COVERSHEET

Minister	Hon Erica Stanford	**Portfolio**	Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions
Date of meeting	23 June 2026	**Date to be published**	6 November 2026

List of documents that have been proactively released		
Date	**Title**	**Author**
23 June 2026	Aide-memoire – Agenda and items for discussion	Crown Response Office
16 June 2026	Briefing – Item 2: Approach to responding to the Royal Commission's Treaty breach findings	Crown Response Office
18 June 2026	Briefing – Item 3: Process for responding to allegations of torture in care settings other than Lake Alice	Crown Response Office
16 June 2026	Briefing – Item 4: Seeking direction on a cross-system care safety framework	Crown Response Office
16 June 2026	Briefing – Item 5: Building a safe and care capable workforce – overview and approach (paper 1)	Crown Response Office
23 June 2026	Briefing – Item 5: Building a safe and care capable workforce – second package of capability building initiatives (paper 2)	Crown Response Office
16 June 2026	Briefing – Item 5: Building a safe and care capable workforce – proposed approach to work to strengthen vetting of the care workforce (paper 3)	Crown Response Office
16 June 2026	Briefing – Responding to Recommendation 28 in *Whanaketia,* the final report of the Royal Commission of Inquiry into Abuse in Care	Oranga Tamariki

Withholding grounds

Information within this document has been withheld as if it had been requested under the Official Information Act 1982. Where this is the case, the reasons for withholding have been listed below. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

- section 9(2)(a) to protect the privacy of natural persons
- section 9(2)(f)(iv) to maintain the current constitutional conventions protecting the confidentiality of advice tendered by Ministers and officials
- section 9(2)(h) to maintain legal professional privilege

- Section 9(2)(j) to protect commercial negotiations

Notes

The briefing titled *Responding to Recommendation 28 in Whanaketia, the final report of the Royal Commission of Inquiry into Abuse in Care* was not discussed at the meeting dated 23 June 2026 and the paper was deferred to an oral item for the August 2026 Redress and Care Ministers meeting. The meeting pack for this meeting can be found here.

Meeting pack – 23 June 2026

Redress and care Ministers – Crown Response to the Abuse in Care Inquiry

Membership:

- Hon Erica Stanford, Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions (Chair) and Minister of Education;
- Hon Louise Upston, Minister for Social Development and Employment and Minister for Disability Issues;
- Hon Matt Doocey, Associate Minister of Health; and
- Hon Karen Chhour, Minister for Children and Minister for the Prevention of Family and Sexual Violence.

Ministers attending for items 1, 2 and/or 3:

- Hon Chris Bishop, Attorney-General – for items 1, 2 and 3;
- Hon Tama Potaka, Minister for Māori Development and Minister for Māori Crown Relationship: Te Arawhiti – for items 1 and 2; and
- Hon Casey Costello, Associate Minister of Health and Associate Minister of Police – for items 1, 2 and 3.

Meeting pack:

- Aide-memoire: agenda and items for discussion
- Item 2: Approach to responding to the Royal Commission's Treaty breach findings (CRACI 26/035)
- Item 3: Process for responding to allegations of torture in care settings other than Lake Alice (CRACI 26/058)
- Item 4: Seeking direction on a cross-system care safety framework (CRACI 26/056)
- Item 5: Building a safe and capable care workforce
    - Paper 1: Building a safe and capable care workforce – overview and approach (CRACI 26/046)
    - Paper 2: Building a safe and capable care workforce – second package of capability building initiatives (CRACI 26/053)
    - Paper 3: Building a safe and capable care workforce – proposed approach to work to strengthen vetting of the care workforce (CRACI 26/054)
- Item 6: Paper for Joint Care Ministers - Responding to Recommendation 28 in Whanaketia, the final report of the Royal Commission of Inquiry into Abuse in Care.

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Aide-memoire

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Crown Response to the Abuse in Care Inquiry

Agenda and items for discussion

For: Redress and care Ministers – Crown Response to the Abuse in Care Inquiry

Date: 23 June 2026 **Security level:**

Purpose

1. This pack provides the redress and care Ministers for the Crown Response to the Abuse in Care Inquiry with an agenda and papers to support its discussion on 23 June 2026.

Agenda

	Item	Timing
1.	**Closed Item** Ministers and advisors only.	5 minutes
2.	**Responding to the Royal Commission's Treaty of Waitangi findings** *(Paper: Item 2 – Approach to responding to the Royal Commission's Treaty of Waitangi findings (CRACI 26/035)* The paper seeks your agreement to an approach to responding to the Treaty of Waitangi / te Tiriti o Waitangi (the Treaty) breach findings in the final report of the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Royal Commission), Whanaketia – through pain and trauma, from darkness to light (Whanaketia). It proposes three options for responding to the Treaty breach finding, informed by advice from Crown Law, and seeks ministers' agreement to one of these options: 1. Option One: take no further action at this stage (leaving any concessions or acknowledgements to Waitangi Tribunal inquiries); 2. Option Two: make an acknowledgement (to accompany statements already made by the Crown) recognising the disproportionate placement and abuse of tamariki Māori in State care and prejudice suffered by Māori survivors;	10 minutes

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	3. <u>Option Three (preferred by agencies):</u> in addition to Option Two, make a broad governance-based Treaty breach concession. 9(2)(h) [redacted]	
3.	**Process for responding to allegations of torture in care settings other than Lake Alice** *(Paper: Item 3 - Process for responding to allegations of torture in care settings other than Lake Alice (CRACI 26/058)* Individual redress agencies and Ministers continue to receive allegations of torture in care settings. There is currently no consistent approach for redress agencies to respond to these allegations. This item seeks agreement to develop a common policy for State redress agencies to respond to allegations of torture in care settings. The purpose of the common policy would be to ensure there is a proper and consistent response to all allegations of torture brought to the attention of redress agencies, in line with New Zealand's obligations under the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. The paper seeks agreement to: • develop a common policy and guidance for the State redress system which sets out how redress agencies can respond to allegations of torture in care settings, and • where there is a credible allegation that cannot be investigated or prosecuted by Police, that the redress agency provide advice to the relevant portfolio Minister(s) and the Attorney-General on if an impartial assessment of the allegation is	10 minutes

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	required and, if so, how that will be progressed. This will need to include advice on the funding of the assessment and any redress that may follow from that. An alternative approach, preferred by the Ministry of Social Development, is the development of shared guidance to strengthen the current case-by-base decision-making by redress agencies regarding how to respond to torture allegations.	
4.	**Establishing Care Safety Requirements for the Care System** *(Paper: Item 4: Seeking Joint Ministers' direction on a cross-system care safety regulatory framework (*CRACI 26/056) In December 2025, Cabinet agreed an initial approach to build and strengthen care safety, including establishing a baseline set of consistent core safety requirements and expectations across care settings, driven by collective system leadership. Cabinet directed officials to progress a cross-agency work programme to build and strengthen care safety, and invited the Lead Coordination Minister to report back by August 2026 on delivery and implementation options for a care safety framework and timeframes and options for any legislative change. This paper updates care ministers on progress to strengthen care safety across the system and seeks direction on implementation options for care safety requirements, and agreement on the proposed approach to further policy development and consultation. It proposes that these decisions be taken to Cabinet in late July for the report back.	15 minutes
5.	**Building Safeguarding Capability of the Care Workforce** Three papers are provided to support this item: Paper 1: *Building a safe and capable workforce – overview and approach (CRACI 26/046)* This paper seeks your agreement to the approach to building a safe and capable workforce. This involves combining government leadership and accountability, with common baseline expectations for the whole care workforce, and sector-specific responses to address the unique needs of the different parts of the workforce. Work is being progressed across three key phases in a multi-year programme of work. Care agencies will report back in March 2027 on progress and any further advice on capability requirements, vetting, reporting of abuse and neglect, and any future funding proposals. Paper 2: *Building a safe and capable care workforce: second package of capability building initiatives (CRACI 26/053)*	15 minutes

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	This paper sets out the second package of capability building initiatives and asks for your agreement to seek draw down funding by delegated Ministers from the tagged operating contingency 9(2)(f)(iv) [redacted] or to defer decisions for some or all of the initiatives until March 2027. Paper 3: *Building a safe and capable care workforce: proposed approach to work to strengthen vetting of the care workforce (CRACI 26/054)* This paper sets out the proposed approach to develop options to ensure care agencies and other relevant bodies are regularly and effectively vetting people providing care. It seeks agreement for: • the Ministry of Health and the Ministry of Social Development to lead the development of options to strengthen vetting of the adult care workforce, including the aged care workforce; • the Crown Response Office to develop options and advice on system-wide enablers for the care sector, including information sharing, to address vetting duplication and barriers; and • for agencies to undertake targeted consultation on the two points above, as appropriate.	
6.	**Response to Recommendation 28** Lead: Hon Karen Chhour, Minister for Children (*Paper: Item 6 – Paper for Joint Care Ministers - Responding to Recommendation 28 in Whanaketia the final report of the Royal Commission on Inquiry into Abuse in Care)* Recommendation 28: The government should amend section 284 of the Oranga Tamariki Act 1989 to ensure that offending by young people abused and /or neglected in care in response to that abuse and/or neglect, is not given undue weight as an aggravating factor at sentencing for later unrelated offending. This paper seeks agreement from Joint Care Ministers on the proposed response to recommendation 28 in Whanaketia, the final report of the Royal Commission of Inquiry into Abuse in Care. A decision at this time will enable Oranga Tamariki to provide an update in the next Annual Report of the Crown's response to the Royal Commission, which will cover the period from 1 July 2025 to 30 June 2026.	5 minutes

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Briefing

Item 2: Approach to responding to the Royal Commission's Treaty breach findings

Date:	16 June 2026	**Priority:**	Medium
Security classification:		**Tracking number:**	CRACI 26/035

	Action sought	**Deadline**
Hon Erica Stanford Lead Coordination Minister of the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions Minister of Education **Hon Chris Bishop** Attorney-General **Hon Louise Upston** Minister for Social Development and Employment **Hon Tama Potaka** Minister for Māori Development Minister for Māori Crown Relations **Hon Matt Doocey** Associate Minister of Health **Hon Karen Chhour** Minister for Children	**Agree** to progress one of the three outlined options relating to the Royal Commission's Treaty breach findings.	29 June 2026

Contact for telephone discussion (if required)			
Name	**Position**	**Telephone**	**1st contact**
Rebecca Martin	General Manager, Policy and Strategy, Crown Response Office	9(2)(a)	✓
Regan Nathan	Policy Manager, Crown Response Office	9(2)(a)	

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The following departments/agencies have been consulted
Ministry of Social Development, Oranga Tamariki – Ministry for Children, Ministry of Health, Ministry of Education, Te Puni Kōkiri – Ministry for Māori Development, the Office of Treaty Settlements and Takutai Moana – Te Tari Whakatau, Whaikaha – Ministry for Disabled People, and Crown Law Office.

Minister's office to complete:

- ☐ Approved
- ☐ Noted
- ☐ Seen
- ☐ See Minister's Notes
- ☐ Declined
- ☐ Needs change
- ☐ Overtaken by Events
- ☐ Withdrawn

Comments

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Briefing

Item 2: Approach to responding to the Royal Commission's Treaty of Waitangi breach findings

Date:	16 June 2026	**Priority:**	Medium
Security classification:	In Confidence	**Tracking number:**	CRACI 26/035

Purpose

1. This paper seeks your decisions on an approach to responding to the Treaty of Waitangi / te Tiriti of Waitangi (the Treaty) breach findings in the final report of the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Royal Commission), *Whanaketia – through pain and trauma, from darkness to light* (Whanaketia).

Recommendations

2. We recommend you:

   a. **note** in September 2024, Cabinet agreed to broadly accept the Royal Commission's overall findings, while noting that further work was required to respond to the findings that are legal in nature (the findings of Treaty breach) [CAB-24-MIN-0380 refers];

   b. **note** in April 2025, you sought further advice on options for responding to the Royal Commission's breach findings;

   c. 9(2)(h) [redacted]

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Lead Coordination Minister of the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions	Yes / No
Minister of Education	
Attorney-General	Yes / No
Minister for Social Development and Employment	Yes / No
Minister for Māori Crown Relations	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

d. **agree** to one of the following options:

EITHER

i. *Option One*: take no further action at this stage (leaving any concessions or acknowledgements to Waitangi Tribunal inquiries);

Lead Coordination Minister of the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions	Yes / No
Minister of Education	
Attorney-General	Yes / No
Minister for Social Development and Employment	Yes / No
Minister for Māori Crown Relations	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

OR

ii. *Option Two:* make an acknowledgement of the disproportionate placement and abuse of tamariki Māori in State care, rooted in historical harms to iwi, hapū and whānau, and the profound prejudice suffered by Māori through disconnection from culture, whakapapa and language;

Lead Coordination Minister of the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions	Yes / No
Minister of Education	
Attorney-General	Yes / No
Minister for Social Development and Employment	Yes / No
Minister for Māori Crown Relations	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

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OR

iii. *Option Three (preferred by the Ministries of Education, Health, and Social Development, Oranga Tamariki – Ministry for Children, Te Puni Kōkiri, Te Tari Whakatau, and Whaikaha – Ministry for Disabled People)*: in addition to Option Two, make a broad governance-based Treaty breach concession;

Lead Coordination Minister of the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions	Yes / No
Minister of Education	
Attorney-General	Yes / No
Minister for Social Development and Employment	Yes / No
Minister for Māori Crown Relations	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

e. **note** that should you agree to Option Two or Three, we will provide further advice on specific next steps for implementation; and

f. **note** your decisions on this paper will allow for recommendation 130 of *Whanaketia*, regarding providing a response to the Royal Commission's findings, to be marked as complete.

Rebecca Martin

General Manager, Strategy and Policy, Crown Response Office

16 / 06 / 2026

Hon Erica Stanford

Lead Coordination Minister for the Crown Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions

Minister for Education

/ /2026

Hon Chris Bishop

Attorney-General

/ /2026

Hon Louise Upston

Minister for Social Development and Employment

/ /2026

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Hon Tama Potaka

Minister for Māori Development
Minister for Māori Crown Relations

/ /2026

Hon Matt Doocey

Associate Minister of Health

/ /2026

Hon Karen Chhour

Minister for Children

/ /2026

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Executive Summary

3. The Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Royal Commission) found that the Crown committed multiple, serious breaches of the Treaty of Waitangi / te Tiriti o Waitangi (the Treaty) in its treatment of Māori in State care between 1950 and 1999. The Royal Commission recommended the Crown publish a response to its findings (recommendation 130).
4. In September 2024, joint Ministers sought advice on options for responding to the Treaty breach findings, following Cabinet's broad acceptance of the overall Royal Commission findings (noting further work was required).
5. 9(2)(h) officials have identified three options for Ministers to consider:
   i. Option One: take no further action and await the outcomes of relevant kaupapa inquiries.
   ii. Option Two: make an acknowledgement (to accompany various statements already made by the Crown) recognising the disproportionate placement and abuse of tamariki Māori in State care and the distinct prejudice suffered by Māori survivors.
   iii. Option Three (**preferred by agencies**[1]): in addition to Option Two, make a broad, governance-based Treaty breach concession acknowledging the Crown's failure to meet its obligations to care for and protect Māori in State care during the Royal Commission of Inquiry period.
6. 9(2)(h)
   - 9(2)(h)

[1] The Ministries of Education, Health, and Social Development, Oranga Tamariki – Ministry for Children, Te Puni Kōkiri – Ministry for Māori Development, the Office of Treaty Settlements and Takutai Moana – Te Tari Whakatau, and Whaikaha – Ministry for Disabled People.

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9(2)(h) [redacted]

7. The recommendations in this paper are to be scheduled for consideration by minsters at a meeting on 23 June 2026.
8. Following ministers' decisions, agencies will provide further advice to support implementation dependent on the option chosen. The Crown's response to recommendation 130 will also be complete and the Crown Response Plan will be updated to reflect this. Agencies will provide further advice to support implementation of the chosen option.

Background

9. The Royal Commission's final report, *Whanaketia – Through pain and trauma, from darkness to light* (Whanaketia) stated that the Crown committed multiple, serious breaches of the Treaty in its treatment of Māori children, young people and adults in State care between 1950 and 1999. It considered these breaches to be systemic, long-standing, and pervasive.
10. The 13 breaches listed included failing to uphold tino rangatiratanga (self-determination), excluding Māori from decision-making, stripping Māori of cultural identity, and failing to protect Māori in care.
11. The Royal Commission recommended the Government and faith-based institutions publish their responses to *Whanaketia* and the Royal Commission's interim reports, including whether they accept each of the Inquiry's findings (which include the Treaty breach findings) in whole or in part, and the reasons for any disagreement. It recommended the responses should be published within two months of the report being tabled in the House of Representatives (recommendation 130).[2]
12. In September 2024, Cabinet agreed to "broadly accepting the Royal Commission's overall findings, while noting that these findings have not been tested at an individual level and that further work is required to respond to the findings that are legal in nature" [CAB-24-MIN-0380 refers]. The Cabinet paper specifically referenced the Treaty breach findings (as findings that are legal in nature).
13. Cabinet directed the then Crown Response Unit to work with Crown Law, Te Puni Kōkiri, the Ministry of Justice, and the Office of Treaty Settlements and Takutai Moana— Te Tari Whakatau (then Te Arawhiti) to report back to relevant Ministers by March 2025 with advice [SOU-24-MIN-0118 refers].
14. 9(2)(h) [redacted]

[2] The Crown Response Plan reported on annually tracks the status of each recommendation. Recommendation 130 is currently listed as 'partially accepted' and 'underway'.

9(2)(f)(iv) [redacted]

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15. The Waitangi Tribunal is currently undertaking a series of kaupapa inquiries.[4] These include the following relevant to the Crown Response:

- Health Services and Outcomes Inquiry (WAI 2575) – initiated in 2016. Phase One of Stage Two is ongoing (encompassing relevant subjects including around disabled Māori and issues pertaining to mental health, as well as alcohol, tobacco and harmful substance use) with the report to be released soon;
- Social Services and Social Development Inquiry (WAI 3460) – commenced in 2024, but yet to initiate proceedings;
- Education Services and Outcomes Inquiry (WAI 3310) – currently in planning phase; and
- Mana Wahine Inquiry (WAI 2700) – tūāpapa (foundation) hearings have been completed and the inquiry into the first of the thematic issues for this kaupapa inquiry is expected to begin in May 2026. The inquiry addresses the consequences for wāhine Māori as a result of the Crown's denial of mana wāhine, including around the breakdown of traditional structures relating to mokopuna care and the role of wāhine Māori as leaders and mothers.

