A small number of individual SCAG members provided independent submissions.

The Review Findings

ACC's Approach to the Independent Panel Report

41. In the six months since the initial review, ACC report that it has given priority to the following four focus areas:

    a. A client-centric approach to decision making with client safety of paramount importance

    b. Implement support sessions that are easily accessed by clients and easily delivered by providers

    c. Thorough scoping and planning to deliver improvements that will enjoy long term success

    d. Establish/Re-establish stakeholder relationships seeking to "engage and agree".

42. ACC has established a project team to:

    a. Implement the key deliverables of the 14 recommendations made by the independent review

    b. Gain stability of internal processes and improve timeliness for clients from lodgement through to cover decisions

[3] Clinical Review of ACC Sensitive Claims Clinical Pathway: Implementation of Independent Review Recommendations – Progress report. March 2011

c. Maximise knowledge and visibility of sensitive claims client groups, trends, their needs and research best practice to achieve client recovery through outcome

d. Align sensitive claims treatment services, providers and the service delivery model to meet clients' needs and drive client recovery

e. Introduce outcome measures in a model of recovery.

43. ACC's change management planning reflects the seriousness with which they have approached the Review Panel's recommendations. A comprehensive prioritised plan has been developed and is guiding the work programme.

44. In line with its own stated objectives (paragraph 41) ACC has taken a client focused approach to its planning. Internally, there is greater focus on the client and their recovery.

45. Internal processes have been streamlined and attention paid to ensuring more timely access to support.

46. Good progress has been made in re-establishing sector relationships and trust within the sector. Where possible ACC has taken a client centred approach to its planning.

47. Each of the Review Panel recommendations will be presented with commentary on progress to date.

Recommendation 1

48. That ACC ensures that all aspects of their Pathway(s) and associated claims processes are in line with the Massey Guidelines by seeing that they:

- *are developed and implemented in ways that recognise and protect client safety and the importance of the therapeutic relationship*
- *take a client focus; and*
- *recognise the special needs of particular groups including children, adolescents, people with mental illness, people with intellectual disabilities, Māori, and Pacific peoples*

Evidence and Views on Progress

49. ACC acknowledge that this recommendation is far reaching and that it applies to all aspects of a client's end-to-end experience from initial presentation through all stages of the therapeutic relationships.

50. The implementation of the 16 hours support has been an ACC priority. The support is seen as a major initiative to enhance safety of clients, along with an enhanced risk assessment process that has been implemented by the Sensitive Claims Unit (SCU).

51. In consultation with SCAG priority has been given to Māori and children and adolescents services client processes. Working groups were re-constituted in November 2010.

52. Initiatives within the SCU have been to increase training and support to dedicated teams; to enact an early response approach to communities/schools where situations of widespread abuse have occurred and additional support to Christchurch clients as a result of the February earthquake.

53. Data from the SCU shows that following the introduction of the Support Sessions on 16 August 2010 there was an increase in the number of new claims lodged. In addition, the average number of days between the lodgement and first service lodgement for all Sensitive Claims reduced from 192.2 days in November 2009 (the first month data after the introduction of the Clinical Pathways) to 7.1 days in March 2011. The data indicates that more claimants have access to initial support and that the waiting times for this support are dramatically reduced. It is as yet too early to comment on the numbers moving through to a full claims process.

54. SCAG members are supportive of the introduction of the Support Sessions by ACC and see this as enhancing client safety. However, the SCAG members remain concerned about the requirement for independent external assessment including the need for a DSM IV diagnosis.

55. ACC acknowledge that this is an area of challenge as a number of current treatment providers do not have the necessary qualifications to utilise the psychometric instruments available to determine mental injury. ACC are working with the Child and Adolescent Working Group on approving alternative classification methods. ACC also report that they will accept other methods of classification although they require more than a narrative description of injury.

56. The importance of a supportive therapeutic relationship across all stages is a primary consideration. There remains concern within the SCAG that clinicians with expertise in diagnosis may not necessarily have expertise in sexual abuse counselling. There is a view that this has the potential to compromise the therapeutic process.

57. SCAG are concerned that the processes for clients returning to counselling or those wanting to pursue a claim have not been aligned with the Massey Guidelines. Clients returning to counselling report to providers that they are sent for an independent assessment which many find traumatising at a time when they are highly vulnerable.

58. SCAG is supportive that working groups have been set up to review claims processes and services for children and young people and Māori. The working group processes however, takes time. ACC is aware of the balance that needs to be struck between ensuring opportunity for the sector to contribute and more quickly progressing the changes. Engagement with these groups must be appropriate, effective and lead where possible, to changes that the working parties can endorse.

59. The needs of children and young people are particularly pressing given the recent UN Committee on the Rights of the Child's recent Concluding Observations on New Zealand[4] that that recommended that the State party "provide access to adequate services for recovery, counselling and other forms of reintegration in all parts of the country."

[4] http://www2.ohchr.org/english/bodies/crc/crcs56.htm

60. SCAG members are concerned that while access to immediate support has been addressed, there has been no change to the "Clinical pathway processes" for clients returning to counselling or reactivating a claim.

61. ACC have a detailed plan it is progressing to address the needs of returning clients. The delivery date for this work is 7 June 2011.

Reviewer's Conclusions and Recommendations

62. The introduction of the Support Sessions has enhanced client safety by enabling access to immediate support. The number of days taken for clients to access support has dramatically decreased.

63. Setting up working groups to review claims processes for children, young people and Māori, is positively viewed. However, there remains concern about the independent assessment process and how it can be implemented in a way that aligns with the Massey guidelines and provide claimants with an end-to-end process that is safe and acknowledges the importance of the therapeutic relationship. ACC is aware of this concern and plans to consult more widely with the researchers who produced the Massey Guidelines, the Werry Centre and the faculty of child and adolescent psychiatry within the Royal Australian and New Zealand College of Psychiatry. To ensure integrity an open dialogue between ACC, SCAG, other sector experts and the working parties must underpin the change process.

64. The Māori working group was established in January and has met a number of times. There are raised expectations that future end-to-end processes for Māori will be culturally appropriate and effective. This includes the cultural dimensions of building rapport, time, process, cultural safety at the initial stage and throughout the full claims and therapeutic processes. ACC will need to ensure that there is internal SCU capability to deliver on these expectations.

65. ACC needs to ensure that all aspects of its claim assessment processes are safe for claimants and align with the Massey guidelines or there is a risk that the same concerns raised in the original Panel report in respect of the narrow gateway that was introduced with the original introduction of the Sensitive Claims Clinical Pathway in October 2009 will remain.

66. ACC quickly and effectively engage the sector to develop return to counselling and reactivated claim processes that quickly and effectively address clients' need for support and intervention.

67. This recommendation included recognition of the special needs of particular groups including people with mental illness, people with intellectual disabilities and Pacific peoples. ACC needs to develop forward plans to ensure that the needs of these groups are addressed.

68. **Overall assessment – Some Progress Made.** Working groups have been established to advise on the revised processes. ACC has introduced access to support for all victims of sexual assault. This was done in an efficient and timely manner. However, the comprehensive work programme will take time to ensure that all aspects of the pathway align to the Massey Guidelines. Child and adolescent and Māori working groups have been established to being addressing the special needs of particular groups.

Recommendation 2

69.	*That future changes to the Pathway and associated processes are planned, managed and implemented with meaningful engagement and consultation with the sector and relevant government agencies.*

Evidence and Views on Progress

70. Enhancing sector relationships is a stated priority at all levels within ACC with a high level of effort being channelled into developing effective working relationships and to establishing clear roles and responsibilities within working groups.

71. ACC has developed explicit plans to implement the Review Panel's recommendations. The plans reflect both immediate and longer term actions. It is acknowledged that addressing all aspects of the recommendations with effective sector engagement will take twelve to eighteen months.

72. ACC plans have detailed extensive communication and relationship management priorities. ACC report that they have improved engagement and networks through:

    a. Extending the membership of SCAG

    b. Re-establishing connections with members of TOAH-NNEST, government sector agencies, and Doctors for Sexual Abuse Care (DSAC) discussing and seeking advice and feedback on the work of the service improvement project and taskforce

    c. Re-establishing the Māori, and Children and Adolescent working groups

    d. Including SCU staff in working groups to sit alongside sector representatives in developing solutions

    e. Developing a dedicated sensitive claims section on the ACC website

73. SCAG has appreciated ACC's increased attention to relationships and to communication. SCAG members are very positive about the way in which ACC senior managers with direct responsibility for implementing the Review Panel's recommendations have engaged with them. However, there remains concern that consultation has yet to be reflected in changes to overall processes. There is a sense that there remains a "glass door" with relationships in front of the door being stronger and more respectful while at the same time decisions are being made behind the door that do not adequately engage SCAG or the sector. There is fear that decisions around the independent assessment processes and the thresholds regarding the definition of mental injury will continue to restrict the number of clients who will move on to treatment interventions.

74. As noted earlier, finding acceptable mutual ground on the key issues of independent assessment processes and the thresholds of mental injury are a challenge. ACC has indicated that it is willingly exploring options with SCAG and the working groups but that progress is at times constrained by the time it does take to consult and engage. ACC has also indicated that they are committed to open and robust engagement and consultation.

75. There is unease that ACC continues to progress work that will significantly affect the treatment of sensitive claimants without adequate engagement with SCAG. Cited as an example is the work of the Mental Health Sector Liaison Group (MHSLG). This group is not seen to have adequate representation from the SCAG and the relationship between advice and decisions made within the two differing groups not transparent. In response to this concern, ACC have advised that while MHSLG views have been sought, final decision making does not rest with them.

76. While there is support for the specific working groups for Māori and child and adolescents, there remains apprehension about the way in which these two groups work will be conveyed to and considered by SCAG as a whole. This concern needs discussion and clarification with SCAG. ACC communications to community groups about the working parties does reflect that the working parties provide an opportunity for more focus on specific issues in relation to these two particular groups and that there will be opportunity for SCAG to provide feedback to the groups on their deliberations.

77. SCAG reinforced that engagement with Māori must be authentic and that the time to adequately develop responses allowed. Questions were raised about ACC's internal capability to adequately support the working group deliberations. The view was expressed that ACC Māori staff advising and developing new processes must also have experience and understanding of sexual abuse treatment within a Māori context.

Reviewer's Conclusions and Recommendations

78. ACC has recognised that it needs to re-establish and strengthen effective working relationships with survivors of sexual assault and providers of support and intervention services.

79. More positive relationships, while constructive, will of themselves not be sufficient to ensure that future changes to the Pathway are planned, managed and implemented with meaningful engagement and consultation.

80. ACC will need to clarify the advisory roles of the MHSLG and SCAG and the working groups to avoid confusion. Ultimately, ACC is the decision making body and it has undertaken to make decisions in consideration of the advice provided to it by SCAG and the working groups.

81. ACC has begun a journey by establishing the Māori working party and it is now important that the views and deliberations of this group and their perspectives on how decisions are made and processes changed, adequately reflected into ACC's internal decision making. ACC's stated approach is to allow Māori specific approaches to overlay mainstream approaches as is the intention with the approaches that will be developed for children and other special needs groups. This process will require careful management and communication to ensure that the overall approach is well understood within the sector. ACC is taking the time to consult on changes. While in some areas this may mean slower progress it is pleasing to see that ACC is engaging with the sector on changes in an attempt to ensure that it does not repeat the mistakes made with the rapid introduction of the original Clinical Pathway

82. **Overall Assessment – Good progress made.** Initial changes to the pathway have been made and consultation and engagement with the sector initiated. This foundation provides a base for ACC to begin to address the complex changes required to ensure that all aspects of the claims process reflects the principles of the Massey Guidelines.

Recommendation 3

83. That, as a priority, ACC commence work with relevant sector experts to agree additional standardised systems for determining mental injury – including ones that would be appropriate for children and for Māori – and discuss how they should be used to confirm that a claimant has a mental injury for ACC when making cover decisions under its legislation.

Evidence and Views on Progress

84. ACC and SCAG have agreed that this recommendation is a priority and that it will take time to develop robust and long term solutions that are fit for purpose, meet the needs of all groups and are supported by appropriate processes and tools.

85. In its approach to the matter of determining mental injury, ACC has reinforced the view that a mental injury is defined as a 'clinically significant behavioural, psychological or cognitive dysfunction' that must be capable of being assessed and classified.