9(2)(h) [redacted]

16. 9(2)(h) [redacted]

17. [redacted]

9(2)(h) [redacted] **we have identified three possible options for next steps**

18. 9(2)(h) [redacted]

Option One – take no further action

19. Under this option, the Crown would take no further action at this stage, awaiting the outcomes of Waitangi Tribunal kaupapa inquiries before considering further acknowledgements or concessions.

[4] Timeframes for completion of the Kaupapa Inquiries have not been confirmed.

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20. Option One poses potential reputational and relational risks. It could prompt criticism from stakeholders[5] and be interpreted as avoidance or minimisation of the disproportionate harm experienced by Māori and the scale and prominence of the evidence presented through the Royal Commission. It may also undermine confidence in the Crown's commitment to addressing historic and ongoing inequities in the care system. 9(2)(h) [redacted]

21. As noted above, an alternative pathway for responding to the Treaty findings identified by the Royal Commission is through the kaupapa inquiries outlined in paragraph 15. However, kaupapa inquiries' subject matter are limited to the specific kaupapa topics agreed for investigation and may not cover all of the issues relevant to those raised by the Royal Commission. Furthermore, where relevant issues are covered by the kaupapa inquiries, the inquiries may not be completed for many years.

22. 9(2)(h) [redacted]

Option Two – make a further acknowledgement or statement

23. The Crown could make an acknowledgement of fact regarding the experiences of Māori in care. The acknowledgement would build on acknowledgements of fact that have already been made by the Crown and link these to the Royal Commission's findings.

24. An acknowledgement of fact would not be an acknowledgement or concession of a Treaty breach (as in Option Three).

25. 9(2)(h) [redacted]

26. While this option would go some way to demonstrating Crown recognition of the disproportionate harm suffered by Māori, it is unlikely to adequately address potential criticism from Māori citizens, iwi and hapū and other survivors (among others).

[5] Stakeholders include the public, Māori citizens, iwi and hapū, and survivors (among others).

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27. Given previous similar statements have already been made by the Crown, Option Two will likely not fully meet stakeholder expectations for meaningful action. As such, the option risks being perceived by stakeholders as merely symbolic and offering minimal impact.

Option Three – additionally, make a broad governance-based Treaty breach concession (agencies' preferred option)

28. In addition to Option Two, Ministers could choose to make a broad and high-level concession that the Crown breached the Treaty by not meeting its governance responsibilities in respect of many people in care in the period of the Royal Commission of Inquiry investigated, including many Māori in care.[6]

29. 9(2)(h)

30.

31.

[6] 9(2)(h)

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- 9(2)(h) [redacted]
- [redacted]

32. 9(2)(h) [redacted]

33. This approach would go some way to meaningfully acknowledging the particular impact of abuse in care on Māori survivors and their whānau and recognising the breaches of the commitments made by the Crown to the Treaty partnership, while avoiding the delays associated with deferring any Treaty concessions until the completion of the Waitangi Tribunal's kaupapa inquiries.

34. For these reasons, Option Three is preferred by care agencies (Oranga Tamariki, the Ministries of Social Development, Health, and Education) as well as Whaikaha – Ministry for Disabled People, Te Puni Kōkiri – Ministry for Māori Development, and Te Tari Whakatau.

35. If Ministers decide to progress Option Three, agencies will provide advice to relevant Ministers on tangible steps the Crown has, and is, taking to discharge its obligation to avoid further Treaty breaches through care system reform, and the approach to ensuring appropriate engagement with Treaty partners as part of this work. This will be important to supporting the legitimacy of the Crown concession.

36. Officials will also work with your offices on the most appropriate process, format for and timing for the concession. The concession could be delivered by:

    - the Prime Minister, Rt Hon Christopher Luxon, given his role in delivering the public apology to survivors of abuse in care;
    - the Lead Coordination Minister of the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions, Hon Erica Stanford, given the Minister's role in driving the Crown response; or
    - the Minister for Māori Crown Relations, Hon Tama Potaka, given the Minister's responsibilities for providing strategic leadership on contemporary Treaty issues and coordinating significant Crown/Māori events on behalf of the Crown.

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9(2)(h) [redacted]

35. 9(2)(h) [redacted]

36. [redacted]

Next steps

37. If you choose to progress Option Two or Three, we will provide further advice to the Lead Coordination Minister and other relevant Ministers on next steps for implementation.

38. Following Ministers' decisions, the Crown Response to the Royal Commission's recommendation 130 will be marked as complete in the 2025/26 iteration of the Crown Response Plan.

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Pages 14-17 Appendix One and Appendix Two withheld in full under s 9(2)(h).

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Crown Response to the Abuse in Care Inquiry

Briefing

Item 3: Process for responding to allegations of torture in care settings other than Lake Alice

Date:	18 June 2026	**Priority:**	Medium
Security classification:		**Tracking number:**	CRACI 26/058

	Action sought	**Deadline**
Hon Erica Stanford **Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions** **Minister of Education**	Decisions on whether to establish a common policy for the State redress system to improve the response to allegations of torture in care settings other than the Lake Alice Psychiatric Hospital Child and Adolescent Unit.	30 June 2026
Hon Chris Bishop **Attorney-General**		
Hon Louise Upston **Minister for Social Development and Employment**		
Hon Matt Doocey **Associate Minister of Health**		
Hon Karen Chhour **Minister for Children**		

Contact for telephone discussion (if required)			
Name	**Position**	**Telephone**	**1st contact**
Rebecca Martin	General Manager Strategy and Policy, Crown Response Office	9(2)(a)	✓
Regan Nathan	Policy Manager, Crown Response Office	9(2)(a)	

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1

Briefing

The following departments/agencies have been consulted
Crown Law Office, Department of Corrections, Ministry of Education, Ministry of Foreign Affairs and Trade, Ministry of Health, Ministry of Justice, Ministry of Social Development, NZ Police, Oranga Tamariki, Te Puni Kōkiri

Minister's office to complete:

- ☐ Approved
- ☐ Noted
- ☐ Seen
- ☐ See Minister's Notes
- ☐ Declined
- ☐ Needs change
- ☐ Overtaken by Events
- ☐ Withdrawn

Comments

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Briefing

Item 3: Process for responding to allegations of torture in care settings other than Lake Alice

Date:	18 June 2026	**Priority:**	Medium
Security classification:	In Confidence	**Tracking number:**	CRACI 26/058

Published by the Crown Response Office

Purpose and Executive Summary

1. The paper seeks decisions from ministers on whether to establish a common policy for the State redress system to improve the response to allegations of torture in care settings other than the Lake Alice Psychiatric Hospital Child and Adolescent Unit (Lake Alice).
2. The Crown has acknowledged that torture occurred at Lake Alice but has not acknowledged it in any other care settings. No criminal prosecutions for torture have ever occurred in New Zealand under the Crimes of Torture Act 1989.
3. In 2025 Crown Law carried out a targeted review of specific allegations in care settings which were identified in the Royal Commission's report as places where there had been significant abuse. 9(2)(h) [redacted]
4. Historic allegations of torture in care settings other than Lake Alice have continued to be made by survivors to redress agencies and ministers and are likely to continue to be made in future.
5. There is no consistent approach for redress agencies to respond to allegations of torture. Establishing a common policy for responding to these allegations would provide a clear and consistent process, tools and legal advice for agencies to follow. This includes providing clarity regarding the respective roles and responsibilities of redress agencies, Crown Law, and Police. 9(2)(h) [redacted]
6. It would also create a transparent, public-facing policy which means survivors can understand how redress agencies will respond to claims of torture, and provides assurance to survivors and the international human rights community that the State redress system takes seriously its obligations, particularly under the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (the Convention) to prevent and respond to torture.
7. We have developed an initial outline of a process for responding to torture allegations that could form the basis of the common policy for redress agencies. The initial steps of the process are intended to provide redress agencies with a practical

and efficient approach to claims and for identifying credible[1] allegations of torture, including the referral of these to Police.

8. If ministers agree to establish a common policy, in circumstances where a credible allegation of torture for which a criminal investigation and prosecution by Police is not possible, we recommend the policy include a requirement for redress agencies, with the support of Crown Law, to provide advice to the relevant portfolio minister(s) and the Attorney General on if further impartial investigation of the allegation is required and how this will be completed. The policy would also set out how agencies would approach advising ministers if an impartial investigation found that torture had occurred, including decisions on whether to formally acknowledge torture and any associated redress.
9. If you agree to establish a common policy, agencies will provide further advice by mid-July 2026 on outstanding policy matters, including the scope of allegations it applies to. 9(2)(h) [redacted]
   A decision to go beyond these legal obligations would need to be made by Cabinet.
10. Agencies will also progress work on the design and implementation of the common policy, with an expectation that the policy will be completed and provided to ministers for their visibility later in 2026.

Recommendations

11. The Crown Response Office (CRO) recommends you:

    a. **note** that redress agencies do not have a consistent approach to reviewing historic claims for possible torture and generally respond to allegations of torture on a case-by-case basis, seeking legal advice where necessary to determine an appropriate response, which may include referring allegations to Police;

    b. **note** that we expect allegations of torture in care settings other than Lake Alice to continue to be made to redress agencies and a common policy would provide a consistent process for agencies to follow and help to ensure New Zealand's obligations to investigate torture under the Convention are discharged;

    c. **agree** to:

       EITHER

       i. develop a common policy and guidance for the State redress system which sets out how redress agencies can respond to allegations of torture in care settings;

[1] We use 'credible' in this paper as a shorthand to describe allegations which give rise to a duty to investigate. The official language of the Convention is 'reasonable ground to believe that an act of torture has been committed'

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Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions and Minister of Education	Yes / No
Attorney-General	Yes / No
Minister for Social Development and Employment	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

OR

ii. strengthen the current case-by-case approach for responding to torture allegations through the development of common guidance for redress agencies (preferred by the Ministry of Social Development);

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions and Minister of Education	Yes / No
Attorney-General	Yes / No
Minister for Social Development and Employment	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

If you agree to recommendation c. i.

d. **agree** that where a redress agency considers there is a credible allegation of torture in care that cannot be investigated or prosecuted by Police that the common policy will require the redress agency, with the support of Crown Law, to provide advice to the relevant portfolio Minister(s) and the Attorney-General on if further impartial investigation of the allegation is required and how this will be completed;

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions and Minister of Education	Yes / No
Attorney-General	Yes / No
Minister for Social Development and Employment	Yes / No
Associate Minister of Health	Yes / No

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Minister for Children Yes / No

e. **note** that this will need to include advice on the funding implications of undertaking impartial investigations and any redress that may follow from the investigation as these are currently unbudgeted costs;

f. **note** that CRO, in consultation with redress agencies and Crown Law, will provide further advice on outstanding policy matters relating to the common policy to the Attorney-General, the Minister of Education and Lead Coordination Minister, the Minister for Social Development and Employment, the Associate Minister of Health and the Minister for Children by mid-July, with the intention of seeking any associated Cabinet decisions in August 2026; and

g. **note** that the common policy will be completed by and provided to redress ministers for their visibility later in 2026.

Rebecca Martin
General Manager Strategy and Policy, Crown Response Office

18 / 06 / 2026

Hon Erica Stanford
Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions
Minister of Education

/ /

Hon Chris Bishop
Attorney-General

/ /

Hon Louise Upston
Minister for Social Development and Employment

/ /

Hon Matt Doocey
Associate Minister of Health

/ /

Hon Karen Chhour
Minister for Children

/ /

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Background

12. In July 2024, Cabinet acknowledged that some children and young people were tortured at Lake Alice [CAB-24-MIN-0234 refers].
13. For an act to be considered torture it must meet the definition set out in Article 1 of the Convention. Torture means:
    a. any act or omission by which severe pain or suffering (whether physical or mental) is intentionally inflicted on a person;
    b. by a public official or person acting in an official capacity OR by a person at the instigation of or with the consent or acquiescence of a public official or person acting in an official capacity; and
    c. the act or omission must have been inflicted for a torture related purpose such as obtaining a confession, punishment, intimidation or coercion, or for any reason based on discrimination.
14. In the case of Lake Alice, the torture involved the intentional application of unmodified electro-convulsive therapy (ECT) and paraldehyde injections, by (or with the consent of) the director of the Child and Adolescent Unit Dr Selwyn Leeks (a public official), for the purpose of punishment.
15. Following the acknowledgement of torture at Lake Alice, the Crown Response Office and Crown Law, in consultation with redress agencies, have continued to provide advice to ministers on possible torture outside of Lake Alice.
16. 9(2)(h) [redacted]
17. [redacted]
18. For simplicity, we refer only to 'allegations' of torture in this paper, however, this covers situations where:
    a. a survivor makes a claim to a redress agency specifically alleging torture,

[2] 9(2)(h) [redacted]

Crown Response Office

b. legal counsel or other advocates assert that torture occurred at a particular setting; and / or

c. when assessing a complaint or claim for redress for abuse in care, the redress agency considers that the abuse may meet the definition of torture even if the survivor themselves has not specifically raised torture in their claim.

A common policy for responding to allegations of torture would provide a more consistent and robust process for both survivors and redress agencies

19. Individual allegations of torture have continued to be made to the Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Lead Coordination Minister), as well as other ministers, redress agencies, and in correspondence from lawyers representing survivors.

20. There is no common approach, policy or guidance for how redress agencies should respond to allegations[3] of torture in care settings, beyond what is set out in the Crimes of Torture Act 1989.

21. Individuals who allege torture can make a complaint directly to the Police, but it is expected that survivors seeking redress or making complaints through the State redress system will continue to make allegations of torture or describe experiences of abuse which could meet the definition of torture.

22. We propose to develop a common policy for the State redress system which sets out how agencies should respond to allegations of torture in new redress claims. This proposal is consistent with Cabinet decisions for redress agencies to operate under a shared set of common policies.

23. The common policy would cover:

a. the definition of torture to assist with the initial assessment of whether the three key elements of torture are present in a claim;

b. what kind of information would be needed to support the assessment of whether an allegation that contains the three elements of torture is credible;

c. a decision-making process for whether an allegation is credible, thereby triggering the State's obligation to proceed to further investigation;

d. a process for referring allegations to Police for criminal investigation, which will be developed with Police; and

e. an approach to recordkeeping to ensure key information about allegations of torture is retained in a useful form, particularly to enable future allegations to be reviewed against previous, similar allegations.

[3] The proposed process could include guidance on responding to an allegation of contemporary or ongoing conduct, noting the immediate priority in these circumstances is to ensure the safety and wellbeing of the affected individual. This includes taking prompt steps to secure their protection from further harm and to facilitate access to appropriate medical care and psychological support. At the same time, the agency should urgently ascertain whether any other person may be at risk and take such steps as are necessary to mitigate that risk, including, where appropriate, escalation to relevant authorities.

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It would also support the discharging of New Zealand's international obligations and provide assurance to survivors

24. A common policy would provide clarity and assurance to survivors that there is a consistent and robust process to respond to allegations and that the State takes these allegations seriously.
25. It would also support the discharging of New Zealand's obligations under the Convention. Article 12 of the Convention states that: 'Each State Party shall ensure that its competent authorities proceed to a prompt and impartial investigation, wherever there is reasonable ground to believe that an act of torture has been committed in any territory under its jurisdiction.'
26. It also progresses a response to obligations in other human rights instruments, including Section 9 of the New Zealand Bill of Rights Act 1990, Article 7 of the International Covenant on Civil and Political Rights (ICCPR), Article 15 of the Convention on the Rights of Persons with Disabilities, and Article 37(a) of the Convention on the Rights of the Child.
27. The policy will provide agencies with a process to efficiently discount allegations which have no basis (e.g. because they do not meet the definition, or because they have no information beyond an individual's account). As discussed below, this is likely to be the majority of allegations responded to by agencies.

Alternatively, the current approach whereby redress agencies respond on a case-by-case basis could be strengthened with the addition of common guidance (preferred by the Ministry of Social Development)

28. The work completed to date on the torture definition and the approach to reviewing claims for torture could be consolidated into guidance for redress agencies. This is the preferred option of the Ministry of Social Development.
29. This option would assist with an improved initial response to torture allegations but would not provide much support to agencies on how to escalate a credible allegation (including improved processes for working with Police). There would also be no guidance on how to respond in the situation where Police could not investigate or prosecute a credible claim, which would likely result in delays and inconsistency if this situation was to occur.
30. There are therefore some key risks with maintaining the current approach to allegations of torture. Without proceeding to appropriate levels of investigation for credible allegations, this would increase the likelihood of negative findings by the United Nations Committee Against Torture (the Committee). Opportunities to make the response to torture allegations more efficient, through clearer processes for dealing with allegations, would also be missed. Ministers and redress agencies would also not be able to direct survivors to a clear public-facing policy which sets out how their allegations will be dealt with.

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The common policy will be underpinned by Crown Law legal advice

31. 9(2)(h) [redacted]

32. [redacted]

33. Redress agencies do not currently have substantial expertise or capability to respond to torture allegations. Because identifying possible instances of torture is primarily a legal exercise, a key purpose of the proposed common policy would be to provide a practical tool for redress agencies that enables staff to more effectively and efficiently review relevant claims against the torture definition.

If an agency receives an allegation of torture the first step is to assess whether the allegation is credible

34. Based on Crown Law advice, we have developed a proposed process that would be set out in the common policy for redress agencies to follow if they receive or become aware of a torture allegation. This outline is provided in **Appendix Two**.

35. The first step of the process is for redress agencies (and Crown Law where necessary) to assess the credibility of the allegation. This will involve determining whether it meets the definition of torture, and if it does, whether there is any information to support the allegation.

36. The common policy will include guidance on the definition of torture and what kinds of information should be sought to assess the credibility of allegations. Where possible, this would be undertaken alongside the assessment of the claim for ordinary redress.

37. For allegations which appear to meet the definition of torture and have some information to support them, a decision needs to be taken on whether the allegation is credible and the Crown has an obligation to proceed to an impartial investigation (because the agency has a reason to believe torture may have occurred).

38. Crown Law's advice can be sought at this stage to confirm whether an allegation meets this threshold. Whether the final decision on whether an allegation is credible is made by a single agency or by redress agencies collectively (reflecting a system approach) will be confirmed as part of finalising the common policy.

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We recommend the common policy cover the situation where a redress agency has a credible allegation of torture but the Police cannot investigate and/or prosecute

39. If an allegation of torture is credible, it will generally be referred to Police to determine whether a criminal investigation into the alleged act of torture is possible. However, there may be allegations where a criminal investigation is not feasible.
40. Under Section 12 of the Crimes of Torture Act, Police are required to gain the Attorney-General's consent to prosecute torture. There are some key challenges, however, for Police when it comes to investigating and prosecuting torture.
41. Police may choose not to prosecute an act as torture if an alternative offence is available which attracts a higher penalty. In this situation, the question of whether torture occurred would be left unanswered.
42. Police can also only conduct a criminal investigation into torture if the alleged act occurred after the Crimes of Torture Act 1989 came into effect, although they could of course investigate other criminal acts associated with the alleged torture (e.g. serious assaults, sexual offences, ill treatment of a child). But as above, in the situation where a different offence is prosecuted this would not result in a finding of whether torture occurred.
43. Furthermore, while it is possible for Police to investigate an allegation if the alleged perpetrator is deceased, they generally will not because prosecution requires a living perpetrator. It will also require sufficient evidence to be available to support a prosecution, as well as meeting the public interest test for prosecution, which can be difficult bars to clear for historic allegations.
44. We therefore recommend the common policy establish a requirement on redress agencies to provide advice to the relevant portfolio minister(s) and the Attorney-General on if further impartial investigation of a credible allegation the Police cannot investigate is required and how this will be completed. Guidance will be developed as part of the common policy to support agencies to provide this advice.
45. The inclusion of this requirement would help to ensure the Crown has discharged its duty under the Convention to investigate torture and make a finding about whether it occurred or not. For credible allegations which are neither investigated by Police nor considered through some other kind of impartial investigation, the Committee could find New Zealand has breached its Article 12 obligations. This was a key element of the Committee's finding against New Zealand in the cases of Lake Alice survivors Paul Zentveld and Malcolm Richards.
46. Moreover, without determining if further investigation is required into credible allegations the Police cannot investigate and/or prosecute, and how this investigation will be carried out, the question of whether torture had occurred would be left unresolved, potentially undermining survivors' trust and confidence in the State redress system.
47. If an impartial investigation finds that torture occurred, the decision to acknowledge torture would need to be made by portfolio ministers and the Attorney-General, or potentially Cabinet. When seeking a decision to acknowledge torture, redress

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agencies and Crown Law will also need to provide advice on any redress that would then follow. Advice to ministers would need to include advice on the funding of an impartial investigation and any redress as these are currently unbudgeted costs.

48. Ensuring prompt and appropriately fulsome investigations are undertaken not only mitigates against negative findings in relation to Article 12, but is salient to the level of redress that should be offered under Article 14 if torture is accepted. The major delays and failures in investigating torture at Lake Alice contributed to the substantial redress payments offered. The total cost of redress for torture at Lake Alice is $24.1m.[4] The timeline of events that led to this redress and details about the redress outcomes are provided at **Appendix Three**.

49. Survivors who allege torture may have expectations that redress would be provided under the common policy to the same level as Lake Alice, given that is the only example of torture being acknowledged. The proposed common policy would support the Crown in distinguishing its response to new allegations of torture from the response to torture at Lake Alice, by ensuring agencies can promptly respond to allegations and ensuring investigations required are undertaken.

We expect the number of credible allegations of torture that are determined as credible to be very low

50. 9(2)(h) [redacted] While many allegations of torture may include reference to the experience of severe pain and suffering, establishing that this was done by a public official (or someone acting in an official capacity) and/or for a torture-related purpose mean few of these claims are anticipated to meet the threshold for a credible allegation.

51. 9(2)(h) [redacted]

52. For those claims where the three elements of torture are identified, for a claim to be seen as credible there must be evidence to corroborate the allegation. Drawing on the Lake Alice example, there are key features of this case that are not present in other allegations of torture that have been made to redress agencies. Lake Alice involved multiple contemporaneous complaints, ongoing failures by relevant public bodies to investigate, records of the abuse that corroborated survivor accounts, and allegations which centred on a public official who exercised complete authority over the operation of the Lake Alice Child and Adolescent Unit.

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[4] This is cost for redress payments, not the total cost for administering the redress process.

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If you agree to the establishment of a common policy, further work will be completed on outstanding policy and implementation matters

53. Further advice for redress ministers and the Attorney-General will seek a decision on the scope of the common policy regarding the time period for allegations. 9(2)(h) [redacted]

54. Alternatively, a decision could be taken that the common policy has no cut-off date, and an appropriate response (based on the credibility of the allegation) will be taken regardless of when it occurred. Because this would be a departure from the Crown's legal obligations, we consider that this would require Cabinet approval. We will provide advice on the key considerations associated with this decision by mid-July.

55. Further work will also be done to consider the operational and other impacts the common policy may have on redress agencies. This will include:

    a. the extent to which the initial credibility assessment can be streamlined within existing processes to minimise impact on agencies ability to resolve abuse in care claims and avoid duplication of effort;

    b. transitional arrangements to support implementation including any actions required on open claims for redress; and

    c. any cost implications of the common policy at the credibility assessment stage and how these would be met.

Next steps

56. If you agree to establish a common policy:

    a. further advice on the outstanding policy matters will be provided to redress ministers and the Attorney-General by mid-July;

    b. if Cabinet decisions are required these will be sought in August 2026; and

    c. the common policy will be completed later in 2026 and provided to redress ministers and the Attorney-General for visibility.

57. If you agree to strengthen the current approach through the development of shared guidance for redress agencies, the Crown Response Office, Crown Law and redress agencies can work together to distil the relevant legal advice (e.g. definition of torture) into this guidance.

Appendices

Appendix One: Relevant legal advice for the Crown's response to allegations of torture in care settings

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Appendix Two: High level outline of proposed process for responding to allegations of torture in care settings

Appendix Three: Timeline of events and redress outcomes for torture at the Lake Alice Unit

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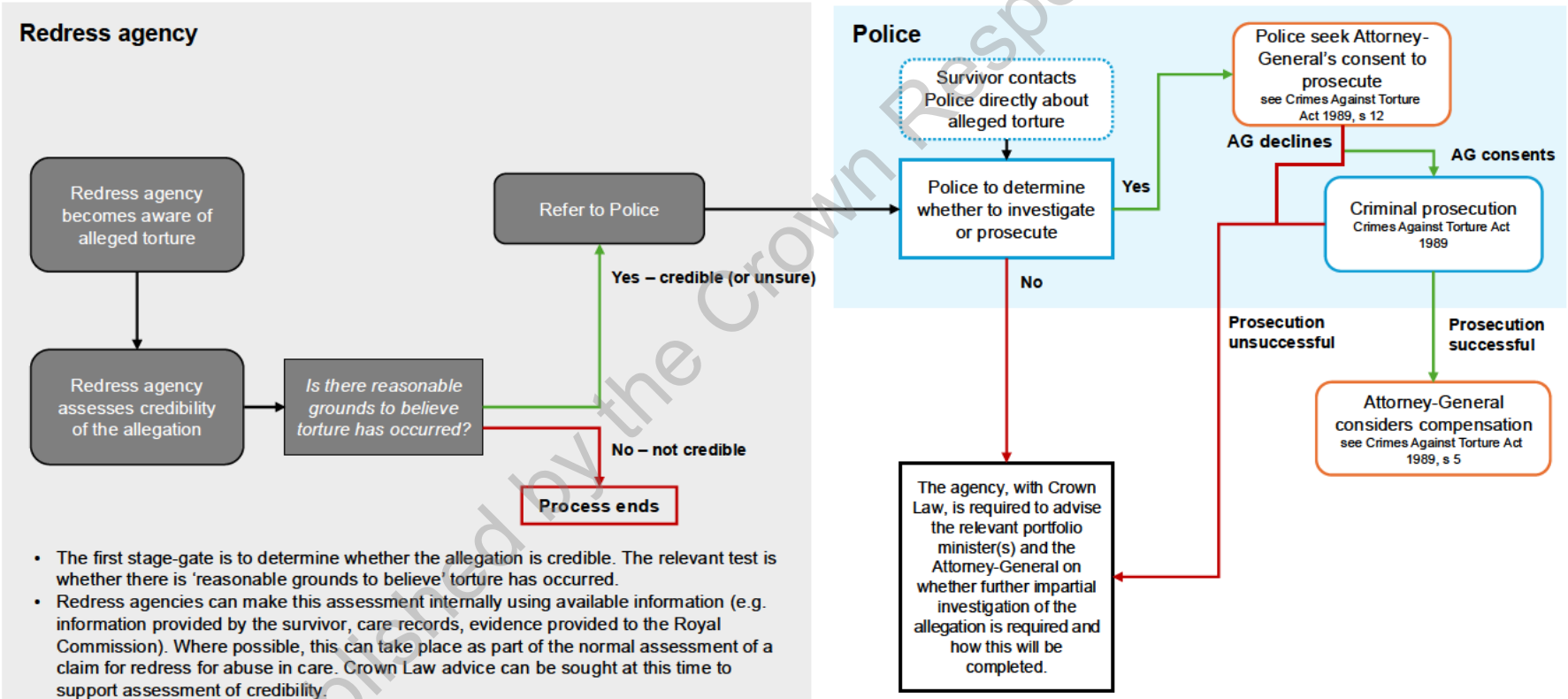
Page 15 'Appendix one: Relevant legal advice for the Crown's response to allegations of torture in care settings' withheld in full under s 9(2)(h)

9(2)(h)

Briefing

Appendix Two: High-level outline of potential process for responding to allegations of torture in care settings

Outline of potential process for State redress agencies when responding to allegations of torture



- The first stage-gate is to determine whether the allegation is credible. The relevant test is whether there is 'reasonable grounds to believe' torture has occurred.
- Redress agencies can make this assessment internally using available information (e.g. information provided by the survivor, care records, evidence provided to the Royal Commission). Where possible, this can take place as part of the normal assessment of a claim for redress for abuse in care. Crown Law advice can be sought at this time to support assessment of credibility.
- Common policy, underpinned by relevant Crown Law advice (e.g. definition of public official), will provide guidance for agencies to undertake the assessment and to ensure a consistent approach to allegations.

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Appendix Three: Timeline of events and redress outcomes for torture at the Lake Alice Unit

Timeline of events that led to acknowledgement and redress for torture

63. The Lake Alice Unit was established in 1972 and the first documented complaint of Dr Selwyn Leeks electrocuting children and young people as punishment was made by a 13 year old boy in December 1972. The boy's complaint was copied to the head office of the Department of Social Welfare. The complaint was amongst half a dozen documented similar complaints made to authorities by children and their families in a six month period between the end of 1972 and the start of 1973. None of these complaints were acted on.

64. Between 1973 and 1982, dozens more documented complaints and concerns were made to every government department that had some connection or responsibility for Lake Alice. Complaints were made to police officers, social workers, heads of the Departments of Social Welfare, Education, and Health, the Medical Council, Ombudsman, District Inspectors, doctors, and nurses. None of these complaints were sufficiently acted on.

65. Over the following years institutions and entities requested to act included the Ombudsman, a commission of inquiry, NZ Police, the Medical Association, the Medical Council, the New Zealand branch of the Royal Australian and New Zealand College of Psychiatrists, the Department of Health, the Department of Education, the Department of Social Welfare, Cabinet, Crown Law, the Health and Disability Commissioner, and ACC. None resulted in adequate investigations into the serious allegations relating to Lake Alice.

66. In particular, there were significant failings in police investigations in 1977, 2003-2006, and 2006-2010. This included failing to interview complainants about their complaints regarding rape and sexual abuse at the Lake Alice Unit, losing key evidence and records, failing to carry out basic investigative steps, reducing the investigation's scope, bias, seeking legal advice based on incomplete and inaccurate information, not providing investigations with sufficient resources or priority, and failing to consider the Convention Against Torture and the Crimes of Torture Act 1989.

67. New Zealand then relied on these failed investigations to claim at the UN that allegations of torture at the Lake Alice Unit had been properly investigated and police had determined there was not sufficient evidence for prosecution. Requests for the police to re-open or review the investigations were brushed aside. In 2021, Police apologised to survivors at the Royal Commission saying they did not give sufficient priority and resources to investigating allegations of criminal offending in the Unit and that as a result allegations were not properly investigated.

Redress provided to survivors of torture at Lake Alice

68. 144 survivors of torture at Lake Alice received a redress payment.

69. 105 survivors opted to receive the expedited payment of $150,000. 37 survivors elected to receive an individualised payment determined by an independent arbiter

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(Hon Paul Davison KC KSO). These payments ranged from $160,000 to $600,000 reflecting their individual experience at Lake Alice.

70. Specific figures for individual payments made are not available to protect the privacy of survivors, however, fewer than 10 received a payment of $160,000-$170,000, 20-30 received a payment of $175,000-$250,000, and fewer than 10 received a payment of $375,000-$600,000.

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Listening, learning, changing
Mā Whakarongo me Ako ka huri te tai
Crown Response to the Abuse in Care Inquiry

Briefing

Item 4: Seeking direction on a cross-system care safety framework

Date:	16 June 2026	**Priority:**	Medium
Security classification:		**Tracking number:**	CRACI 26/056

Action sought		
	Action sought	**Deadline**
Hon Erica Stanford **Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions** **Minister of Education**	**Agree** to proposed next stage of the work programme to support a report back to Cabinet in July.	24 June 2026
Hon Louise Upston **Minister for Social Development and Employment** **Minister for Disability Issues**		
Hon Matt Doocey **Associate Minister of Health**		
Hon Karen Chhour **Minister for Children**		

Contact for telephone discussion (if required)			
Name	**Position**	**Telephone**	**1st contact**
Rebecca Martin	General Manager, Policy and Strategy	9(2)(a)	✓
Dora Livas	Policy Manager	9(2)(a)	

The following departments/agencies have been consulted
The Ministries of Health, Education, Social Development; Oranga Tamariki; and Whaikaha – Ministry of Disabled People.

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Minister's office to complete:

- ☐ Approved
- ☐ Noted
- ☐ Seen
- ☐ See Minister's Notes
- ☐ Declined
- ☐ Needs change
- ☐ Overtaken by Events
- ☐ Withdrawn

Comments

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Briefing

Item 4: Seeking direction on a cross-system care safety framework

Date:	16 June 2026	**Priority:**	Medium
Security classification:	In Confidence	**Tracking number:**	CRACI 26/056

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Purpose and Executive summary

1. This briefing updates care ministers on progress to strengthen care safety across the system, and seeks your:
    - direction on implementation options for care safety requirements;
    - agreement to the proposed approach to further policy development and consultation; and
    - agreement to seek Cabinet's endorsement of the above, in July 2026, for report back by April 2027.
2. Officials have developed a draft care safety framework defining the core elements of a safe care system (**Appendix One**) – this includes:
    - a draft set of overarching principles – 9(2)(f)(iv) [redacted] as set out in **Appendix Two**;
    - a set of core safety functions (such as complaints, workforce assurance and oversight); and
    - draft outcomes and benchmarks to guide expectation setting across care settings.
3. The framework is designed to provide greater consistency in safety expectations, while remaining flexible and proportionate to different care settings and inherent risk profiles.
4. Some system-wide gaps have been identified that highlight the need for stronger mechanisms to support accountability and continuous improvement at the system level. Gaps include: insufficient visibility of harm, particularly in home-based and small-scale settings; fragmented accountability and weak incentives to prevent harm; and limited ability for the system to collectively listen, learn and respond to the experiences of people in care.
5. While our current approach to system change (Option One in **Appendix Three**) allows for flexibility, and for pace and cost to be managed, it is unlikely to achieve the level of system change sought by Cabinet or the Royal Commission.
6. We therefore recommend progressing consultation on stronger but balanced approaches (Options Two and Three in **Appendix Three**) that combine flexibility with more consistent system-level levers for holding the system to account.

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7. While we have considered an approach closer to the Royal Commission's original recommendations (Option Four in **Appendix Three**), this is not recommended due to its highly prescriptive nature – which would result in limited flexibility and implementation challenges for a highly varied system.
8. Subject to your agreement, we will seek Cabinet endorsement in July 2026 to undertake consultation, and report back by March 2027 with more detailed proposals.
9. We are also seeking your agreement to consider aged care as part of the next phase of this work, and to consult on how and where a cross-system care safety framework could apply to non-state care and care provided under individualised funding arrangements.

Recommended action

The Crown Response Office recommends that you:

a. **note** in December 2025, Cabinet: Noted
   i. agreed to the establishment of a new Chief Executives' 'Safety in Care' System Leadership Group and a cross-agency work programme to build and strengthen care safety; and
   ii. invited the Lead Coordination Minister to report to Cabinet by August 2026 on care safety requirements, implementation and delivery options, and timeframes for any legislative changes;

b. **note** the Crown Response Office and care agencies have developed a draft policy framework (attached as **Appendix One**) setting out what a safe care system should look like, to support decisions on what care requirements and expectations may be needed; Noted

c. **note** existing agency activity to address known issues in care safety is also set out in **Appendix One**, and agencies will continue to work with their Ministers to progress initiatives to strengthen care safety in over the medium term, with progress to be overseen by the Safety in Care Chief Executives group and reported through the Crown Response Plan; Noted

d. **note** the Royal Commission recommended a set of 12 care safety principles as a key component of a national care safety regulatory system for preventing and responding to abuse and neglect in care as set out in **Appendix Two** and officials have considered these alongside other options; Noted

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e. 9(2)(f)(iv) [redacted]

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions Minister of Education	Yes / No
Minister for Social Development and Employment Minister for Disability Issues	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

f. **note** there are four options for driving the implementation of care safety requirements as set out in **Appendix Three**:

   i. **Option One (status quo)**: agency-driven implementation under sector-specific legislation *(not recommended)*

   ii. **Option Two:** a mix of collective and agency driven implementation under sector-specific legislation

   iii. **Option Three:** high-level cross-sector legislative architecture that enables setting specific requirements;

   iv. **Option Four:** prescriptive and detailed system-level legislative requirements (*not recommended)*

g. **agree** that officials seek Cabinet agreement to undertake targeted consultation on the principles and on Options Two and Three above for report back to care ministers by March 2027;

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions	Yes / No
Minister of Education	
Minister for Social Development and Employment Minister for Disability Issues	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

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Noted

h. **note** you agreed to determine populations/settings in scope of each proposal or response on a case-by-case basis [CRACI 25/019 refers];

i. **agree** that, subject to your agreement to recommendation **g**, targeted consultation includes consideration of the following sectors, alongside those included within the scope of state care system considered by the Royal Commission:

   a. Aged care settings

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions	Yes / No
Minister of Education	
Minister for Social Development and Employment Minister for Disability Issues	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

   b. non-State funded care

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions	Yes / No
Minister of Education	
Minister for Social Development and Employment Minister for Disability Issues	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

j. **agree,** subject to your decision regarding recommendation **g,** that officials report back to care Ministers by March 2027 with advice on:

   i. the preferred option for setting system-wide requirements and expectations and accountability for those (including the option of a statutory duty of care);

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ii. the scope of the care system these mechanisms would apply to;

iii. assessing implementation, monitoring, and enforcement implications; and

iv. progress addressing priority sector and functional gaps

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions	Yes / No
Minister of Education	
Minister for Social Development and Employment Minister for Disability Issues	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

Rebecca Martin

General Manager, Policy and Strategy, Crown Response Office

16 / 6 /2026

Hon Erica Stanford

Lead Coordination Minister for the Crown Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions

Minister of Education

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Hon Louise Upston

Minister for Social Development and Employment

Minister for Disability Issues

/ /2026

Hon Matt Doocey

Associate Minister of Health

/ /2026

Hon Karen Chhour

Minister for Children

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Background

10. The Royal Commission considered that "a national care safety regulatory system is urgently needed to ensure all care settings are safe" (Whanaketia, Part 9).
11. It identified six components that a care safety system would need, including: a set of Care Safety Principles (recommendation 39); an overarching National Care Safety Strategy; a single Care Safe Agency with 18 specified functions (recommendation 41); new legislation; a set of rules, standards and guidelines to apply to all agencies providing care; and independent oversight and monitoring across all care settings.
12. In December 2025, Cabinet [CAB-25-MIN-0451 refers]:
    - agreed an initial approach to build and strengthen care safety, including establishing a baseline set of consistent core safety requirements and expectations across care settings, driven by collective system leadership rather than the creation of a new Care Safe Agency (at least initially);
    - directed officials to progress a cross-agency work programme to build and strengthen care safety with an initial focus on:
        i. the development of care safety requirements and expectations, and a data and performance framework;
        ii. filling gaps in core safety functions in specific care sectors;
        iii. ensuring appropriate prioritisation with acknowledgement of costs, benefits, and trade-offs in the delivery of other social services;
    - agreed to establish a new 'Safety in Care' Chief Executives' Leadership Group; and
    - invited the Lead Coordination Minister to report back by August 2026 on:
        i. care safety requirements and delivery and implementation; and
        ii. timeframes and options for any legislative change.
13. The Crown Response Office and care agencies have since continued to work to develop advice and have engaged on aspects of the work with the Ministerial Advisory Group, a Care Sector Reference Group, ten independent monitors, and a small number of recently care-experienced people.
14. Care agencies are already progressing a work programme focused on building a safe and capable workforce, which is a key element of, and a direct intervention point for, a safe care system. You have received three related papers for consideration at this meeting [CRACI 26/046, CRACI 26/053, CRACI 26/054 refers].