86. ACC also agree that there are a range of tools which can be used to demonstrate clinically significant dysfunction and both formal and informal measures must be used. ACC are of the view that any changes to assessment of determination of cover for mental injury need to be applied consistently across all areas (subsequent to physical injury, subsequent to sexual abuse, subsequent to work related trauma).

87. ACC agree with SCAG that determining alternatives to the DSM-IV is a priority action although they also acknowledge that there are challenges surrounding differing views amongst provider groups as to the methodology for assessing mental injury, the interpretation of 'clinically significant' and which groups are qualified to complete assessments.

88. ACC has also invited providers to provide alternatives means of classification when doing mental injury assessments and indicated a willingness to consider alternatives.

89. ACC has sought SCAG views on the diagnosis of mental injuries but as yet, it is unclear to members as to the impact their views have had or the plans that ACC has for clarifying entitlements.

90. There is worry that the work of the child and adolescent and Māori working groups will be subjugated to the decisions of the MHSLG. The incompatibility of the operating paradigms of the various groups (SCAG, child and adolescent and Māori working groups, MHSLAG) is seen as a major barrier to ACC reaching a decision on the determination of mental injury that will be acceptable to all. SCAG are concerned that failure to resolve this issue will undermine future working trust.

91. ACC re-iterate that in working through this complex area it will seek the advice of SCAG, the Child and Adolescent and Māori Working Groups as well as other relevant experts and researchers.

Reviewer's Conclusions and Recommendations

92. There is the potential for the various working and advisory groups to take a variety of differing approaches to the assessment of mental injury. ACC needs to clarify the processes of developing tools for determining mental injury and ensure that the working groups are engaged and aligned in these processes. This includes ensuring that where advice is sought (i.e. from SCAG) members are clear about the impact of this advice.

93. At the same time, ACC is charged with the ultimate responsibility for making the final decisions around coverage. Working closely with the sector and providing case studies and opportunities for discussion will help clarify the criteria and decision making rationale.

94. ACC accepts that assessment processes must align with the Massey Guidelines and be safe and contribute to an ongoing therapeutic environment as they are an integral part of the end-to-end experience of claimants.

95. In addition, the assessment processes must be tailored to the needs of sexual assault victims, be appropriate for use by those with expertise in working therapeutically with the psychological impacts of sexual abuse and assault, be safe and acceptable to Māori, people from diverse cultures and children and young people. While the assessment process will contribute to the determination of cover, it must also contribute to the recovery process.

96. **Overall Assessment – Early stages so minimal progress.** Working groups for children and young people and Māori have been formed, and consultation on assessment tools and processes is in the early stages.

Recommendation 4

97. That, in determining whether a mental injury has been caused by a Schedule 3 event, the test should be that the sexual abuse was a substantial or a material cause of the injury.

Evidence and Views on Progress

98. ACC accepts the test of causation set out in Recommendation 4 and has provided increased training to staff including assessors, as well as increasing legal representation and advice during panels. ACC report that operational guidelines for assessing mental injury are being developed along with case studies to demonstrate its application.

99. Team managers now review decline decision letter for all children and adolescents to ensure that decisions align with the accepted legal test.

100. There is a perspective among SCAG members that the interpretation of "substantial" and "a material cause" is too high and that ACC decisions are highly influenced by the independent assessments. These assessments are generally undertaken by

clinical psychologists or psychiatrists who have not usually provided initial support. There are deep difference in terms of approaches within the sector and a strong view by SCAG that a deep understanding of the treatment of sexual abuse survivors is a prerequisite for being able to effectively make these determinations.

101. Despite training there is a view that for clients progressing from "support" to a claim, the processes around determination of injury and causality have not substantially changed from prior to the Review Panel's report.

Reviewer's Conclusions and Recommendations

102. ACC has accepted the Review Panel's interpretation of the test for determining causation, and provided training and developed some internal quality monitoring processes. Mental injury assessment guidelines will be developed and implemented.

103. These changes are internal to ACC processes and have not substantially involved engagement or communication with SCAG although ACC report that they were discussed at the Child and Adolescent Working Group meeting in March.

104. The determination of mental injury and causation are two key areas of continuing worry to SCAG given that both rely heavily on independent assessments. It is likely that the thresholds around both determination of causation and mental injury assessment will remain contentious and will require ongoing discussion between ACC and the sector.

105. Given ACC and SCAG members' priority for ensuring that all aspects of the claims process are safe and therapeutic for claimants, there would be value in higher levels of engagement with SCAG on the criteria being used by ACC and discussion around case studies to utilise the experience that exists within the SCAG on these matters.

106. ACC could enhance understanding by engaging with SCAG representatives in the development of guidelines for assessors and key staff.

107. **Overall Assessment – Good progress on internal processes to ensure consistency.** ACC has provided initial training and more legal representation to ensure more consistent interpretation of causality. There remains unease within SCAG that the threshold for interpreting "substantial" and "a material cause" remains too high. ACC will need to continue to engage with the sector so there is a growing collective understanding of rationale for coverage and decline decisions.

Recommendation 5

108. That all ACC communications with survivors of sexual abuse need to be reviewed as a matter of urgency taking a client perspective and using survivor and expert provider assistance in the process.

Evidence and Views on Progress

109. ACC report that client communication was an initial and ongoing area of focus within SCU with a move to more proactive and appropriate communication with clients and providers.

110. Survivor advocates for Tau Iwi caucus of TOAH-NNEST were consulted by ACC to assist them to develop a set of core client communication principles and to support the development of training packages for use with ACC staff.

111. ACC have also changed their processes around phone calls and timing of these in an attempt to enhance client contact.

112. It is widely acknowledged by SCAG members that overall communication with clients and providers has been more timely, more respectful and appropriate.

Reviewer's Conclusions and Recommendations

113. ACC has substantially improved its communications with survivors of sexual abuse and involved survivors in ensuring more effective processes.

114. It is recommended that these processes continue with ongoing engagement and review.

115. **Overall Assessment – Good progress has been made on this recommendation.** ACC communications with survivors of sexual abuse have been reviewed and improved. This will require ongoing attention.

Recommendation 6

116. That ACC establish an appropriately constituted working party involving professional groups to examine credentialing or other means of ensuring that the workforce for treatment and assessment, including the new therapeutic assessment and recovery support process, is fit for purpose and meeting quality standards.

Evidence and Views on Progress

117. ACC reports that SCAG has endorsed ACC's need to review credentialing requirements for service providers and to introduce defined but flexible criteria for providers. ACC report that initial planning for the credentialing review has commenced.