A framework for care safety requirements cannot be one-size-fits-all

15. Care provision inherently involves risk. People being cared for are typically dependent on others, may face power imbalances, and have limited ability to raise concerns. These factors increase vulnerability to harm.

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16. At the same time, care in New Zealand is increasingly dispersed and devolved. A significant proportion of care is delivered in communities and/or homes by informal workers or family and is therefore complex, which creates a wide variation in needs, settings and providers.

17. This means care safety cannot be achieved through a single uniform model and any framework for setting system-wide expectations must instead be risk-proportionate and flexible while holding people and organisations to account for the safety of people they care for, no matter where or how that care is provided.

CRO and care agencies have developed a draft care safety framework that sets out the core elements of a safe care system

18. **Appendix One** contains a draft care safety framework setting out the key elements of a safe care system (subject to further development and consultation), developed by CRO and care agencies, drawing on the recommendations of the Royal Commission.

19. The draft care safety framework includes a proposed set of overarching care principles, core functions, outcomes and benchmarks required for safe care (details to be confirmed after targeted consultation), as well as key factors that need to be considered in its application. This approach helps to:

    - build the groundwork for consistency in what is expected from care settings and standards of care;
    - enable flexible and setting-specific implementation; and
    - provide a structure for identifying and addressing gaps over time.

20. It has been used as the basis for a gaps analysis (also set out in Appendix One) to inform the proposals in this paper. Subject to your decisions, it will form part of any targeted consultation undertaken in the next phase of this work and subsequent decisions on what cross-system care expectations and requirements may be needed.

Care Safety Principles

21. The Royal Commission developed 12 care safety principles "for preventing and responding to abuse and neglect" (Recommendation 39, Whanaketia) with 51 more detailed pieces of guidance that sit under them, which informed and underpinned their recommendations.

22. Care safety principles were one of six components of a national care safety regulatory system which the Royal Commission said was "urgently needed" (Whanaketia, Part 9, paragraphs 260-262). The Royal Commission intended these principles to "guide decision-making, the performance of functions, and the exercising of powers and duties at all levels… from leadership through to front-line staff" (Whanaketia, Part 9, paragraph 276). The full set of 12 principles and 51 underlying pieces of guidance are attached for reference in Appendix Two.

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23. The Royal Commission was of the view that these principles represented the "minimum safeguards required to protect people in care". Care agencies agreed that a set of care safety principles would be useful as a shared anchor to guide policy development and service design and delivery, but although they support the content of the 12 principles, they consider that:
    - 9(2)(f)(iv) [redacted]
    - [redacted]
    - [redacted]
24. Care agencies already have a range of different principles including in existing legislation, policies and strategies. Some of these are very similar to the principles recommended by the Royal Commission, but there is no common set across agencies, and most agencies do not have a set of principles specifically focused on care safety. More work will be needed to determine how any new care safety principles would interact with agencies' existing principles.
25. CRO and the care agencies considered options for a set of care safety principles, as follows:
    - 9(2)(f)(iv) [redacted]
    - [redacted]
26. 9(2)(f)(iv) [redacted]
27. The Crown Response Ministerial Advisory Group (MAG) and care experienced people, who were consulted on these options, 9(2)(f)(iv) [redacted]
28. MAG also asked that the principle of being free from abuse, and the role of whānau and support networks in creating care safety (particularly through involvement in decision making processes, where possible), should be more clearly articulated. This will be considered as part of the next phase of work.

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Recommendation for a Treaty of Waitangi | te Tiriti o Waitangi (Treaty) principle

29. One of the Royal Commission's recommended principles was "to give effect to te Tiriti o Waitangi and enable Māori to exercise tino rangatiratanga". The concept of having a Treaty principle included in the set was strongly supported by both the MAG and the care-experienced people consulted.

30. Recent Cabinet decisions [CAB-26-MIN-0048.01 refers] have developed a standard form description for the inclusion of Treaty provisions in any future legislation, where the Treaty is considered to be relevant. The CRO has met with the Treaty of Waitangi Provisions Officials Group (TPOG)1 to discuss potential approaches to ensure any potential Treaty principle is consistent with recent decisions (in particular, in case the work results in any proposals for legislation).

31. Following that, work will be undertaken in the next phase of work to determine the purpose, and intended goals and impacts of any Treaty principle in addition to considering proposed wording. Agencies will work this through as part of the next phase of work, and include it in the proposed targeted consultation.

Functions

32. Officials have adapted a subset of the Royal Commission's 18 identified care safety functions (recommendation 41, Whanaketia), considering:

- decisions already made by Cabinet around delivery of leadership functions (i.e. to establish the Care System Leadership Group, rather than a Care Safe Agency with 18 functions);
- where some functions overlap and can be considered together;
- the most direct levers to improve the safety of people currently in care; and
- common safety functions in care systems internationally.

33. The proposed functions are as follows:

Advocacy/ voice	Includes the systems, structures and processes to ensure care recipients are able to express their views, influence decisions, and have their rights upheld.
Feedback, concerns and complaints	Includes the systems, structures and processes to allow for people (and their whānau and other representatives) to raise concerns about their care.
Rules, standards, policies and procedures	Includes relevant legislation, policies, national standards, and other requirements to ensure safety.
Approval to provide care	Includes the systems, structures and processes that determine that organisations can provide care (such as certification, accreditation, contracting requirements).

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Workforce assurance	Includes the systems, structures and processes in place to recruit, vet, register, train, supervise, monitor and, where necessary, restrict or remove people from care roles so that people receiving care are kept safe. Note: Focused work is underway on building a safe and capable workforce (for which separate papers have been provided to your consideration at this meeting). The framework and mechanisms set out in this paper guide the overall analysis, development and implementation of initiatives for the care workforce, which will in turn inform and shape system-level interventions.
Internal monitoring and response	Includes systems, structures and processes that support monitoring and responding to actual and potential harm: a) within a care providing organisation b) by the funder.
Independent oversight	Involves external monitoring and review of care settings to identify risks, respond to concerns, and hold care providers accountable for safety.
Enforcement	Includes the powers and mechanisms to ensure compliance and create accountability for non-compliance.

Outcomes, benchmarks and risks factors

34. Care agencies have identified draft high-level outcomes to sit underneath each function, as well as underlying 'benchmarks' for what delivering on those could practically look like (also set out on page 1 of Appendix One). Subject to further development and consultation, these form a starting point for potential requirements and/or expectations as needed.

35. The outcomes have been framed neutrally for consideration but may be adapted to be presented from the perspective of the person in care, or from that of individuals or organisations providing care, depending on insights from the targeted consultation.

36. Any requirements to enable safe care should be risk proportionate – taking into account the level of inherent risk in any care setting.

37. Care agencies have identified several factors or characteristics that impact the type or extent of measures that we should expect to be in place to help ensure safe care, including:

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Level of dependence, and the mix of care recipients	Many care settings are focused on people who are less able to self-protect (for example, children, people with significant disabilities or cognitive impairments). Particularly for intimate or personal tasks, babies, young children and at-risk adults may need support where only they and the carer are present. Additionally, some settings may: • be more likely to look after multiple care recipients who may pose a risk (e.g. due to behaviours); or • have additional factors to consider around, for instance, supervision due to the age of the people in care (e.g. children and young people where the state is assuming a unique quasi-parental role) • be more likely to care for people who have heightened vulnerability due to prior trauma, neglect, or abuse, compounding risks within care environments (e.g. children and young people in care).
Level of isolation or visibility, and closed vs open environments	Some settings lack singular or regular oversight and/or responsibility for them may be fragmented. This is common in day/mobile services, such as ambulance services, mobile health and dental clinics, and specialist mental health and addiction services. Furthermore, some settings require locked doors and/or restricted access to outsiders. These include, for example, aged residential care (psychogeriatric and dementia), and the regional intellectual disability supported accommodation service.
Intensity and duration of care, and power imbalances	The nature of some settings means that individuals have not consented to be in care and are unable to leave it. These include where compulsory care is delivered, such as, inpatient mental health treatment or the Regional Intellectual Disability Secure Service. Around-the-clock or long-term care relationships can result in overwhelm or stress (e.g. where carers may not receive adequate support or respite). People in some care settings may be more likely to experience instability (for example, where children are moved between families) - where there is frequent shifting of settings and carers, and less time for people to build trust with outsiders or be noticed.

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38. Careful consideration is also needed where individualised funding models are used (e.g. for family and whānau caregivers), including around how the design and application of any common care expectations interact with the unique principles,

objectives and operational contexts that apply to care provided under individualised funding arrangements.

Some key cross-system gaps have surfaced which could benefit from a system-level approach

39. Core safety functions are more well-established in some parts of the care system than others. Settings with more well-established safety functions include:
    - Oranga Tamariki residences;
    - compulsory care settings in mental health; and
    - larger residential care environments in health and disability settings.
40. However, in other parts of the care system where people face similar levels of risk and vulnerability, the same protections are not in place or are underdeveloped, in particular:
    - health and disability residential care settings with fewer than 5 beds;
    - home support services (funded through the health disability and ACC sectors); and
    - children and young people in 'transitional' or temporary care settings (e.g.: in motels or police cells).
41. There are also common weaknesses or gaps across the system (see **Appendix One,** page 2).
    - *Insufficient visibility of abuse and harm in some care settings and at a system level*: Harm can go unreported or undetected, particularly in isolated or home-based settings and data collection, recordkeeping, and information sharing is fragmented and often immature.
    - *Fragmented and diffuse mechanisms for holding the system, and those within it, accountable for its safe performance:* Current measures available to respond to abuse and neglect are only partial, inconsistently applied, and do not provide strong incentives to prevent harm occurring.
    - *Limited evidence that the system is listening, learning, and adapting to the needs of those in care in a context where care needs and settings are becoming more complex*. Complaints and feedback processes are hard to navigate and slow to resolve, some sectors lack access to advocates, the system has limited ability to collectively identify and respond to emerging risks, trends and issues.

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42. These are aligned to and build on the findings of the Royal Commission as well as insights garnered from discussions with independent monitors and other stakeholders so far. Further consultation will help determine what requirements or infrastructure we need in place to address these issues

43. **Appendix One** also identifies ongoing work across agencies to improve care safety. Insights from those pieces (for example, the Part 3 review of the Children's Act) and further work will support our understanding of what sector-specific action and regulation may be required.

A cross-system framework to support care safety needs to be supported by clear implementation mechanisms, accountability arrangements, and enforcement tools

44. We are seeking care ministers' direction on options for holding the system to account for meeting any shared requirements and expectations. Without agreed mandate, implementation and accountability mechanisms, any framework for care safety risks remaining aspirational, rather than producing the system change envisioned by the Royal Commission and Cabinet.

45. The options set out in Appendix Three draw on a continuum of primary drivers from agency-driven collaboration, through to legislative system transformation – with different trade-offs in flexibility, consistency, cost, pace, accountability and alignment with Royal Commission recommendations, as well as a meta-assessment of likely effectiveness.

46. They illustrate the key decision between whether the system should, at this stage, continue to evolve incrementally, with greater ability to manage pace and cost over the shorter term, or whether to move now to take a more coordinated and enduring approach to delivering consistent, safe, and accountable care.

47. On 8 June, the options for a cross-system regulatory framework (Appendix Three) were discussed with the Ministerial Advisory Group (MAG). MAG continued to support the approach we are taking to improve the care system, raising the importance of:

- implementing a balanced regulatory model that reduces risk of harm but allows flexibility to drive and achieve change, as appropriate, (including a person-centred statutory duty of care and overarching principles);
- embedding a strong focus on accountability that places clear responsibility for safety with workers and leaders (including through criminal liability and enforcement tools) and system-wide independent monitoring;
- ensuring the regulatory framework fits with existing standards and rules (for example, the Oranga Tamariki National Care Standards and the Nga Paerewa health standards); and
- building in a continuous improvement approach, with regular assessments and responsive adjustments.

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Option One is unlikely to result in the system change envisaged by the Royal Commission and Cabinet

48. Option One largely reflects the status quo, pulling on our existing levers for creating change in the care system. Regardless of decisions taken on whether to progress one of the other options set out in this paper, these types of low-level cross-agency coordination and collaboration mechanisms will remain available to draw on and establish as needed.

49. Progressing Option One without exploring the 'stronger' mechanism set out, would allow government to better manage cost and pace over the short-term, would maximise flexibility across care settings, and would streamline agency and Ministerial decision-making.

50. Option One, however, is unlikely to deliver the level of consistency, accountability and cross-system co-ordination necessary for a safe care system. It is least aligned with the Royal Commission's vision and recommendations and advice from the Ministerial Advisory Group and will not enable a meaningful Crown response to the Royal Commission's findings regarding care system failures.

51. Officials also consider that up to 21 of the Royal Commission's recommendations would be difficult to robustly accept or decline without the further evidence and analysis that would be informed by the targeted consultation on the additional care safety measures in Options Two and Three.

We recommend targeted consultation on the approaches in Options Two and Three, to inform detailed proposals in early 2027

52. Officials recommend:

    a. in the immediate term, continuing existing agency led improvements (Option One); and

    b. undertaking targeted consultation on the types of approach, and the content of some key modules, reflected in Options Two and Three to inform a more durable, system-wide approach, for report back on detailed proposals to care ministers by March 2027.

53. This recommendation reflects that:

- the current approach (Option One) does not allow for the system-wide accountability and ability to set consistent (but flexible) expectations;
- Options Two and Three are the most 'balanced' across trade-offs, providing required flexibility to account for different types of settings and risk profiles across the system, while also establishing a lever to hold the system to account; and
- Option Four, while closest to the Royal Commission's original recommendations, is too prescriptive to enable effective implementation across the system.

54. Consultation would be:

- tool-agnostic (legislative and non-legislative options tested together);

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- focused on both the mechanisms in question (how change is primarily driven) and content (what expectations are set, furthering the work already developed by agencies); and
- undertaken with a range of impacted stakeholders, including agencies, care providers and people with recent care experience.

We are also seeking your agreement to consider specific populations and settings in this work

55. In April 2025, Crown Response Ministers agreed to determine populations/settings in scope of each proposal or response on a case-by-case basis [Report CRACI 25/019 refers]. In August 2025, we advised you that relevant advice would consider factors related to risk/vulnerability, including: the visibility of the service and the person in the service, the degree of autonomy (or choice) the person has (power imbalances, use of restraint) and the length of time a person spends in the setting or service [CRACI 25/078].
56. We are therefore seeking your agreement to include consideration of aged care settings and non-state funded care settings as part of targeted consultation in the next phase of work, subject to your decisions. This will inform future Ministerial decisions on whether these are in scope of further work (for example, how any cross-system care safety requirements may apply).

Aged care settings

57. The Royal Commission did not have aged care within the scope of its inquiry. Care agencies consider that the same risks of abuse and neglect can apply in aged care as those care settings within the original scope of the Royal Commission.
58. As the population of people receiving aged care grows, it is especially important to take care to protect the autonomy of older people in care while also seeking to ensure vulnerable people in aged care have appropriate protections.

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Non-State funded care settings

59. Additionally, should you agree to progress Options Two and Three to targeted consultation, we recommend that CRO lead work to explore whether non-state funded care settings should also be included within scope. For example, a duty of care could set care safety expectations for care providers that act in loco parentis (e.g. sports clubs, youth groups, camps and excursions) as well as faith-based institutions.

60. We note that the same driving mechanism for expectations does not need to be used for all settings – the regulatory care safety framework could include voluntary models, for example.

Next Steps

61. Subject to your agreement, we propose to:

- seek Cabinet endorsement in July 2026 to conduct targeted consultation on the types of approach outlined in Options Two and Three of **Appendix Three** (including authorisation for the Lead Coordination Minister to take detailed decisions on content, sequencing etc.);
- undertake targeted consultation through late 2026; and
- report back to you with detailed proposals by March 2027. This will include advice on:
    i. preferred implementation approach (including legislative options)
    ii. system scope
    iii. accountability and enforcement mechanisms
    iv. progress addressing priority gaps.

Appendices

Appendix One: What is safe care and how far are we?

Appendix Two: Care safety principles

Appendix Three: Implementation options for care safety requirements and expectations

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APPENDIX ONE: What is safe care and how far are we? (Draft framework to be informed by consultation)

[Overarching Care Safety Principles TBC as per appendix two]

Functions

- Advocacy / Voice
- Feedback, concerns and complaints
- Rules, standards, policies, procedures
- Approval to provide care
- Workforce assurance
- Active monitoring and response
- Independent oversight
- Enforcement

Outcomes and potential benchmarks

having a meaningful voice in decisions about own care	ease in raising concerns, and confidence they are addressed promptly and thoroughly, in a safe way	clear expectations and standards upholding safety, dignity and human rights are in place and met	all care settings are assessed for safety before care is provided	those providing care are safe, suitable and equipped and supported to deliver safe care	timely processes for monitoring, including internal monitoring, reporting, continuous learning and accountability	independent monitoring to identify risks of harm early with mechanisms to ensure that those risks or concerns are acted on	being clear on roles and responsibilities, and the consequences for not meeting them
That can look like							
• supporting identity • incorporating lived experience knowledge • advocacy • consent-based • accessibility • documenting decision-making • accessible tools for communication • family/whānau involvement • an array of opportunities and formats for feedback • frequent feedback review • collective support/peer groups and helplines	• confidentiality • anonymous pathways • cultural safety • accessible, visible, and widely promoted information on how to lay complaints • appropriate languages and formats • systematic recordkeeping • responsiveness and updates • regular review and improvement of complaints resolution processes • 24/7 pathways for complaints	• leadership assurance • staff compliance • user-inclusive, safe, and timely designs of policies and procedures • information security • planning support for providers • default safeguarding planning • safeguards increasing proportionately to risk • mandatory reporting requirements • continuous improvement as part of feedback loop	• contractual safeguards proportionate to risks • providers check their own compliance • checking organisations regularly • oversight is increased with risk • family-based carers have training and support • placement assessments	• workforce vetting • ongoing suitability assessments • information sharing for concerns • induction and ongoing safeguarding training • fit and proper persons in governance roles • clear allegation reporting pathways • prompt action to respond to concerns • regular reviews of assurance data • mechanisms to prevent unsafe people from moving between providers	• incident reporting • escalation procedures • clear reporting timeframes • incident notification • reporting capability • secure recordkeeping • real-time monitoring • information sharing • data informs response and improvement • any restrictive practices externally reviewed • whānau feedback loops • regular visits from social workers	• unrestricted personal visits (unless clearly justified) • frequent contact with whānau • independent care oversight • full oversight access • private oversight interviews • risk-responsive oversight visits • unannounced oversight visits • cooperation with investigations • public oversight reporting	• graduated enforcement framework • timely remedial action • statutory duty of care • criminal penalties for serious wrongdoing

Delivered in a risk proportionate way, subject to setting-specific considerations around...

- level of dependence
- level of isolation or visibility
- the mix of care recipients (including children or young people)
- intensity and duration of care
- closed vs open environments
- power imbalances

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Areas for focus (DRAFT, to be informed by consultation)

Gaps: By closest fit, though many gaps are cross-functional

Advocacy / Voice	Feedback, concerns and complaints	Rules, standards, policies & procedures	Approval to provide care	Workforce assurance	Internal monitoring & response	Independent oversight	Enforcement
• Lived experience knowledge not consistently build into decision-making • Barriers to people having their voice heard in some settings (e.g. mental health) • Advocacy gaps in disability care settings • Limited access to effective, independent advocacy (disability, aged care, compulsory care). • Inconsistent proactive provision of information on people's rights.	• Fragmented pathways for raising concerns • Complaints pathways not always made clear, especially between or where there is multiple settings involved • Weak feedback loops between monitoring, complaints, and system improvement	• Unclear or inconsistent reporting obligations and practices in certain areas • Existing rules and standards not consistently followed in practice • Trade-offs made between accessibility, affordability, and safety requirements. • "Grey zones" between settings and transition points between services • Not always sufficient staffing	• Some care contexts (e.g. respite, end-of-life, in-home, police cell custody) not clearly covered by appropriate safeguards • Regulatory gap for small health and disability residential care settings, and informal care arrangements	• Inconsistent vetting, training, and suitability checks across sectors and roles • Workforce assurance gaps in informal/devolved and family-based care • Practical workforce constraints (recruitment, retention, pay) affecting safety • Workforce assurance gaps in individualised funding arrangements	• In some areas, limited use of lived-experience data, missing certain harms • Data is often aggregated, missing key differences in outcomes (e.g. disability), leaving some risks hidden • Insufficient real-time data on risks, incidents, and trends • Could be better enabled to use technologies safely/ appropriately (eg CCTV). • Sometimes unclear who is responsible for acting on disclosure of harm	• Lack of oversight of privately provided care (e.g.: in-home aged care, private schools) • Lack of mechanisms to share monitoring learnings or insights across the system • Outside of the Oranga Tamariki system, lack of enabling provisions for information-sharing and referrals across sectors	• Over-reliance on contracts rather than statutory enforcement powers • Lack of graduated enforcement options (limited "middle" interventions short of closure)

Relevant ongoing action

DKP mandatory reporting and training

OT review of feedback and complaints model

Health funding review for aged care

Part 3 review of the Children's Act

9(2)(f)(iv) [redacted]

DSS Bill – sets a foundational authorising framework

Carers Strategy Action Plan supporting carers to deliver safe care, and build data and evidence to improve services

Mental Health Bill – create a modern legislative framework for compulsory mental health care. [redacted]

Care-system-wide initiatives already in progress to address some gaps, overseen by 'Safety in Care' System Leadership Group

Care workforce capability framework and survey – will support effective implementation of functions

Work to understand what data is available across these - data and reporting framework

Some core issues within and across functions could benefit from prioritisation. In particular, those relating to accountability (responsibilities, including to ensure safety and consequences for not fulfilling those), cross-system visibility (information sharing, and cohesive and thorough oversight), and ensuring voice is sought, listened to and responded to (consistent advocacy, ability to be heard meaningfully, and cross-system continuous learning and improvement). Many of these overlap with Royal Commission recommendations. There are other gaps that can be considered sector-by-sector.

We are exploring options to respond to these gaps, but any cross-system approach could also provide a potential means to set and monitor expectations within any functions as an ongoing way to gauge where parts of the system should be focusing to support safe care.

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APPENDIX TWO: Care Safety Principles – Royal Commission's recommended 12 principles

The Royal Commission recommended **12 care safety principles** be adopted by all State and faith-based entities providing care (*Whanaketia*, recommendation 39) to guide the implementation of its recommendations, the operation of the national care safety regulatory system, and the provision of care supports and services.

1. The care system should recognise, uphold and enhance the mana and mauri of every person in care:

i. each person in care lives free from abuse and neglect and their overall oranga (wellbeing) is supported in a holistic way

ii. care providers understand and provide for each person and their unique strengths, needs and circumstances

iii. the importance of whānau and friendships is recognized and support from family, support networks and peers is encouraged to enable people in care to be less isolated and connected to their community

iv. people in care are celebrated and nurtured

2. People in care should participate in and make decisions affecting them to the maximum extent possible and be taken seriously:

i. people in care can participate in decisions that affect their lives, with the assistance of decision-making supports and/or an independent advocate they have chosen, where required

ii. people in care can access abuse and/or neglect prevention programs and information

iii. staff and care workers are aware of signs of abuse and/or neglect and facilitate ways for people in care to raise concerns p

iv. people who are currently or have previously been in care can participate in decision making and policy-making about the care system.

3. Whānau and support networks should be involved in decision-making processes wherever possible and appropriate:

i. connections between people in care and their whānau and support networks are actively supported, and whānau and support networks can participate in decisions affecting the person in care wherever possible and appropriate

ii. care providers engage in open communication with whānau and support networks about their abuse and neglect prevention approach

iii. whānau and support networks are informed about and can have a say in organisational and system - level policy

iv. whānau, hapū, iwi and Māori can participate in decision-making processes about their mokopuna and uri.

4. The State, faith-based entities (including indirect care providers) and others involved in the care system should give effect to te Tiriti o Waitangi and enable Māori to exercise tino rangatiratanga:

i. whānau, hapū, iwi and Māori exercise the right to tino rangatiratanga over kāinga and are empowered to care fo their Tamariki, rangatahi, pakeke Māori and whānau according to their tikanga and mātauranga

ii. the Crown actively devolves to Māori policy and investment decisions about the care system, design and delivery of supports and services for, and specific care decisions about tamariki, rangatahi and pakeke Māori

iii. until the realisation of principle 4 (ii), Māori and the Crown should collaborate on policy and investment decision about the care system, the design and delivery supports and services for, and specific care decisions about tamariki, rangatahi and pakeke Māori

iv. tamariki, rangatahi and pakeke Māori who need care live as Māori and are connected to their whānau, hapū, iwi, whakapapa, whenua, reo and tikanga

v. wellbeing for tamariki, rangatahi and pakeke Māori is understood and supported through an ao Māori worldview, encompassing tapu, mana, mauri and wairua

5. Abuse and neglect prevention should be embedded in the leadership, governance and culture of all State and faith-based entities (and indirect care providers) involved in the care system, including government agencies, faith leaders, care providers, staff and care workers:

i. leaders across the care system champion the prevention of abuse and neglect in care

ii. prevention of abuse and neglect is a shared responsibility at all levels of the care system

iii. governance arrangements in agencies and entities ensure implementation of measures to prevent abuse and neglect in care and accountabilities and obligations are set at all levels

iv. risk management strategies focus on abuse and neglect prevention codes of conduct set clear behavioural expectations of all staff and care workers

v. Codes of conduct set clear behavioural expectations of all staff and care workers

6.Care providers should recognise, uphold and implement human rights standards and obligations and the Enabling Good Lives principles, and recognize and provide for diverse needs including the needs of Deaf, disabled people, and people experiencing mental distress:

i. people in care are supported and provided accessible information so they can understand their rights

ii. care providers have human rights standards embedded in their policies and practice

iii. care providers understand people's diverse circumstances and respond effectively to people at increased risk of experiencing abuse and/or neglect

iv. Enabling Good Lives principles underpin all support for disabled people, including culturally appropriate support as determined by whānau hauā, tāngata whaikaha and tāngata whaiora, to enable and empower disabled people to live well, participate in their community without segregation or institutionalisation, and make decisions about their lives

7. Staff and care workers should be suitable and supported:

i. all stages of recruitment, including advertising and screening, emphasise the values of caring for people in care, the safety of people in care and the prevention of abuse and neglect

ii. staff and care workers have regularly updated safety checks

iii. staff and care workers receive appropriate induction and training and are aware of their responsibilities to prevent abuse and neglect, including reporting obligations

iv. staff and care workers receive appropriate training to ensure they have cultural competency

v. education programmes for staff and care workers include units focused on understanding and preventing abuse and neglect in care

vi. supervision and people management include a focus on preventing abuse and neglect.

8. Staff and care workers should be equipped with the knowledge, skills and awareness to keep people in care safe through continuous education and training:

i. staff and care workers receive training on the nature and signs of abuse and neglect in care

ii. staff and care workers receive training on organisational and national abuse and neglect prevention policies and practices

iii. staff and care workers are supported to develop practical skills in safeguarding children, young people and adults in care

iv. staff and care workers have appropriate cultural knowledge.

9. Processes to respond to complaints of abuse and neglect should respond appropriately to the person (e.g., child-focused or young person-focused or adult in care-focused) in a timely manner:

i. everyone in care and their whānau and support networks have access to information and decision-making supports to help them engage in complaints processes

ii. care providers have complaint handling policies that are appropriate for the people in care and that clearly outline roles and responsibilities, approaches for responding to complaints and obligations to act and report

iii. effective complaints processes are understood by people in care, staff and volunteers, and whānau and support networks and are culturally appropriate

iv. complaints are taken seriously, responded to promptly and thoroughly, and reporting, privacy and employment law obligations are met

10. Physical and online environments should minimize the opportunity for abuse and neglect to occur:

i. risks in online and physical environments are mitigated while upholding the right to privacy and ensuring the wellbeing of people in care

ii. online environments are used in accordance with codes of conduct.

11. Standards, policy and practice should be continuously reviewed, including from time to time independently reviewed, and improved:

i. care providers regularly review standards, policy and practice to prevent and improve responses to abuse and neglect in care

ii. complaints and concerns are analysed to identify systemic issues, both within organisations and within the care system as a whole

iii. people who are currently or have previously been in care are enabled to participate in reviews of standards, policy and practice.

12. Policies and procedures should document how each care provider will ensure that people in care are safe:

i. safeguarding practice is prioritised and integrated throughout organisations

ii. policies and procedures embed safeguarding and abuse and neglect prevention measures

iii. policies and procedures are accessible and easy to understand

iv. stakeholder consultation informs the development of policies and procedures

v. leaders champion and model compliance with policies and procedures

vi. staff and care workers understand and implement the policies and procedures

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APPENDIX THREE: Implementation options for care safety requirements and expectations

Drivers sit under (existing) sector-specific legislation

Overarching cross-system legislative drivers

OPTION	1 Primarily agency driven implementation (largely status quo)	2 Mix of collective and agency driven implementation under sector-specific legislation	3 High-level cross-sector legislative architecture that enables setting specific requirements	4 Prescriptive and detailed cross-sector legislative requirements
CHANGE LEVERS	▪ Common Cabinet-mandated expectations ▪ Light touch collective decision-making by Chief Executives as required ▪ Existing sanctions and enforcement ▪ Agencies largely progress individual work programmes ▪ Reporting through regular updates on progress against recommendations in the Crown Response Plan	▪ Common Cabinet-mandated principles and expectations ▪ Collective Chief Executive governance, with shared strategic direction and priorities for care safety and multi-year cross-agency care safety plan ▪ Development of shared tools, policies, processes, training and guidance ▪ Care safety system performance and reporting ▪ System-wide continuous improvement	▪ High-level common expectations set out in legislation (including principles and potential duty of care) ▪ New sanctions and enforcement powers ▪ Expand powers of some independent monitors (to be confirmed) ▪ Potential to apply to non-State contexts ▪ Enables setting and sector-specific standards and responses ▪ System-wide, consistent governance and reporting	▪ Uniform and detailed rules, standards, accreditation, and vetting set out in a single, overarching, piece of legislation including a duty of care ▪ Prescribed regulator/s, penalties and sanctions for enforcement of centrally set standards ▪ Potential to apply to non-State contexts ▪ Centralised registration and vetting ▪ Legislative requirement for a system wide strategy
NOTES	Could comprise first phase of change for 1-2 years before exploring more substantial change as per options 2 and 3	**Recommend progressing** to further analysis/consultation (Note could leave open the possibility to progress option 3 at a later date)	**Recommend progressing** to further analysis/ consultation (Note could combine with elements of option 2)	Not recommended due to risks associated with large-scale system disruption and of inflexible legislative requirements that would not respond to diversity of care settings and needs

CONSISTENCY extent to which people in care have the exact same safeguards across the system

Low – Medium – High | Low – Medium – High | Low – Medium – High | Low – Medium – High

FLEXIBILITY extent to which safeguards can be adapted to respond to the care context

Low – Medium – High | Low – Medium – High | Low – Medium – High | Low – Medium – High

COST extent of resource required for implementation

Lower – Medium – Higher | Lower – Medium – Higher | Lower – Medium – Higher | Lower – Medium – Higher

PACE potential timeframes to deliver intended outcomes

Slower – Medium – Faster | Slower – Medium – Faster | Slower – Medium – Faster | Slower – Medium – Faster

ACCOUNTABILITY new oversight and enforcement levers

Weak – Moderate – Strong | Weak – Moderate – Strong | Weak – Moderate – Strong | Weak – Moderate – Strong

RCOI ALIGNMENT degree of alignment to the RCOI vision and recommendations

Low – Moderate – Strong | Weak – Moderate – Strong | Weak – Moderate – Strong | Weak – Moderate – Strong

EFFECTIVENESS likely impact for achieving desired care safety outcomes (to be informed by consultation)

Weak – Moderate – Strong | Weak – Moderate – Strong | Weak – Moderate – Strong | Weak – Moderate – Strong

Decisions have already been taken by Cabinet to not implement the 'Care Safe Act' (in the short term) and, for example, accompanying 'Care Safe Agency' as the Royal Commission had envisioned

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Briefing

Item 5: Building a safe and care capable workforce – overview and approach (paper 1)

Date:	16 June 2026	**Priority:**	Medium
Security classification:		**Tracking number:**	CRACI 26/046

Action sought		
	Action sought	**Deadline**
Hon Erica Stanford **Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions** **Minister of Education**	**Agree** to the proposed approach to create a safe and capable care workforce	23 June 2026
Hon Louise Upston **Minister for Social Development and Employment** **Minister for Disability Issues**		
Hon Matt Doocey **Associate Minister of Health**		
Hon Karen Chhour **Minister for Children**		

Contact for telephone discussion (if required)			
Name	**Position**	**Telephone**	**1st contact**
Rebecca Martin	General Manager	9(2)(a)	√
Dora Livas	Policy Manager	9(2)(a)	

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The following departments/agencies have been consulted
Ministry of Social Development, Ministry of Education, Ministry of Health, Oranga Tamariki, Whaikaha – Ministry of Disabled People, Health New Zealand, The Treasury.

Minister's office to complete:

- ☐ Approved
- ☐ Noted
- ☐ Seen
- ☐ See Minister's Notes
- ☐ Declined
- ☐ Needs change
- ☐ Overtaken by Events
- ☐ Withdrawn

Comments

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Item 5: Building a safe and capable care workforce – overview and approach (paper 1)

Date:	16 June 2026	**Priority:**	Medium
Security classification:	In Confidence	**Tracking number:**	CRACI 26/046

Purpose and Executive summary

1. This paper seeks care ministers' agreement to an approach to building a safe and capable care workforce as part of the Crown's response to the Royal Commission.
2. This paper is to be read before the following accompanying briefings:
    a. *Building a safe and capable care workforce: second package of capability building initiatives - paper 2* (CRACI 26/053)*;* and
    b. *Building a safe and capable care workforce: proposed approach to work to strengthen vetting of the care workforce - paper 3* (CRACI 26/054).
3. The proposed approach combines system-wide workforce expectations with sector-specific delivery across three priority areas: workforce capability, safety and suitability (including vetting), and visibility and reporting of abuse and neglect.
4. Care ministers are asked to confirm the overall direction in this paper, alongside decisions in the accompanying papers on a second package of capability building initiatives (paper 2) and an approach to strengthening vetting and safety checking (paper 3).
5. Decisions need to be made regarding the scope and pace of future initiatives, taking account of available funding. There will be trade-offs and prioritisation decisions that will need to be taken with each proposed initiative now and in the future.
6. Agencies advise that implementation across the three priority areas will require a sustained multi-year effort. Agencies will report back by March 2027 with an update on progress, and any further proposals to consider.