118. Counsellors have been asked to confirm their details for inclusion on the ACC external website.

119. SCAG members report that to date there has been little visible progress on this recommendation.

Reviewer's Conclusions and Recommendations

120. Aside from internal planning, little progress has been made on this recommendation. ACC does accredit assessment and treatment providers but these processes need to be strengthened. As set out in the original Review Panel recommendations, ACC should establish an appropriately constituted working party to begin this work as it is important to ensuring the ongoing quality of services for claimants.

121. Engaging with SCAG and other professional groups will be important to ensure high levels of "buy in" to the final credentialing and quality processes. All professional groups who provide assessment and treatment services to victims of sexual assault will need to be consulted and engaged in the process of setting service and credentialing standards.

122. Credentialing will be influenced by the overall assessment, support and treatment processes that are developed as a result of the various work streams ACC has underway. It is therefore unlikely to be able to be completed until these other components are determined.

123. **Overall Assessment – Not progressed**. An appropriately constituted working party involving all professional groups to examine credentialing or other means of ensuring that the workforce for assessment and treatment, including the new therapeutic assessment and recovery support process is fit for purpose and meets quality standards is yet to be established.

Recommendation 7

124. That, in order to ensure processes around the Pathway(s) are of good quality, safe and effective for ACC, clients, and providers, ACC work with the sector, survivor representatives and relevant government agencies to develop and implement a comprehensive quality framework including strengthened processes for:

- *provider approval and auditing*
- *appropriate service standards and monitoring*
- *workforce training and development*
- *ongoing professional development, and*
- *continuous service improvement.*

Evidence and Views on Progress

125. ACC reports that it implemented a range of internal quality initiatives that impact on:

- Recruitment
- Reporting
- Performance management
- Process improvement
- Communication

126. ACC has also extended the use of the "Guidelines for Performance Management of ACC Providers" to (medical/mental health contractors) to mental health providers working under the regulations, including counsellors.

127. ACC notes that this is a major piece and that the quality framework components will be built once the new processes have been determined. This is unable to be achieved until completion of key programme components.

128. SCAG report that they are not aware of any consultation or progress on this recommendation.

Reviewer's Conclusions and Recommendations

129. The changes to the internal processes of claims management and client engagement have improved the working environment within the SCU.

130. ACC will need to engage the sector, survivor representatives and relevant government agencies to progress this recommendation. It includes substantial work on provider approval and auditing, service standards and monitoring, workforce training and development, ongoing professional development and continuous service improvement. These are important aspects of ensuring a robust and reliable quality service in respect of claims processing, assessment and treatment. Implementation of this recommendation is dependent on the development of the new processes.

131. **Overall Assessment – Not progressed as timing requires this be done after support, assessment and treatment processes are agreed.** ACC has initiated a number of quality improvement processes to improve the performance of the SCU. However, the wider intent of this recommendation is yet to be achieved. A process for widely consulting and developing and implementing a comprehensive quality framework including strengthened processes for provider approval and auditing; appropriate service standards and monitoring; workforce training and development; ongoing professional development and continuous service improvement will need to be initiated once the end to end support and claims processes have been determined.

Recommendation 8

132. That ACC move to improve access for survivors by introducing 16 hours of immediate therapeutic assessment and recovery support from a registered ACC treatment provider for new claimants, those currently under consideration under the Pathway, those who have had a claim declined and those who have chosen to withdraw their claim under the Pathway.

Evidence and Views on Progress

133. ACC immediately implemented the support sessions to new clients and those already on the pathway following the Minister's announcement of this change on 16 August 2010.

134. Careful attention was also paid to the processes around offering support to those clients who had declined or withdrawn under the clinical pathway (27 October 2009 – 16 August 2010).

135. A priority for ACC has been to provide training to SCU staff and guidelines to ensure the intent of this recommendation was well implemented.

136. ACC data provide evidence that time to first counselling or support has decreased and client numbers have increased since the changes were introduced.

137. SCAG agrees that implementation of the support session has been a priority for ACC and that it has made a difference to accessibility to immediate support for clients.

138. Concerns still remain however about the number of counsellors/organisations available to support people given the number who had left the sector and the impact that introducing the earlier clinical pathway had on organisations' ability to now provide effective support services.

139. SCAG members are reporting clients who are reaching the end of their sessions and needing to progress to a full claim remain highly concerned about the assessment processes and the thresholds for accessing ongoing support and treatment.

140. SCAG members also report that some clients are concerned that claims may not be determined within the nine months period and extensions requested, or they may not have been aware that a medical professional may have lodged an ACC45 form earlier that will have set the official start of the claim period without full claimant knowledge.

141. ACC report a commitment to reducing claims processing times. Clients are contacted around the 12th support session to confirm if a claim needs to be initiated. ACC is also keen to ensure that counsellors have the information needed to adequately support clients to move through the claims process.

Reviewer's Conclusions and Recommendations

142. Implementing the 16 support sessions has been a priority for ACC and they have worked quickly and effectively to ensure clients have access to immediate support.

143. As clients reach the end of the 16 sessions and a decision made to lodge a claim, procedures will need to be quickly put in place that ensure that the claims processes do not lead to a disruption in client support and care. Support providers and ACC both have roles to play in ensuring that the pathway for client is smooth.

144. ACC will need to ensure that there are adequate numbers of quality providers to provide the immediate support services.

145. Attention will need to be given to ensuring that actions taken by medical or treatment professionals on behalf of the clients do not inadvertently reduce the clients claim period of 9 months.

146. **Overall Assessment – Excellent progress made.** The changes to provide immediate support were implemented quickly by ACC and with engagement with SCAG. The working parties ACC has established will advise on changes to ensure the processes work effectively for children and Māori.

Recommendation 9

147. That these initial changes are planned, managed and implemented quickly and effectively – giving priority to claims for children – with input and/or oversight from relevant sector experts and relevant government agencies.

Evidence and Views on Progress

148. ACC report they implemented the 16 support session changes quickly and in a planned way with internal and external consultation. Their priority was to ensure that there was immediate access to support for all new clients.

149. Consultation with SCAG has continued to refine the support sessions package and to develop operational guidelines for service providers.

150. SCU have implemented higher levels of contact with clients to support them through the processes including proceeding to cover where this is required.

151. SCAG report that while the changes have been implemented, and a working group established for children and adolescents and Māori that the work to ensure a smooth transition that leads to an ongoing therapeutic and safe environment for clients going through the claims processes and progressing to treatment has yet to be changed.

152. ACC reinforced that the overall change programme has a timeframe of 12-18 months and that their priority was to put the 16 support sessions in place in a quick and efficient way.

153. There are high levels of disquiet that the claims process remains unchanged and that the "gate" has been merely transferred to a later stage in the claims pathway process. The independent assessment processes, the concerns around continued requirement of a DSMIV diagnosis, the availability of assessors with sexual abuse treatment experience and the determination of causality are reported by SCAG and providers as areas needing clarification.

154. ACC acknowledge this concern but reiterate that a comprehensive assessment is required to determine cover and that this assessment needs to be done by a professional who has the requisite skills, knowledge and experience. Where a provider has the assessment capability they can fulfil the assessment role. In addition, there is the opportunity for the provider of the support sessions to input into and attend (if the client wishes) the Cover Assessment.

155. ACC has also clarified that following the Cover Assessment, there will be a therapeutic assessment by the treatment provider where more specific therapy goals will be set.

Reviewer's Conclusions and Recommendations

156. ACC has balanced the need to move quickly with the initial changes with the requirement to consult.

157. Priority has been given to quickly implementing access to the sixteen support sessions. ACC is now consulting with the Child and Adolescent Working group as a priority to consideration alternative ways of assessing mental injury that are more appropriate for children and young people.

158. Determining alternative ways to assess mental injury for children and adolescents and for Māori will set the context for broader mental injury determination with other claimants.

159. High levels of engagement with relevant sector experts (people with experience of providing treatment to survivors of sexual abuse) and with relevant government agencies must be a priority to ensure that changes are both planned and effective in the longer term.

160. ACC will need to quickly work out the processes for decision making around the determination of mental injury as there is confusion around the role of the MHSLG and SCAG.

161. **Overall Assessment - Good progress made**. ACC's priority in the first six months was to implement the changes to provide immediate support. These were implemented quickly and with engagement with SCAG. The working group to ensure processes are effective for children has been initiated as has the Māori working group.

Recommendation 10

162. That ACC work with sector representatives to evolve the Pathway(s) based on the Massey Guideline principles and the proposals and principles in section 9 of this report giving particular attention to the needs of children and adolescents. The amended Pathway(s) must clarify how cover for treatment according to need will be available to those needing more than the initial 16 sessions recognising that this will be particularly important for adult survivors of child sexual abuse.

Evidence and Views on Progress

163. ACC has set up working groups for children and adolescents and Māori to begin the processes of developing an end-to-end claims processes that is appropriate and delivers to the needs of these client groups.

164. Internally ACC has established a dedicated child and adolescent team to work with children and families; developed draft guidelines for assessors completing mental injury assessments for children and adolescents and draft credentials for assessors for consultation as well as developing a set of principles for providers working with children.

165. The role of Chief Māori Advisory (ACC) has been strengthened and a stronger working relationship established between SCU staff and ACC's Māori Cultural Advisor. Terms of references and a scoping paper for the work to be undertaken by the group have been developed for consultation and ratification.

166. SCAG is supportive of the working group approach for children and adolescents and Māori. However, some members are unhappy that progress in developing the post 16 sessions claims and treatment processes is slow. ACC while mindful of this concern, responded that there is a plan for developing the claims and treatment processes and will engage SCAG and the sector in this work. ACC also reiterate that the speed at which changes can be put in place depends on both the sector and their capacity to engage and consult. It is more appropriate from ACC's perspective that changes are well planned, consulted and robust prior to their implementation. This takes time.

167. There is a strong expectation that the approaches taken for children and young people and Māori will set the context for other claims groups.

Reviewer's Conclusions and Recommendations

168. ACC has begun to implement this recommendation with the establishment of the working groups. It is now imperative that work quickly progress on developing claims processes that are based on the Massey Guidelines and the principles that were set out in Section 9 of the original Review Panel Report[5]. ACC reiterated that its priority over the next six month will be to develop process that align with the Massey Guidelines for cover determination and treatment. This work is complex and ACC will need to work closely with the sector to ensure expectations and priorities are understood and aligned.

169. It is also important that ACC keep all sector groups well informed of progress and change and that it clearly plans how the decisions and advice from one group will be conveyed and influence the overall process frameworks. If the relationships and processes around the working groups are not explicit or managed well there is danger that the sector or parts of the sector will become disenfranchised or lose trust in the engagement process.

170. **Overall Assessment – Not yet progressed** The work with sector representatives to evolve the Pathway(s) giving particular attention to the needs of children and adolescents has recently been initiated but as yet an amended pathway that clarifies how cover for treatment according to need will be available to those needing more than the initial 16 sessions has not been developed. In the first six months, ACC has rightly given priority to ensuring access to the support sessions and to re-establishing working relationships. In the next six months, progress on this recommendation will be a priority.

Recommendation 11

171. *That a proportion of claimants may be required to undergo an assessment for cover from an assessor who is not their treatment provider before a decision about cover is taken or to review ongoing therapy. These assessors should themselves be experts who have worked with sexual abuse victims and, wherever possible and desired by the client, the client's usual treatment provider should also be involved in the formal assessment process and in determining appropriate treatment goals and plans*

[5] Sensitive Claims Pathway Review Panel (September 2010). Clinical Review of the ACC Sensitive Claims Pathway. Section 9: Proposals for Change.
These principles intended that all changes should be in line with the Massey Guidelines and that all processes should be safe, flexible, client focused, enable client choice and build on a relationship of trust that recognises the central importance of the client/therapist relationship. In addition, the process must ensure there is little or no delay between a claim being lodged and counselling support being available and that continuity of care should be available throughout the process. The client's usual treatment provider should be involved in any independent assessment process and in determining goals and plans.

Evidence and Views on Progress

172. ACC report that the primary change that has been made to the assessment for cover process has enabled the sexual abuse victim's usual treatment provider to attend assessment processes and engage in determining the appropriate treatment goals and plans.

173. ACC acknowledge that the SCU predominantly uses the Diagnostic and Treatment Assessment (DATA) Service to purchase cover assessments, through the Initial Assessment and Recommendations for Treatment (IARTS) service and that this service is delivered by clinical psychologists.