Recommended action

7. The Crown Response Office recommends that you:

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a. **note** that Building a safe and capable care workforce (the workforce project) is part of the Crown's response to create a safer care system, and encompasses work to improve workforce capability, strengthen vetting including pre-employment processes and safety checking, and ensure allegations of abuse and neglect in care settings are reported, visible and responded to appropriately;	Noted
b. **agree** to the proposed approach to create a safe and capable care workforce, which entails combining government leadership and accountability with common baseline expectations for the whole care workforce and sector specific responses to address the unique needs of those different workforces;	
Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based	Yes / No
Institutions and Minister of Education	Yes / No
Minister for Social Development and Employment	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No
c. **note** that insights from engagement with the Ministerial Advisory Group (MAG) and the Care Sector Reference Group (CSRG) have informed the proposed approach, and that both groups emphasise government leadership to create a safe and capable workforce, the role of senior leaders in establishing cultures that prioritise safety, and resourcing to improve recruitment and retention;	Noted
d. **note** papers two (*Building a safe and capable care workforce: second package of capability building initiatives)* and three (*Building a safe and capable care workforce: proposed approach to work to strengthen vetting of the care workforce)* seek further decisions relating to the workforce project;	Noted

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Discuss

e. **discuss** this briefing at the next care ministers meeting on 23 June 2026.

Rebecca Martin

General Manager, Policy and Strategy, Crown Response Office

16 / 06 / 2026

Hon Erica Stanford

Lead Coordination Minister for the Crown Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions

Minister of Education

/ / 2026

Hon Louise Upston

Minister for Social Development and Employment

Minister for Disability Issues

/ / 2026

Hon Karen Chhour

Minister for Children

/ / 2026

Hon Matt Doocey

Associate Minister of Health

/ / 2026

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Work is well underway to respond to the issues and recommendations of the Royal Commission

8. The Royal Commission identified a range of issues with the care workforce, including that the workforce did not have sufficient skills, experience, training, diversity and support to provide safe and appropriate care to children, young people and adults.
9. It recommended strengthening training and capability, strengthening safety checking and registration requirements, and ensuring allegations of abuse are responded to appropriately and information is shared across the care system (see Appendix One for the workforce recommendations).
10. Budget 2025 established a tagged operating contingency of $70.88 million over four years (from 2025/26 – 2028/29), and $21.5 million in outyears, for Building a safe and capable care workforce (the workforce project). The workforce project will build a diverse, capable and safe workforce through joint design and phased rollout of core training and ongoing development, and joint review and implementation of workforce screening and safety [CAB-25-MIN-0126.72 refers].
11. The workforce project sits alongside work to establish consistent core safety requirements and expectations (Item 3: Seeking Joint Ministers direction on a cross-system care safety regulatory framework).
12. Care agencies have been progressing the workforce project across the three key areas set out below, with an initial focus on capability building:
    - capability - improving the workforce's ability to prevent, identify, report, and safely respond to abuse and neglect across care settings;
    - safety and suitability - strengthening vetting including pre-employment processes and safety checking; and
    - visibility and reporting – ensuring allegations of abuse and neglect in care settings are reported, visible and responded to appropriately.

CRO and care agencies have developed an approach which combines central leadership with sector flexibility

13. The care workforce is large, varied and complex. It comprises regulated workers (such as nurses, doctors, social workers, and teachers), unregulated workers (including support workers, care assistants, home carers, and youth workers), volunteers, and family, whānau and aiga caregivers. The unregulated care workforce is often less visible, cares for some of the most vulnerable people, and may require specific training, yet lack specific qualification requirements and opportunities for training.
14. Due to the size, complexity and diversity of the care workforce and the needs of those they are caring for, both system-wide and sector specific workforce responses are required to address the range of issues raised by the Royal Commission to make care safe.
15. CRO and care agencies therefore recommend an approach that combines clear government leadership and accountability, with common baseline expectations about what is required of the whole care workforce, as well as specific responses that

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address the unique characteristics of each sector's workforce and those being cared for within and across different sectors.

16. This approach balances consistency of workforce expectations across the system with flexibility to meet specific sector-level needs. The recommended approach mirrors the approach outlined in Item 3 for establishing consistent expectations and enabling flexibility within each sector on how to deliver against those expectations [(see Seeking Joint Ministers direction on a cross-system care safety framework (CRACI 26/056)].
17. Getting the balance right will mean agencies and organisations are working across siloes to address workforce needs and reduce duplication of effort across sectors. This will impact the extent to which care safety is improved across the system. The Safety in Care Chief Executives Group will be responsible for overseeing how this approach is implemented and ensuring the best impact from investment and system efficiencies (e.g. continuous learning and sharing).
18. We will report back to you by March 2027 on options and advice on the nature of safeguarding capability requirements, and the setting and monitoring of those requirements.

Sector and Ministerial Advisory Group engagement has informed this approach

19. Agencies have engaged with the Ministerial Advisory Group (MAG) and the Care Sector Reference Group (CSRG) throughout the development of this project. Their feedback has informed thinking on the approach for this work.
20. Common feedback from both groups includes:
    - the care workforce should not be considered as one homogeneous group as this will not sufficiently account for the variances within and across sectors but shifting to a sector-by-sector approach risks devolving too much responsibility;
    - there needs to be accountability mechanisms, including mandated minimum standards, independent oversight and monitoring, graduated enforcement, and explicit accountability at individual, leadership, and governance levels;
    - leaders are accountable for building cultures where safety is prioritised over reputation or throughput, where staff are supported to raise concerns, and where early warning signs are acted on;
    - agencies need to work in partnership with key stakeholders to co-develop initiatives, support and possibly scale up the good work already happening, and to enable the sector to develop their own solutions – the solutions should be designed with people with lived experience and include disabled people's voices; and
    - Government resourcing and leadership play a critical role in valuing the work of the care workforce, strengthening supervision and training pathways, and enabling providers to meet higher safeguarding expectations without passing risk downward.
21. CRO and agencies will continue to engage with MAG and CSRG, and other relevant stakeholders, as the work progresses. Specifying how leadership accountability for safeguarding is defined, monitored, or enforced will be addressed in the broader care

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safety work which is exploring how a duty of care could help to build cultures where safety and speaking up is prioritised.

Work is being progressed across three key phases and will require a multi-year programme of work

22. Achieving meaningful change to fully address the workforce issues raised by the Royal Commission requires a multi-year work programme over the long-term. This work will be undertaken in three key phases.

Phase One – until June 2026: Build foundations and start filling critical gaps

Phase One has focused on scoping work across the three key areas

23. Since July 2025, CRO and care agencies have identified immediate priorities for lifting workforce capability, examined training and capability needs for care workforces, explored how agencies and providers are checking the suitability of the workforce and in accordance with what requirements, and the processes available for reporting abuse in care.
24. As part of this analysis, CRO and care agencies have identified critical capability gaps for parts of the workforce where there are known risks (based on the vulnerability of the person being cared for, the environment they are being cared in and the characteristics of the carers).

Care Ministers have agreed to a first package of capability building initiatives to build foundations and fill critical knowledge and capability gaps

25. In March 2026, agencies put forward the first package of capability building initiatives to build foundations and fill knowledge gaps, which care Ministers agreed to at a cost of $16.760 million over three years from 2026/27 to 2028/29.
26. These include two initiatives to build foundations across the whole care workforce and fill critical knowledge gaps (the safeguarding capability framework and care workforce capability survey), which will inform future work, and two initiatives to fill specific capability gaps for workers caring for disabled people [CRACI 26/014 and 26/029 refers].
27. The first package of initiatives is with delegated drawdown Ministers for approval, and we anticipate receiving decisions in June 2026.

Funding has also been allocated to fill a critical gap to support training for core children's workers, in response to the Dame Karen Poutasi review

28. On 9 March 2026, recognising the outcomes sought from the Dame Karen Poutasi training align with the intent of the tagged operating contingency, the Lead Coordination Minister and the Minister for Child Poverty Reduction agreed to access the tagged operating contingency to fund the development and initial roll-out of training for core children's workers. This is in response to the Dame Karen Poutasi review recommendations and is at a cost of 9(2)(j) over two years from 2026/27 to 2027/28 [CRACI 26/032 refers]. Cabinet has confirmed this drawdown as part of the Budget 26 Package [CAB-26-MIN-0156.26 refers].

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29. Developing training for core children's workers in response to the Dame Karen Poutasi recommendations is a first step towards building capability for a portion of the broader care workforce.

Agencies are seeking your decisions regarding a potential second package of capability building initiatives that fill further critical gaps

30. We are seeking your decisions on options to progress further workforce initiatives in the 9(2)(f)(iv) children and disability sectors at a total indicative cost of 9(2)(f)(iv) over four years. See *Building a safe and capable care workforce: second package of capability building initiatives – paper 2* [CRACI 26/053]. **Appendix Two** includes an overview of the costings.

31. Subject to your decisions on the proposed second package [CRACI 26/053], we will provide advice to delegated drawdown ministers by September 2026.

Care agencies are exploring how they are checking the suitability of their workforce, and the processes in place for reporting against abuse and neglect in care

32. We are also seeking your approval for an approach to develop options to ensure care agencies and other relevant bodies are regularly and effectively checking the suitability of people providing care. This will involve addressing operational gaps in current vetting processes in the short to medium term, while considering larger, care system level changes in the longer-term for both the children and adult care workforce. See *Building a safe and capable care workforce: proposed approach to work to strengthen vetting of the care workforce - paper 3* [CRACI 26/054].

33. The work will build on the review of Part 3 of the Children's Act 2014, led by Ministry of Education. Part 3 provides for safety checking for children's workers, including requirements or checks at the point of employment and every following three years. In addition, there are workforce restrictions to entry for people with certain convictions.

34. As part of this review, the Ministry of Education is undertaking targeted engagement with stakeholders across the care sector on issues such as expanding coverage, strengthening the information available for vetting, improving monitoring and compliance, and ensuring the workforce restriction is fit for purpose. The review will seek key decisions on opportunities to strengthen the children's worker safety checking framework, and responds to the Royal Commission's recommendation 58(b): that the government should ensure the children's worker safety checking regime remains fit for purpose.

35. We will report back to you in March 2027 on high-level policy options to strengthen suitability checking settings, including vetting.

36. Agencies have also started work to respond to the Royal Commission's recommendations about ensuring that allegations of abuse and neglect in care settings are reported, visible and responded to appropriately. We will report back on this work by March 2027.

Phase Two - July 2026 to June 2027: Ongoing advice, design, deliver and align

37. The second phase will focus on continuing to identify and fill knowledge gaps as well as the design and implementation of initiatives, how to drive requirements through the

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care sector (including potentially through regulatory change), and sequenced advice regarding vetting and reporting.

38. The work will include:

- Undertaking detailed design and implementation of agreed initiatives. This includes establishing baseline expectations for the whole care workforce through the capability framework and the care workforce survey, as well as sector specific initiatives.
- Finalising the approach to the implementation of the capability framework. This includes options for setting and monitoring safeguarding capability requirements and a common approach to the development and oversight of care sector workforce plans.
- Developing agency-led operational policy and contractual requirement improvements within existing vetting processes (as agreed with individual ministers), advice on strengthening vetting of the adult care workforce (with options developed through 2027), and initial advice on care system-wide enablers for vetting in the care sector.
- Progressing advice on ensuring that allegations of abuse and neglect in care settings are reported, visible and responded to appropriately.
- Responding to the Royal Commission's recommendation for a workforce strategy for the care workforce (recommendation 61).

39. Agencies will report back to you by March 2027 on progress in these areas and any further proposals to drawdown from the tagged operating contingency that have been identified.

Phase Three – July 2027 onwards: Embed, scale and ongoing implementation

40. This phase will focus on developing shared mechanisms across the care system to increase consistency and efficiencies and create and embed a continuous learning culture.

41. This phase is expected to include:

- developing sector-specific safeguarding capability plans. These will identify the highest-risk areas within each sector. Care agencies will be able to use this information to prioritise resources across the care workforce (including where learning tools can be shared);
- seeking Ministers' agreement to policy options to strengthen suitability checking, including vetting; and
- agencies exploring common tools to create a shared learning infrastructure. For instance, this could include a shared platform to deliver training and to share and embed the learnings from initiatives underway including the capability survey.

42. This phase will be informed by decisions on the safeguarding capability framework, which will provide a foundation for assessing and strengthening workforce capability.

43. The implementation of this phase has not been costed by agencies.

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Choices will need to be made regarding the scope and pace of future initiatives, taking account of available funding

44. As noted above, care agencies have identified two initial packages of initiatives to address the critical and known gaps in workforce capability. Care Ministers have already endorsed the first package of initiatives which are now with drawdown Ministers for approval. *Building a safe and capable care workforce: second package of capability building initiatives - paper 2* (CRACI 26/053) seeks decisions on the second set of initiatives.

45. Budget 2025 established a tagged operating contingency of $70.88 million over four years (2025/26 to 2028/29), with $21.5 million per annum in outyears, to support initiatives to build workforce capability and safety. The table below sets out the remaining balance and indicative phasing of the tagged contingency following Budget 2026 decisions to allocate some funding to the Dame Karen Poutasi Response [CAB-26-MIN-0156.26 Initiative No: 17584 refers] and the proposed drawdown to fund the first package of initiatives (see **Appendix Two**).

	$m				
	2025/26	**2026/27**	**2027/28**	**2028/29**	**2029/30 & Outyears**
Making the Care System Safe – Building a Diverse, Capable and Safe Care Workforce - Tagged Operating Contingency	-	19.987	11.609	14.670	21.500

46. Lifting safeguarding capability among the care workforce to meet capability requirements will be a multi-year programme of work that will extend beyond 2030. Care agencies will get a clearer sense of the associated costs as they progress their sector plans, though these costs are expected to be significant particularly regarding the unregulated workforce. These costs will need to be weighed against other agency and Ministerial priorities.

47. Cabinet agreed that decisions on the allocation of the tagged contingency need to be made by 30 June 2027. While we anticipate having high-level indicative costs for some of the vetting initiatives by March 2027, full costing for this work and the costs of options associated with reporting recommendations may not be developed until 2027/28. Costs could include infrastructure tools to support information sharing across the care system (e.g. Costs could include infrastructure tools to support information sharing across the care system (e.g. about worker safety). We will work with care agencies and The Treasury around timings for the remaining decisions, including whether this expiry date can be extended.

48. The tagged contingency funding enables agencies to start building a strong foundation upon which to strengthen workforce safety and capability. The amount of new and/or re-prioritised funding available in subsequent years, and the ability to access the contingency's outyear funding of $21.5 million per annum, will impact on the scope and pace at which these initiatives can be embedded. The amount of new and/or re-prioritised funding available in subsequent years, and the ability to access the contingency's outyear funding of $21.5 million per annum, will impact on the scope and pace at which these initiatives can be embedded. There will be trade-offs and

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prioritisation decisions that will need to be taken with each proposed initiative now and in the future.

Next steps

49. You are discussing this package of advice at the joint Ministers meeting on 23 June.

50. We will report back to you in March 2027 on the next phase of the work, including:

- options and advice on the nature of safeguarding capability requirements and the setting and monitoring of those requirements;
- an update on the detailed design and implementation of funded initiatives;
- agency-led operational policy and contractual requirement improvements within existing vetting processes (as agreed with individual ministers);
- advice on strengthening vetting of the adult care workforce (with options developed through 2027);
- initial advice on care system-wide enablers for vetting in the care sector.
- advice on ensuring that allegations of abuse and neglect in care settings are reported, visible and responded to appropriately; and
- any further proposals to drawdown from the tagged contingency.

Appendices

Appendix One: Royal Commission Workforce Recommendations.

Appendix Two: Total Estimated Costings for the Tagged Operating Contingency

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Appendix One: Royal Commission Workforce Recommendations

Rec.	Rec. Summary
39	The State, faith-based entities (including indirect care providers) and others involved in the care system should be guided by the following Care Safety Principles for preventing and responding to abuse and neglect when making decisions
41	The government should establish an independent Care Safe Agency with broad powers to lead, regulate, monitor, and improve the care system, ensuring safety, accountability, and continuous learning across all care providers.
54	Senior leaders of all State and faith-based care entities should actively foster a safeguarding culture by appointing dedicated leads, supporting prevention and accountability, protecting whistleblowers, promoting inclusive values, ensuring adequate resources and training, collecting relevant data, and publicly reporting on safeguarding efforts.
57	The government should create a professional registration system for all unregistered care staff and workers, with the Care Safe Agency setting and enforcing standards through fitness-to-practice procedures, following consultation and phased implementation.
58 a,c	Care Safety Act for a comprehensive and consistent pre-employment screening and vetting regime, consider a barring regime
58b	Ensure the regime for children's worker safety checking remains fit for purpose
59	All State and faith-based care entities must ensure prospective staff, volunteers, and others working with people in care have a satisfactory vetting report and current registration status before commencing work.
60	All State and faith-based care entities should conduct thorough pre-employment screening, including reference checks, interviews focused on suitability, verification of identity and qualifications, review of employment history, and assessment of caregivers' ability to provide culturally responsive and safe care.
61	The Care Safe Agency should develop a workforce strategy to ensure a skilled, supported, and diverse care workforce, with strong training, safe working conditions, inclusive career pathways, and regular measurement of staff wellbeing and satisfaction.
63a,b,d, e,l	All State and faith-based care entities must ensure staff and volunteers follow a code of conduct, receive prompt induction and ongoing training in safeguarding, cultural competency, and trauma-informed care, and are supported through supervision and professional development without facing consequences for good faith disclosures.
63c	Supervisors , people leaders and all staff have a safeguarding focus, and receive training that ensures understanding about the Care Safety Principles (Recommendation 39), the National Care Safety Strategy (Recommendation 40), and all statutory requirements under the Care Safety Act (Recommendation 45), including care standards, accreditation and vetting
64	Ensure that the same rules and standards in relation to vetting, registration, training and working conditions that apply to employees, apply equally to volunteers or others with equivalent access to children, young people and adults in care, and in particular, faith-based entities should ensure the same rules apply to people in religious ministry and lay volunteers as to employees.
65	All State and faith-based care providers, along with relevant professional bodies, should have clear, proportionate policies and procedures to respond effectively to complaints, disclosures, or incidents of abuse and neglect.
66	Where a complaint has been substantiated, State and faith-based entities providing care directly or indirectly and relevant professional bodies should take steps to ensure the person or people responsible are held accountable, including:
67	All State and faith-based entities providing care directly or indirectly and relevant professional registration bodies should report all complaints, disclosures, or incidents to the Care Safe Agency, whether substantiated or not substantiated following investigation.
68	Should enable, in legislation, the Care Safe Agency to collate and keep a centralised database of complaints, disclosures or incidents of abuse and neglect of children, young people and adults in care
69	The government should introduce legislation to establish a clear, consistent mandatory reporting regime for all care entities and workers including clergy ensuring protections for good faith disclosures and access to timely advice on reporting obligations.