174. While some treatment providers are able to complete the ACC290 determination report, the majority of clients are referred to an assessment provider who is not their usual treatment provider.

175. ACC recognise that the pool of assessors who ACC has determined can deliver these services has narrowed. They also acknowledge that independent providers are not best placed to set specific therapy goals for clients.

176. In its high level objectives and goals for implementation of this recommendation ACC state that priorities will be to:

    a. Review assessors credentials to reflect and endorse provider experience and training

    b. Broaden the scope regarding which disciplines can undertake assessments

    c. Review current assessment, treatment planning processes and reporting against the Massey Guidelines – principles of safety, therapeutic relationships, assessment and client focus

177. SCAG members welcome the changes that allow the regular treatment provider or support counsellor to attend the assessment processes.

178. Feedback from SCAG members on the progress in respect of this recommendation reflects a level of frustration that many still feel about the time taken to progress through IARTS processes and the impact that an independent clinical assessment can have on clients.

179. There remains a perception that claimants are still being assessed by clinicians who lack experience of treating victims of sexual abuse, particularly children. There remains a small pool of ACC approved assessors with experience to work with both children and victims of sexual abuse.

180. As noted earlier in the report, the concerns around the independent assessment processes remain high. ACC acknowledge this concern. ACC has recently consulted with the Child and Adolescent Working Group on a set of child and adolescent assessment and intervention principles. Draft assessment for mental injury guidelines have also been prepared for assessors.

Reviewer's Conclusions and Recommendations

181. ACC must clarify its processes of engagement with sector groups in respect of input into determining changes to the assessment processes.

182. ACC has a work plan to achieve the high level objectives and goals (set out in paragraph 176 above) in respect of this recommendation.

183. Decisions must be made to broaden the pool of assessors and ensure that all assessment processes align with the Massey Guidelines. The draft assessment and intervention principles and the mental injury guidelines for assessors are initial steps in this process.

184. Given the importance of this area to the whole claims and treatment process ACC must continue to engage effective with assessment providers, SCAG and the Child and Adolescent and Māori working groups it has established to advise it. Developing forums for the different professional groups who work across both the assessment and treatment arenas to discuss their perceptions and differences and gain better understandings of the contribution that each make to the client's recovery may be valuable.

185. **Overall Assessment – Some progress.** ACC has made changes to enable the client's usual treatment provider to attend assessment for covers sessions. However the processes to support the usual treatment provider being "involved in the formal assessment process and in determining appropriate treatment goals and plans" are yet to be fully clarified with either the providers of treatment or the independent assessments. There are some delays in clients moving through to cover. These delays are caused by insufficient assessors available that are experts who have worked with sexual abuse victims leading to delays in client assessments and at times client and/or support provider notification that progress to cover is required.

Recommendation 12

186. *That ACC ensure that any assessment for cover processes for all claims requiring a treatment decision have occurred and a decision has been made within 6 weeks of being notified that a decision on cover will be needed. If this is not possible for any reason outside the client's control then further two weekly therapeutic assessment and recovery support sessions should continue to be funded until the assessment is completed and a decision on further cover is taken. The assessment and cover decision must be taken at the latest within nine months of the claim being lodged – and preferably sooner*.

Evidence and Views on Progress

187. ACC is focused on reducing timeframes for assessment and cover decisions to meet the 6 week target.

188. Changes with the SCU have contributed to more streamlined clinical review processes and to faster decision making once a client has indicated that they wish to proceed to cover determination.

189. ACC has processes in place to provide further support for clients for whom ACC has not reached a decision within the 6 weeks timeframe.

190. SCAG report that there has been a decrease in delays with regard to processing of reports for clients seeking cover determination. However, SCAG members also report that there are significant delays in the provision of external assessments.

191. It has also been acknowledged that clients and support providers may not be aware of the timeframes as an ACC45 form may have been lodged by an earlier provider and this lodgement becomes the official point for determination of the nine month claims period. This means that timeframes from the client's perspective are sometimes compressed.

Reviewer's Conclusions and Recommendations

192. ACC has put in place processes to reduce the timeframes for cover decisions and to ensure that treatment is not disrupted while claims decisions are being processed.

193. However, processes need to be clarified to ensure that all parties (ACC, claimant, provider) are aware of the nine month timeframe and when officially that timeframe has started. Clarifying whether an initial medical assessment (i.e. DSAC consultation) initiates the start of the timeframe for cover decisions would be helpful.

194. As noted in Recommendation 11 extending the pool of available assessors must be a priority.

195. **Overall Assessment – Good progress made.** ACC has implemented internal changes to streamline clinical review processes and to make faster decisions. The sector report fewer delays in processing of reports however there are still delays in provision of external assessments and these have yet to be addressed with revised assessment processes.

Recommendation 13

196. *That ACC provide mechanisms for involving families/whānau in therapy especially for children and adolescents.*

Evidence and Views on Progress

197. ACC currently approves primary caregiver sessions with treating therapist "where appropriate" on a case-by-case basis.

198. It intends to develop family/whanau forms as part of the child and adolescent working group's brief and to invite their working group's input to a guideline for providers and families.

199. SCAG report that they have yet to be involved in discussions around this issue and that providers have not been provided with any information or instructions in respect of providing support or services to family/whanau.

200. ACC advises that the Child and Adolescent working group have been invited to provide feedback on the draft guidelines and that this will be progressed.

Reviewer's Conclusions and Recommendations

201. While ACC has begun work on this recommendation, the full intent of this recommendation is yet to be addressed.

202. ACC acknowledge that family/whanau involvement in therapy must be viewed more broadly than the approval of "one off" or case-by-case sessions.

203. ACC will need to effectively engage the child and adolescent and Māori working groups as well as the SCAG in developing appropriate mechanisms for the involvement of families/whanau.

204. **Overall Assessment – Project initiated and in early stages.** ACC provides for primary caregivers to be involved therapy sessions but the full intent of this recommendation which was to provide a mechanism for involving families/whanau in therapy. A comprehensive approach to this is being developed with initial consultation with the Child and Adolescent working Group

Recommendation 14

205. *That a process be established to independently monitor the development and implementation of actions recommended in this report*

Evidence and Views on Progress

206. ACC developed the Terms of Reference (Appendix 1) for this review and commissioned Dr Barbara Disley to undertake the review.

207. The review was prepared on the basis of:

a. A written report from ACC with supporting review material

b. Key informant interviews with selected ACC senior managers and staff

c. A feedback workshop with SCAG members

d. Written submissions from some SCAG members

Reviewer's Conclusions and Recommendations

208. The scope of this six month review was restricted to evidence from ACC and SCAG members. This has limited the perspectives on progress and therefore the report.

209. Consideration may need to be given to extending the Terms of Reference for the final review to ensure that wider evidence is collected from various sector groups including survivors of sexual abuse, families of children and young people, Māori, and providers of services.

210. **Overall Assessment – Achieved.** ACC has commissioned this initial report six months after the presentation of the Review Panels Report.

Summary of Progress on Recommendations

Recommendation 1 - Reasonable progress made on planning and working groups

211. **Overall assessment –** Working groups have been established to advise on the revised processes. ACC has introduced access to support for all new victims of sexual assault. This was done in an efficient and timely manner. However, the comprehensive work programme will take time to ensure that all aspects of the pathway align to the Massey Guidelines. Child and adolescent and Māori working groups have been established to being addressing the special needs of particular groups.

Recommendation 2 – Good progress made

212. **Overall Assessment** - Initial changes to the pathway have been made and consultation and engagement with the sector initiated. This foundation provides a base for ACC to begin to address the complex changes required to ensure that all aspects of the claims process reflects the principles of the Massey Guidelines.

Recommendation 3 – Early stages so minimal progress

213. **Overall Assessment –** Working groups for children and young people and Māori have been formed, and consultation on alternative assessment tools and processes is in the early stages.

Recommendation 4 – Good progress on internal processes to ensure consistency

214. **Overall Assessment –** ACC has provided initial training and more legal representation to ensure more consistent interpretation of causality. There remains unease within SCAG that the threshold for interpreting "substantial" and "a material cause" remains too high. ACC will need to continue to engage with the sector so there is a growing collective understanding of rationale for coverage and decline decisions.

Recommendation 5 – Good progress

215. **Overall Assessment –** ACC communications with survivors of sexual abuse have been reviewed and improved. This will require ongoing attention.

Recommendation 6 – Not Progressed

216. **Overall Assessment –** An appropriately constituted working party involving all professional groups to examine credentialing or other means of ensuring that the workforce for assessment and treatment, including the new therapeutic assessment and recovery support process is fit for purpose and meets quality standards is yet to be established.

Recommendation 7 – Not Progressed

Overall Assessment – ACC has initiated a number of quality improvement processes to improve the performance of the SCU. However, the wider intent of this recommendation is yet to be achieved. A process for widely consulting and developing and implementing a comprehensive quality framework including strengthened processes for provider approval and auditing; appropriate service standards and monitoring; workforce training and development; ongoing professional development and continuous service improvement will need to be initiated once the end to end support and claims processes have been determined.

Recommendation 8 – Excellent progress made

217. **Overall Assessment –** The changes to provide immediate support were implemented quickly by ACC and with engagement with SCAG. The working parties ACC has established will advise on changes to ensure the processes work effectively for children and Māori.

Recommendation 9 – Good progress made

218. **Overall Assessment –** ACC's priority in the first six months was to implement the changes to provide immediate support. These were implemented quickly and with engagement with SCAG. The working group to ensure processes are effective for children has been initiated as has the Māori working group.

Recommendation 10 – Initial progress made

219. **Overall Assessment –**The work with sector representatives to evolve the Pathway(s) giving particular attention to the needs of children and adolescents has recently been initiated but as yet an amended pathway that clarifies how cover for treatment according to need will be available to those needing more than the initial 16 sessions has not been developed. In the first six months, ACC has rightly given priority to ensuring access to the support sessions and to re-establishing working relationships. In the next six months, progress on this recommendation will be a priority.

Recommendation 11 – Some progress

220. **Overall Assessment –**ACC has made changes to enable the client's usual treatment provider to attend assessment for covers sessions. However the processes to support the usual treatment provider being "involved in the formal assessment process and in determining appropriate treatment goals and plans" are yet to be fully clarified with either the providers of treatment or the independent assessment. There are some delays in clients moving through to cover. These delays are caused by insufficient assessors that are experts who have worked with sexual abuse victims leading to delays in client assessments and at times client and/or support provider notification that progress to cover is required.

Recommendation 12 – Good progress made

221. **Overall Assessment** - ACC has implemented internal changes to streamline clinical review processes and to make faster decisions. The sector report fewer delays in processing of reports however there are still delays in provision of external assessments and these have yet to be addressed with revised assessment processes.

Recommendation 13 – Initiated

222. **Overall Assessment** – ACC provides for primary caregivers to be involved therapy sessions but the full intent of this recommendation which was to provide a mechanism for involving families/whanau in therapy is yet to be realised. A comprehensive approach to this is being developed with initial consultation with the Child and Adolescent working Group.

Recommendation 14 - Good progress

223. ACC has commissioned this initial report six months after the presentation of the Review Panels Report.

Conclusions

224. ACC has made good progress in implementing processes to ensure that survivors of sexual abuse have access to support quickly. Relationships with the sector have improved and SCAG members reported that they have appreciated the responsiveness and openness which senior managers with responsibility for implementing the Review Panels recommendations have approached their tasks. Communications with clients are more client-focused and appropriate. Internal SCU processes are improved, management practices have been enhanced and there is greater focus on providing quality services.

225. Working groups to provide advice on changes to the claims processes for children and young people and Māori have been initiated. The groups are being consulted and over the next six months progress should be made on developing end to end processes that are safe and effective for children and adolescents and Māori.

226. SCAG remains apprehensive that following the sixteen support sessions, clients who move through the claims process will be subjected to the same assessment processes that were put in place in the original Sensitive Claims Clinical Pathway that was introduced in October 2009.

227. While much more open and positive relationships have been established by ACC with SCAG, there is some confusion within SCAG as to their role and how they will influence the way in which new assessment tools will be developed and assessments undertaken. This is exacerbated by fears around the role that the MHSLG will have in determining the final outcomes. ACC is clear that MHSLG does not have a decision making role so this needs to be clearly conveyed to SCAG.

228. ACC has developed a work plan that will take 12-18 months to fully implement. While the sector is impatient for change, this must be balanced with the need to ensure adequate consultation around the changes so that they are both appropriate and effective. ACC will need to continue to effectively engage the working groups, SCAG and the wider sector in its work programme and communications.