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Appendix Two: Total Estimated Costings for the Tagged Operating Contingency

Initiative	Total (million) 2025/26–2028/29
First set of workforce initiatives (drawdown June 2026 TBC – with delegated drawdown Ministers for approval)	
Initiative one: Safeguarding capability framework for the care workforce (MSD-led)	9(2)(j)
Initiative two: Safeguarding resources for family and whānau carers, and the disabled people they care for (DSS/MSD)	
Initiative three: Care workforce capability survey (MSD-led)	
Initiative four: Initial training for care and support workers in the disability sector (DSS/MSD)	
*Workstream 1 Implementation management and specialist support for all initiatives (departmental expenditure)	
*Independent evaluation of the impact of the first set of initiatives	
Subtotal:	
Dame Karen Poutasi training	
Development and initial roll-out of training for core children's workers	
Total indicative cost of the first set of initiatives:	**24.614**
Remaining funds left in the tagged contingency after first drawdown:	**46.266**
Second set of workforce initiatives (drawdown by September 2026 TBC)	
Initiative one: Disability Support Services: Early Recognition and Management of Medical Deterioration in Disability Community Group Homes to prevent, identify report and respond to neglect (DSS-MSD)	9(2)(j)
Initiative two: Workforce Development for Casual Staff (OT)	
9(2)(f)(iv)	9(2)(f)(iv)
Total indicative cost of the second set of initiatives:	
Total indicative cost of the first and second set of initiatives and Dame Karen Poutasi training:	
Remaining funds left in the tagged contingency through to 28/29:	
Annual funding in tagged contingency in outyears	**21.5**

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Item 5: Building a safe and capable care workforce – second package of capability building initiatives (paper 2)

Date:	23 June 2026	**Priority:**	Medium
Security classification:		**Tracking number:**	CRACI 26/053

Action sought		
	Action sought	**Deadline**
Hon Erica Stanford **Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions** **Minister of Education**	**Agree** to one or more initiatives in the second package of capability building initiatives or defer the decision until March 2027	23 June 2026
Hon Louise Upston **Minister for Social Development and Employment** **Minister for Disability Issues**		
Hon Matt Doocey **Associate Minister of Health**		
Hon Karen Chhour **Minister for Children**		

Contact for telephone discussion (if required)			
Name	**Position**	**Telephone**	**1st contact**
Rebecca Martin	General Manager	9(2)(a)	√
Dora Livas	Policy Manager	9(2)(a)	

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The following departments/agencies have been consulted
Ministry of Social Development, Ministry of Education, Ministry of Health, Oranga Tamariki, Whaikaha – Ministry of Disabled People, Health New Zealand, The Treasury.

Minister's office to complete:

- ☐ Approved
- ☐ Noted
- ☐ Seen
- ☐ See Minister's Notes
- ☐ Declined
- ☐ Needs change
- ☐ Overtaken by Events
- ☐ Withdrawn

Comments

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Briefing

Item 5: Building a safe and capable care workforce – second package of capability building initiatives (paper 2)

Date:	23 June 2026	**Priority:**	Medium
Security classification:	In Confidence	**Tracking number:**	CRACI 26/053

Purpose and Executive summary

1. This paper seeks care ministers' decisions on a potential second package of capability building initiatives to build a safe and capable care workforce, in response to the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Royal Commission).
2. This paper is part of a package of advice and is recommended to be read alongside the following two briefings:
   a) *Building a safe and capable care workforce – overview and approach - paper 1* (CRACI 26/046); and
   b) *Building a safe and capable care workforce – proposed approach to work to strengthen vetting of the care workforce - paper 3 (CRACI 26/054).*
3. The tagged contingency secured at Budget 2025 is intended to fund joint agency design and implementation of a phased rollout of core training and ongoing development, and joint agency review and implementation of workforce screening and safety.[1]
4. As noted in the paper seeking direction on a cross-system care safety framework [CRACI 26/056 refers], building workforce capability is an important baseline component of care safety and is critical to the identification, early response and prevention of abuse and neglect in care.
5. Care agencies are lifting workforce capability through generalist initiatives that sit across the workforce and specialist initiatives that target different parts of the workforce with critical capability gaps.
6. The first package of initiatives that care ministers have agreed to will lift capability across the care workforce and in the disability sector. The second package, which we are seeking your agreement to in this paper, fills critical gaps in the disability, children and 9(2)(f)(iv) sectors.
7. The second package of capability building initiatives has an indicative cost of 9(2)(f)(iv) and comprises:
   - Initiative one: early recognition and management of medical deterioration in Disability Community Group Homes to prevent, identify, report and respond to neglect (Disability Support Services – Ministry of Social Development);

[1] Budget 2025 - Summary of Initiatives - 22 May 2025

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- Initiative two: workforce development for casual staff in high-risk settings (Oranga Tamariki); and
- 9(2)(f)(iv) [redacted]

8. The first and second packages, along with funding for training for core children's workers through the response to the Dame Karen Poutasi review, would total 9(2)(f)(iv) [redacted] This would leave 9(2)(f)(iv) [redacted] for Ministers to invest over the remaining forecast period, plus a further $21.5 million per year appropriated through the tagged contingency for outyears.
9. You will receive further advice in March 2027 on high-level policy options to strengthen the suitability of the care workforce, including vetting, and advice about reporting of allegations of abuse and neglect.
10. The Treasury suggests deferring decisions on further investment in capability building until you have more information about proposals to strengthen workforce safety checking (vetting), which is the other focus of the Budget 25 funding.
11. If you agree to progress all or any of the capability initiatives now, a drawdown paper will be provided to delegated Ministers by September 2026.

Recommended actions

12. The Crown Response Office recommends you:

a. **note** Budget 2025 established a tagged operating contingency of $70.88 million (from 2025/26 – 2028/29 and outyears), plus $21.5 million in outyears, to enable the Government's response to the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions by building a diverse, capable, and safe care workforce;	Noted
b. **note** that care Ministers agreed to the following first package of capability building initiatives, for a total amount of $16.760 million, and these are with delegated Ministers for decisions about drawdown [CRACI 26/034]: i. a safeguarding capability framework for the care workforce; ii. safeguarding resources for family and whānau carers of disabled people and those they care for; i. a care workforce capability survey [CRACI 26/014 refers]; and	Noted

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ii. initial training of care and support workers caring for vulnerable adults across Disability Support Services [CRACI 26/029 refers];

c. **note** that on 9 March 2026 the Lead Coordination Minister and the Minister for Child Poverty Reduction agreed to access the tagged operating contingency to fund training for core children's workers in response to the Dame Karen Poutasi review recommendations ($7.854 million over 2026/27 and 2027/28), and Cabinet confirmed this drawdown as part of the Budget 26 Package; — Noted

EITHER

d. **agree** to seek drawdown funding by delegated Ministers from the tagged operating contingency by September 2026 for the following two initiatives that fill critical capability gaps (indicative combined cost of $7.181 million):

i. Early Recognition and Management of Medical Deterioration in Disability Community Group Homes to prevent, identify, report and respond to neglect (Ministry of Social Development - Disability Support Services-led, indicative cost 9(2)(j))

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions and Minister of Education	Yes / No
Minister for Social Development and Employment Minister for Disability Issues	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

ii. Workforce Development for Casual Staff (Oranga Tamariki-led, indicative cost $3.881 million)

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions and Minister of Education	Yes / No
Minister for Social Development and Employment	Yes / No

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Minister for Disability Issues	
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

AND

e. 9(2)(f)(iv) [redacted]

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions and Minister of Education	Yes / No
Minister for Social Development and Employment	Yes / No
Minister for Disability Issues	
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

OR

f. **agree** to defer the decision relating to any further initiatives to strengthen workforce capability until after agencies have reported back to you by March 2027 with high-level advice on policy options to strengthen the suitability of the care workforce, including vetting, and reporting;

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions and Minister of Education	Yes / No
Minister for Social Development and Employment	Yes / No
Minister for Disability Issues	
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

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g.	**note** the first and second package of workforce initiatives, along with training for core children's workers through the response to the Dame Karen Poutasi review, will use 9(2)(f)(iv) of the tagged operating contingency, leaving 9(2)(f)(iv) for further initiatives across the workforce project over the forecast period, plus $21.5 million in outyears; and	Noted
h.	**discuss** this briefing at the next Care Ministers meeting on 23 June 2026.	Discuss

Rebecca Martin

General Manager, Policy and Strategy, Crown Response Office

16 / 06 / 2026

Hon Erica Stanford

Lead Coordination Minister for the Crown Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions

Minister of Education

/ /2026

Hon Louise Upston

Minister for Social Development and Employment

Minister for Disability Issues

/ /2026

Hon Matt Doocey

Associate Minister of Health

/ /2026

Hon Karen Chhour

Minster for Children

/ /2026

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Background

The Royal Commission and agency analysis has found critical gaps in the care workforce

13. The Royal Commission found that one of the institutional factors contributing to abuse and neglect in care was the inadequate training and development provided to the care workforce, including insufficient preparation for care-specific roles and inadequate guidance on preventing and recognising signs of abuse and neglect.

14. In our policy work, care agencies have identified the following gaps and inconsistencies in the skills development of the workforce:

    - There are no universal standards or baseline training for abuse and neglect prevention across the whole care workforce.
    - Where training exists, it is inconsistent between sectors, settings, and roles, and particularly between the regulated and unregulated workforce. A significant number of people have no required training, no access to training or the training is voluntary.
    - Regulated professionals have greater access to training through qualifications, workplace-based learning, and continuing professional development. Training for unregulated roles is more variable, less systematised and is likely to be setting or provider-specific.
    - Training can depend on who the employer is and the practical barriers to delivering training in workforce settings. For example, all schools must have a child protection policy in place, and any additional training is voluntary through external providers.

15. For volunteers and family, whānau and aiga caregivers, it is difficult to capture detailed information about their training and capability in safeguarding, and there are few training opportunities available for them [CRACI 26/014 refers].

Care agencies see capability building as an important baseline component of a safe care workforce

16. Capability building is critical to the identification, early response and prevention of abuse and neglect in care. In March 2026, care ministers agreed a first package of capability building initiatives at a cost of $16.760 million:

    - safeguarding capability framework that will establish the foundation on which to further strengthen the care system;
    - a care workforce capability survey which will fill critical knowledge gaps; and
    - two initiatives to fill specific capability gaps for workers caring for disabled people – safeguarding resources for family and whānau carers of disabled people and those they care for [CRACI 26/014 refers], and initial training for care and support workers caring for vulnerable adults in the Disability Support Services [CRACI 26/029 refers].

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17. Agencies anticipate drawdown Ministers' final decisions in June 2026 on the first package of initiatives.
18. On 9 March 2026, recognising the outcomes sought from the Dame Karen Poutasi training align with the intent of the workforce contingency, the Lead Coordination Minister and the Minister for Child Poverty Reduction agreed to access the tagged operating contingency to fund the development and initial roll-out of training for core children's workers in response to the Dame Karen Poutasi review recommendations at estimated cost of $7.728 million [CRACI 26/032 refers].
19. The combined cost of the first drawdown of the tagged operating contingency is $24.614 million over three years.
20. See accompanying paper *Building a safe and capable workforce – overview and approach (paper 1)* on the proposed phased approach to build a safe and capable care workforce. We note that initiatives you have agreed to date, in the first package, have been about identifying and filling critical and known gaps in capability.

Agencies propose three further capability building initiatives that fill critical gaps

21. Care agencies have developed a second package of initiatives across the 9(2)(f)(iv) children, and disability sectors for your consideration. Collectively, these initiatives would lift the capability of a significant number of care workers providing the most hands-on care.
22. Disability Support Services – Ministry of Social Development and Oranga Tamariki advise they are well placed to start design and implementation of their proposed initiatives as soon as drawdown is agreed. 9(2)(f)(iv) [redacted]
23. The Ministry of Education is continuing to focus on the training for core children's workers, for the response to the Dame Karen Poutasi report, and is not proposing an initiative as part of this round.
24. The indicative cost of this second package of initiatives is 9(2)(f)(iv) [redacted] in the forecast period. When combined with the first package of initiatives (which is currently with drawdown Ministers for approval) and the Dame Karen Poutasi training for core children's workers, this would bring the total amount allocated to the tagged operating contingency to 9(2)(f)(iv) [redacted] This leaves 9(2)(f)(iv) [redacted] for further initiatives over the forecast period, plus $21.5 million in outyears. The costings are set out in **Appendix One**.
25. If you agree to progress the second package of initiatives, agencies will work with The Treasury to refine costs and progress implementation planning, ahead of seeking decisions from delegated drawdown Ministers by September 2026. The proposed initiatives for the second drawdown are described below.

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Initiative one: Early Recognition and Management of Medical Deterioration in Disability Community Group Homes to prevent, identify, report and respond to neglect (Disability Support Services - Ministry of Social Development)

26. We are seeking your decisions on an initiative to develop and implement a tool for the early recognition and management of medical deterioration (ERMD) to address harm from neglect occurring in DSS-funded Community Group Homes. Community Group Homes are supported living settings where adults with high physical and/or intellectual disability needs receive 24/7 care.
27. This initiative will support an estimated 6,000 disabled people living in DSS funded Community Group Homes to be safer through building the capability of their carers to prevent, identify and respond to neglect.
28. It introduces a systematised early recognition of medical deterioration (ERMD) tool, supported by structured guidance, prompts and escalation pathways, enabling care and support workers to recognise early warning signs and take timely, appropriate action to avert serious harm and avoidable deaths.
29. The initiative prioritises upskilling approximately 13,500 workers who support highly vulnerable adults. These individuals experience significantly higher rates of amenable and premature mortality and are at increased risk that signs of illness and deterioration are missed, or put down to the person's disability, presenting barriers in accessing timely healthcare. Many are non-verbal or have limited ability to communicate changes in their health or wellbeing, making early recognition by the care and support workforce critical.
30. By embedding a consistent and standardised approach to identifying deterioration, this initiative directly addresses neglect as a systemic risk identified through the Royal Commission, recognising that harm can arise from missed early triggers and signs, capability gaps, and unclear escalation pathways. It contributes to building a diverse, capable and safe workforce, improving safeguarding and accountability across the system.
31. The approach is evidence-based and aligns with similar models used successfully in other health and care settings, which we will take learnings from. It is designed to be scalable and can be adapted over time for use in other disability and community care environments, strengthening system-wide capability and consistency in responding to risk. Longer term we would drive for this tool to be embedded into IT supported care planning systems.
32. If you agree to this initiative, this tool could be developed and implemented in June 2027. We will provide further information on implementation and procurement in our advice to delegated Ministers by September.
33. MSD estimates the cost to develop and implement this initiative is 9(2)(j) over three years until 2028/29. This covers review of existing tools and tailoring or developing a tool suitable for disability settings in New Zealand, FTE resourcing for its implementation, and consideration of a potential IT solution to support ongoing development.

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Initiative two: Training for casual staff who operate in high-risk settings (Oranga Tamariki)

34. We are seeking your decisions to develop training across a broad range of safeguarding topics for a cohort of around 270 casual staff that work with tamariki and rangatahi in Oranga Tamariki care settings.

35. There is a lack of training and learning pathways available for this cohort. Given this and the isolated settings, and the needs of those they care for, they are a high-risk cohort and a priority focus for capability development. These staff are often alone with tamariki unsupervised, sometimes overnight or for prolonged periods, and are largely unqualified with few learning or career pathways available to them.

36. The tamariki and rangatahi they care for can have a range of complex support needs including disabilities, neurodiversity, learning difficulties, and varied emotional and personal challenges derived from their experiences of harm. These can lead to violence, aggression, suicide ideation and self-harm, creating risks to themselves, to casual workers, and to the community.

37. Targeted training and a capability lift will seek to address and manage the risk of harm. Where possible, this would be done through adapting existing Oranga Tamariki training, or developing new training where adaptations are not possible, with input from the sector and iwi or other Māori stakeholders to ensure the services are appropriate and effective.

38. This initiative will supplement training currently being developed in response to the Dame Karen Poutasi recommendations. Oranga Tamariki casual workers who are classified as core children's workers are expected to receive the Dame Karen Poutasi programme's foundational training in safeguarding for children and young people. There is the opportunity to build on this training, ensuring learning opportunities for casual workers are sustained over a longer period, are wider in topic coverage, have more in-depth content where needed, and are more tailored to the day-to-day practical needs of casual workers.

39. While this initiative is for 270 casual staff in the first instance, it can be expanded for use in learning programmes that will focus on Oranga Tamariki caregivers, all other Oranga Tamariki employed care staff and both contracted Care Partner staff, caregivers and volunteers and contracted community service provider care staff. We anticipate the full spectrum of those who will be able to access these resources from year 3 onwards would be approximately 42,000.

40. If you agree to this initiative, the project establishment, design and development can be completed by June 2027 (phase one). Phase two implementation would span the following four years. We will provide further information on implementation and procurement in advice to delegated Ministers.

41. Oranga Tamariki estimates the cost to develop and implement this initiative is $3.881 million over five years, starting with $1.198 million in 2026/27. 9(2)(f)(iv) [redacted]

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42. This would cover personnel costs for development and delivery of training, the procurement of services and technology required for the training, and other costs associated with its development (e.g. engagement and travel). It would also cover costs to ensure the training is designed to be accessible to a wider range of care workers over time where relevant, including permanent staff in Oranga Tamariki, caregivers and care workers within contracted services or other government agencies.

9(2)(f)(iv)

[redacted]

9(2)(f)(iv)

[redacted]

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49. 9(2)(f)(iv) [redacted]

50. [redacted]

The Treasury has raised matters about further funding decisions

The Treasury recommends deferring some or all further investment decisions

51. Instead of progressing the proposed three further capability initiatives for drawdown by September 2026, The Treasury has advised their recommended approach is to defer some or all further investment decisions until March 2027 so Ministers can consider how to allocate the tagged contingency to all aspects of the workforce project.

52. This approach could ensure contingency funding is available to progress vetting and other initiatives within scope of the contingency which are, along with capability, critical elements of care system safety (see *Building a safe and capable workforce – overview and approach – paper 1*).

53. The Treasury also noted that Oranga Tamariki and 9(2)(f)(iv) [redacted] would need to provide evidence demonstrating significant progress on the care safety initiatives for which they received new vote-specific funding through the B25 package. Oranga Tamariki are currently in discussions with The Treasury on this.

Considerations for decisions about investing now or deferring until March 2027

54. As noted in Paper 3, due to the sequencing of work required for checking the suitability of the workforce, there is a possibility that agencies may not be in a position to provide options for investment in vetting initiatives by March 2027. This may make trade-off decisions difficult and further delay investment decisions and delivery, including those on the second package of capability initiatives.