Appendices

Appendix 1: Terms of Reference: January 2011

Monitoring the Implementation of Recommendations from the Independent Panel's Review of ACC's Sensitive Claims Pathway

Background

229. ACC introduced a new Sensitive Claims clinical pathway in October 2009 to apply a strengthened clinical model to the way it managed sensitive claims.

230. The introduction and implementation of the clinical pathway created significant public/media and stakeholder issues.

231. In April 2010, The Honourable Dr Nick Smith, Minister for ACC, requested an independent review of the introduction of the new Sensitive Claims Clinical Pathway.

232. The independent panel: Dr Barbara Disley (Chair), Clive Banks, Ruth Herbert and Graham Mellsop, provided its report to the Minister in September 2010. The report was developed from a range of information sources including ACC, submissions from organisations and individuals, survivors, provider groups and Government agencies. The panel made 14 recommendations based on the outcomes of the review.

233. Recommendation 14 suggested that a process be established to independently monitor the development and implementation of actions recommended in the report.

234. The ACC Board has requested that Dr Barbara Disley be engaged to conduct the independent monitoring at 6 and 18 month intervals post the release of the Panel's report (i.e. March 2011 and March 2012).

In Scope

235. This work will monitor ACC's progress in the development and implementation of each of the recommendations in the report of the Independent Panel. The recommendations are set out in Appendix 1.

236. This work will assess the sufficiency (quality, timeliness and adequacy) of progress made to implement the recommendations and may make suggestions to improve progress where this is required.

Out of Scope

237. This work will be confined to looking at the progress ACC has made with implementing the Independent Panel's Recommendations and will not include making new recommendations, except where these relate solely to improving progress with the original recommendations.

238. This work will not include interviews with clients or external stakeholders other than the Sensitive Claims Advisory Group.

Procedure/Deliverables

239. In conducting the Independent Monitoring Review, Dr Barbara Disley ('the Monitor') will:

- Access relevant records and conduct a small number of meetings (up to 5 per phase) with relevant ACC staff (listed in Appendix 2) to determine progress with the implementation of the recommendations. Will it be possible for your data people to provide information that is already collated? It would be helpful if I could look at some of the information on timeliness of responses etc as we did in the initial review report and assess progress.

- Meet twice (once at 6 months, and again at 18 months) with the Sensitive Claims Advisory Group as part of that group's regular meeting schedule to discuss SCAG's opinion of progress with the implementation of the recommendations.

- Produce a short written report that sets out the actions ACC has taken to implement the recommendations and any suggestions the Monitor may have for improving progress with the implementation of the recommendations.

- Present the findings of the Review to the ACC Board.

Appendix 2: Recommendations of the Independent Review Panel

Recommendation 1

That ACC ensures that all aspects of their Pathway(s) and associated claims processes are in line with the Massey Guidelines by seeing that they:

- are developed and implemented in ways that recognise and protect client safety and the importance of the therapeutic relationship;
- take a client focus; and
- recognise the special needs of particular groups including children, adolescents, people with mental illness, people with intellectual disabilities, Maori, and Pacific peoples

Recommendation 2

That future changes to the Pathway and associated processes are planned, managed and implemented with meaningful engagement and consultation with the sector and relevant government agencies.

Recommendation 3

That, as a priority, ACC commence work with relevant sector experts to agree additional standardised systems for determining mental injury – including ones that would be appropriate for children and for Maori – and discuss how they should be used to confirm that a claimant has a mental injury for ACC when making cover decisions under its legislation.

Recommendation 4

That, in determining whether a mental injury has been caused by a Schedule 3 event, the test should be that the sexual abuse was a substantial or a material cause of the injury.

Recommendation 5

That all ACC communications with survivors of sexual abuse need to be reviewed as a matter of urgency taking a client perspective and using survivor and expert provider assistance in the process.

Recommendation 6

That ACC establish an appropriately constituted working party involving professional groups to examine credentialing or other means of ensuring that the workforce for treatment and assessment, including the new therapeutic assessment and recovery support process, is fit for purpose and meeting quality standards.

Recommendation 7

That, in order to ensure processes around the Pathway(s) are of good quality, safe and effective for ACC, clients, and providers, ACC work with the sector, survivor representatives and relevant government agencies to develop and implement a comprehensive quality framework including strengthened processes for:

- provider approval and auditing
- appropriate service standards and monitoring

- workforce training and development
- ongoing professional development, and
- continuous service improvement.

Recommendation 8
That ACC move to improve access for survivors by introducing 16 hours of immediate therapeutic assessment and recovery support from a registered ACC treatment provider for new claimants, those currently under consideration under the Pathway, those who have had a claim declined and those who have chosen to withdraw their claim under the Pathway.

Recommendation 9
That these initial changes are planned, managed and implemented quickly and effectively – giving priority to claims for children – with input and/or oversight from relevant sector experts and relevant government agencies.

Recommendation 10
That ACC work with sector representatives to evolve the Pathway(s) based on the Massey Guideline principles and the proposals and principles in section 9 of this report giving particular attention to the needs of children and adolescents. The amended Pathway(s) must clarify how cover for treatment according to need will be available to those needing more than the initial 16 sessions recognising that this will be particularly important for adult survivors of child sexual abuse.

Recommendation 11
That a proportion of claimants may be required to undergo an assessment for cover from an assessor who is not their treatment provider before a decision about cover is taken or to review ongoing therapy. These assessors should themselves be experts who have worked with sexual abuse victims and, wherever possible and desired by the client, the client's usual treatment provider should also be involved in the formal assessment process and in determining appropriate treatment goals and plans

Recommendation 12
That ACC ensure that any assessment for cover processes for all claims requiring a treatment decision have occurred and a decision has been made within 6 weeks of being notified that a decision on cover will be needed. If this is not possible for any reason outside the client's control then further two weekly therapeutic assessment and recovery support sessions should continue to be funded until the assessment is completed and a decision on further cover is taken. The assessment and cover decision must be taken at the latest within nine months of the claim being lodged – and preferably sooner.

Recommendation 13
That ACC provide mechanisms for involving families/whānau in therapy especially for children and adolescents.

Recommendation 14
That a process be established to independently monitor the development and implementation of actions recommended in this report