55. The proposed initiatives are intended to deliver a significant uplift in capability across key workforces. Capability building takes time to design and deliver. Deferring decisions on these initiatives, which fill known and critical capability gaps for a higher risk parts of the care workforce, delays addressing the issues and recommendations made by the Royal Commission and takes longer to make the system safe. Ministry of Social Development and Oranga Tamariki advise they are ready to start implementation once funding decisions are made.

56. Any investment decisions need to reflect the available funding, including the expiry date of 30 June 2027 for the tagged contingency. As set out in *Building a safe and capable workforce – overview and approach – paper 1* (CRACI 26/046), while the

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available funding is sufficient to build a strong foundation for strengthening the safety and capability of the care workforce, 9(2)(f)(iv) [redacted]

Next steps

57. If you decide to progress now with the second package of capability building initiatives in this paper, we will provide advice to delegated drawdown Ministers by September 2026.

58. If you decide to defer decisions around further some or all of the second package of capability building initiatives, we will provide you with advice in March 2027 on these initiatives alongside an update on the key parts of the next phase of the work (for a list of these, see *Building a safe and capable care workforce – overview and approach - paper 1* (CRACI 26/046)).

Appendices

Appendix One: Total Costings for the Tagged Operating Contingency

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Appendix One: Total Costings for the Tagged Operating Contingency

	2025/26	2026/27	2027/28	2028/29	Total
First set of initiatives					
First package of workforce initiatives – with delegated drawdown Ministers for approval					
Initiative one: Safeguarding capability framework for the care workforce	-	9(2)(j)			
Initiative two: Care workforce capability survey	-				
Initiative three: Safeguarding resources for family and whānau carers, and the disabled people they care for	-				
Initiative four: initial training for care and support workers in the disability sector	-				
*Workstream 1 Implementation management and specialist support for all initiatives (departmental expenditure)	-				
*Independent evaluation of the impact of all four initiatives in the first drawdown	-				
Subtotal:	**-**				
Dame Karen Poutasi initiative					
Development and initial roll-out of training for core children's workers	-	9(2)(j)			
TOTAL of first drawdown	**-**	**7.893**	**9.891**	**6.830**	**24.614**
Proposed second set of initiatives – in this paper					
Initiative one: Disability Support Services: Early Recognition and Management of Medical Deterioration in Disability Community Group Homes to prevent, identify, report and respond to neglect (DSS/MSD)	-	9(2)(j)			
Initiative two: Workforce Development for Casual Staff (OT)	-				
9(2)(f)(iv)					
TOTAL indicative cost of second drawdown	**-**	9(2)(j)			9(2)(f)(iv)
Total invested if both sets of initiatives are agreed					
Remaining funds in the tagged contingency over the forecast period					
Annual funding in outyears in the tagged contingency					**21.5**

*$1.820 million is allocated in this budget for departmental and non-departmental expenditure to support the implementation, specialist support, programme management, and evaluation of the first set of capability building initiatives. This is to ensure they are effectively implemented to meet agreed timelines and ensure we can assess effectiveness.

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Listening, learning, changing
Mā Whakarongo me Ako ka huri te tai
Crown Response to the Abuse in Care Inquiry

Briefing

Item 5: Building a safe and capable care workforce – proposed approach to work to strengthen vetting of the care workforce (paper 3)

Date:	16 June 2026	**Priority:**	Medium
Security classification:		**Tracking number:**	CRACI 26/054

Action sought		
	Action sought	**Deadline**
Hon Erica Stanford **Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions** **Minister of Education**	**Agree** to the proposed approach to work to strengthen vetting of the care workforce	23 June 2026
Hon Louise Upston **Minister for Social Development and Employment** **Minister for Disability Issues**		
Hon Matt Doocey **Associate Minister of Health**		
Hon Karen Chhour **Minister for Children**		

Contact for telephone discussion (if required)			
Name	**Position**	**Telephone**	**1st contact**
Rebecca Martin	General Manager	9(2)(a)	√
Dora Livas	Policy Manager	9(2)(a)	

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The following departments/agencies have been consulted
Ministry of Social Development, Ministry of Education, Ministry of Health, Oranga Tamariki, Health New Zealand, The Treasury

Minister's office to complete:

- ☐ Approved
- ☐ Noted
- ☐ Seen
- ☐ See Minister's Notes
- ☐ Declined
- ☐ Needs change
- ☐ Overtaken by Events
- ☐ Withdrawn

Comments

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Briefing

Item 5: Building a safe and capable care workforce – proposed approach to work to strengthen vetting of the care workforce (paper 3)

Date:	23 June 2026	**Priority:**	Medium
Security classification:	In Confidence	**Tracking number:**	CRACI 26/054

Purpose and Executive summary

1. This paper sets out the proposed approach to develop options to ensure care agencies and other relevant bodies are regularly and effectively vetting people providing care, in response to the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Royal Commission).
2. This paper is to be read alongside the following two briefings:
    a. *Building a safe and capable workforce – overview and approach - paper 1* (CRACI 26/046); and
    b. *Building a safe and capable care workforce: second package of capability building initiatives - paper 2* (CRACI 26/053).

Executive Summary

3. The Royal Commission identified a range of issues with the care workforce, including poor safety checking policies and practices in care settings that contributed to abuse and neglect. Its final report, Whanaketia, recommended that vetting be strengthened through legislative and operational improvements.
4. In response to the Royal Commission's recommendations for strengthening the care workforce, including vetting and safety checking, a cross-agency workforce project was established. Policy work to date has identified issues with current vetting systems, including gaps in coverage, variation across different parts of the care workforce, limited access to non-conviction level information such as employment disciplinary action and complaints, and limited updating of information once initial checks have been completed.
5. This paper seeks care ministers' agreement to the next stage of this work programme, which aims to address gaps in existing vetting systems, improve consistency and clarity of vetting requirements, and increase efficiency of vetting regimes across the care workforce. The proposed work programme consists of three activities:
    a. Agency-led operational policy and contractual requirement improvements within existing vetting systems (to be agreed with individual ministers)
    b. Developing regulatory options for strengthening vetting of the adult care workforce

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c. Cross-government work to develop options to enable a cohesive, multi-sector care worker vetting system (or systems).

6. Subject to agreement from care ministers, care agency officials will progress with the proposed work programme and provide you with advice on high-level policy options for strengthening vetting for the adult care workforce in March 2027.

Recommended action

7. The Crown Response Office recommends you:

a. **note** the following issues with current vetting arrangements across the care workforce: i. Vetting requirements are less robust and less consistent than requirements for the children's care workforce ii. Gaps in coverage in the Children's Act 2014 iii. Difficulty accessing the Police Vetting Service iv. System inefficiencies in vetting processes and systems v. Gaps in information sharing and monitoring;	Noted
b. **note** that the Ministry of Education is reviewing Part 3 of the Children's Act 2014, which sets out children's worker safety checking requirements, and policy decisions will be sought from responsible Ministers in September 2026 on opportunities to strengthen the safety checking framework (which involves employer safety checking and risk assessments) for currently regulated services;	Noted
c. **note**, subject to agreement with individual ministers, that care agencies will identify and progress operational improvements within existing vetting requirements and practices across both the children's and adult care workforce, with improvements to be monitored and reported through the Crown Response Plan;	Noted
d. **agree** the Ministry of Health and the Ministry of Social Development lead development of options to strengthen vetting of the adult care workforce, including the aged care workforce;	
Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions	Yes / No
Minister of Education	

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Minister for Social Development and Employment and Minister for Disability Issues	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

e. **agree** for the Crown Response Office to develop options and advice on system-wide enablers for vetting within the care sector, including information sharing, to address vetting duplication and barriers;

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions	Yes / No
Minister of Education	
Minister for Social Development and Employment and Minister for Disability Issues	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

f. **agree** that the Crown Response Office undertakes targeted engagement to support the development of options and advice in regard to system-wide enablers;

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions and Minister of Education	Yes / No
Minister for Social Development and Employment and Minister for Disability Issues	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

g. **direct** officials to provide further advice to care ministers regarding the work set out under (d) and (e) in March 2027;

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions	Yes / No
Minister of Education	

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Minister for Social Development and Employment and Minister for Disability Issues	Yes / No
Associate Minister of Health	Yes / No
Minister for Children	Yes / No

h. **discuss** this briefing at the care and redress ministers' meeting on 23 June 2026. — Discuss

Rebecca Martin

General Manager, Policy and Strategy, Crown Response Office

16 / 06 / 2026

Hon Erica Stanford

Lead Coordination Minister for the Crown Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions

Minister of Education

/ /2026

Hon Louise Upston

Minister for Social Development and Employment

Minister for Disability Issues

/ /2026

Hon Matt Doocey

Associate Minister of Health

/ /2026

Hon Karen Chhour

Minister for Children

/ /

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Background

8. The Royal Commission identified a range of issues with the care workforce, including that the workforce did not have sufficient skills, experience, training and support to provide safe and appropriate care to children, young people and adults.
9. The Royal Commission found widespread poor practice in recruitment, vetting and safety checking of care staff, volunteers and carers during the inquiry period. It identified the following key issues, which exposed people in care to higher risk of harm:
    a. Limited or no vetting requirements for staff and volunteers
    b. Inconsistent and discretionary practices across organisations and care settings
    c. Poor implementation of policies that were in place, with reliance on assumed high trust rather than formal processes
    d. Fragmented oversight and limited monitoring of vetting, resulting in low accountability
    e. Criminal conviction checks were not conducted, and systems to facilitate checks were not available.
10. The Royal Commission made recommendations to strengthen vetting and safety checking requirements in its final report, Whanaketia. These include providing for a pre-employment screening and vetting regime in legislation (recommendation 58) and ensuring that care agencies comprehensively check the safety and suitability of prospective employees (recommendations 59 and 60).
11. In response to these recommendations, and wider workforce recommendations, Budget 2025 established a tagged operating contingency of $70.88 million (from 2025/26 – 2028/29 and outyears) to build a diverse, capable and safe workforce [CAB-25-MIN-0126.72 refers].
12. As part of the Crown response to the Royal Commission's recommendations, a cross-agency workforce project with three workstreams was established to strengthen the capability and safety of the care workforce [CRACI 25/098 refers].
13. This included a workstream to ensure care agencies, and other relevant bodies, are regularly and effectively checking the safety of staff and volunteers working in care settings. The Ministry of Health is leading this workstream.
14. Policy work to date has included mapping current legislative and regulatory requirements for vetting across the care workforce, comparison with international examples, and analysis of gaps in existing vetting systems. This work has been supported by engagement and testing with the Care Sector Reference Group and the Ministerial Advisory Group.

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Briefing

Current state and purpose of vetting

15. The Royal Commission defined vetting as the action of examining someone to make certain that they are suitable for a job. This can be undertaken with the aim of protecting specific groups (such as children or disabled people), managing risks associated with or inherent to particular roles, responding to risks within specific settings, or a combination of these.
16. Vetting is only one of the mechanisms required to safeguard against harm to children and adults in care. Empirical evidence demonstrates that while pre-employment checks are widely used as a safeguarding measure, and contribute to safer recruitment, they should not be viewed as a standalone mechanism capable of reliably preventing abuse. Instead, vetting should be embedded within a wider safeguarding framework, including organisational culture, supervision, training and regulatory oversight.
17. Vetting of the care workforce is currently undertaken in three main ways in New Zealand:
    a. **Pre-employment suitability checking**, including interviews, identification and qualification verification and reference checks
    b. **Background checking**, including Police vetting and Ministry of Justice criminal record checks, often undertaken as part of pre-employment suitability checking
    c. **Registration with professional bodies (if appropriate)**, which can include ongoing requirements such as compliance with ethical standards and codes of conduct, obtaining annual practising certificates and mandatory professional development

Officials have identified gaps in existing vetting systems

18. Building on the Royal Commission's findings, officials have identified ongoing gaps and inconsistencies in the contemporary care system. These reflect gaps in how vetting is applied, limitations in current system settings, and highlight the need for a more consistent approach across roles, settings and populations groups. These include:
    a. **Gaps in the coverage of the Children's Act 2014.** Part 3 of that Act provides a framework for children's workers safety checking. It excludes volunteers, and all workers and volunteers in unregulated services. The Ministry of Education is currently reviewing Part 3 of the Children's Act (see paragraphs 12-15).
    b. **Vetting requirements and practices are less robust and more variable for workers not covered by the Children's Act 2014,** such as the adult care workforce, volunteers and others not within the definition of a children's worker. Gaps identified include:
        i. updating of background checks
        ii. notification of new conviction and police related information

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iii. risk assessment in onboarding processes

iv. vetting of volunteers.

c. **Issues accessing the Police Vetting Service.** This is often due to agencies and Police having differing interpretations of eligibility, including whether a role meets the definition of a children's worker or involves a 'vulnerable adult '.

d. **Limited access to background information about workers that does not meet a criminal threshold.** For example, complaints or records of misconduct. Officials have found that current requirements and practices for checking this information are weak and there are limited systems enabling employers to access this information.

e. **Professional registration is required for some but not all roles.** This means the safeguards that apply to professional roles are not present across all roles.

f. **Gaps in monitoring and oversight of some services.** This includes legislated requirements and monitoring for some health and disability services.

g. **System inefficiencies in vetting processes.** This is often the case when a new vet is needed for the same person every time they move across employers and sectors. Processing times for Police vetting is often up to 20 working days, and parts of the children's care workforce are required to undergo repeated checks as they move between roles, organisations, or care settings.

Interaction with other work underway across government

Review of Part 3 of the Children's Act 2014

19. As part of the Government response to the Royal Commission, the Ministry of Education is leading a review of Part 3 of the Children's Act 2014, which provides for safety checking for children's workers. The review responds to the Royal Commission's Recommendation 58(b): that the government should ensure the children's worker safety checking regime remains fit for purpose.

20. The Ministry of Education is currently undertaking targeted engagement on opportunities to strengthen Part 3 (from mid-May to late June). This is taking place as part of broader targeted engagement on strengthening child protection with MSD and Oranga Tamariki, which also seeks feedback on legislative proposals to respond to recommendations from the Dame Karen Poutasi review.

21. Ministers' policy decisions are expected in September 2026. The Part 3 review will seek key decisions on opportunities to strengthen the children's worker safety checking framework (which involves employer safety checking and risk assessments) for currently regulated services.

22. This includes coverage, monitoring and enforcement of safety checking requirements for children's workers. Insights from the review will also inform the Crown Response to the Royal Commission's recommendations around checking the suitability of the wider care workforce. Care agencies therefore consider it important that any changes

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to the vetting systems and settings applying across the broader care system are not progressed ahead of the outcomes of from the Dame Karen Poutasi review.

Changes to cost recovery arrangements for the Police Vetting Service

23. On 26 May 2026, the Minister of Police sought approval from the Cabinet Social Outcomes Committee (SOU) to undertake public consultation on proposed changes to the Police Vetting Service (PVS). These include increasing the standard fee for police vets from $8.50 to between $19 and $25, and removing the current blanket fee waiver for all registered charities.

24. The PVS provides vetting services to agencies recruiting for roles involving the safety of children, young people and other vulnerable people. Police vets are mandatory for many care sector roles and there is a risk that the proposed changes could lead to reduced compliance with vetting requirements, as employers and workers will need to absorb the increased costs. There is therefore also a risk that the impacts of proposed changes to PVS fee settings will run counter to the intent of the Royal Commission's recommendations. Recognising this, Police have agreed to work with the Crown Response Office (CRO) to appropriately reference the Royal Commission's vetting recommendations in the communications material accompanying the consultation document.

Objectives and proposed approach

25. Care agencies have now completed our assessment of the current state of care workforce vetting processes. Given the breadth and complexity of the issues identified, we propose a three-activity approach to policy options development, addressing operational gaps in the current vetting system in the short term, while considering larger, system level changes in the medium to long-term (see below).

26. To deliver proposed changes, we have identified the following objectives to progress this workstream:

    a. Strengthen vetting for the care workforce (including volunteers) by addressing identified gaps for people providing care to, or with access to, people in care settings to ensure the workforce is safe and suitable

    b. Improve consistency and clarity of vetting requirements and practices across the care workforce, while retaining appropriate flexibility to respond to different risks and needs across care settings

    c. Increase efficiency of vetting regimes across the care workforce by reducing duplication and barriers, while maintaining a strong focus on care safety.

27. At a system level, strengthening vetting across the care workforce involves a set of interdependent design questions, including who should be subject to vetting, what information should be included, how frequently checks should occur and how oversight and monitoring should operate. These elements need to be considered together, alongside how existing and potential new systems would function in practice, to ensure changes are coherent and sustainable.

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Briefing

Activity One: Individual agency-led operational policy and contractual requirement updates

28. Care agencies will identify and progress operational improvements within existing vetting requirements and practices across both the children's and adult care workforce. Agencies will monitor improvements and report these through the Crown Response Plan.

29. This work would focus on areas where access, consistency or application of current vetting processes could be strengthened outside of systemic reform. For example, improving consistency in how existing vetting tools are used, addressing known access barriers to police vetting or strengthening operational guidance and practice.

Activity Two: Develop options to strengthen vetting of the adult care workforce, including the aged care workforce (led by the Ministry of Health and Ministry for Social Development (MSD))

30. We are seeking your agreement to develop strategic, system-wide policy options to strengthen adult care workforce vetting and safety checking. This will include consideration of regulatory settings and standards underpinning the adult care workforce, and will also include the aged care sector if you agree (see item 3 Seeking Joint Ministers direction on a cross-system care safety regulatory framework, where we seek your agreement to include aged care into the scope of the Crown Response).

31. Once the review of Part 3 of the Children's Act is complete (see above), care agencies' work on the children's and adults' care workforce will be brought together to inform the development of a cohesive, whole of system approach to vetting across the care workforce.

32. This work will consider how Government should respond to a broader set of Royal Commission recommendations relating to workforce assurance and safety, including:

    a. establishing a more comprehensive and consistent pre-employment screening and vetting regime (Recommendation 58a)

    b. strengthening expectations for pre-employment screening practices and organisational accountability (Recommendations 59–60 and 64), and

    c. exploring additional system features such as a barring regime (Recommendation 58(c)).

33. Further analysis is required to determine whether individuals providing care or with access to children and adults, outside traditional care settings, are included in policy options. This includes care services such as individualised funding in the disability sector (see item 3). This work will include the duty of care obligations for family carers and MSD, and information provision and sharing policies.

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Activity Three: Develop options and advice on system-wide enablers for the care sector, including information sharing, to address vetting duplication and barriers

34. We are seeking your agreement to undertake a cross-government approach to develop options for enabling a cohesive, multi-sector care worker vetting system (or systems) for children's and adults' care workforce.

35. Evidence from the Royal Commission and further research by agencies indicate that current systems do not consistently support care providers to vet, monitor and respond to emerging risks in a timely way, including the ability to identify and act on information about unsuitable people in the care workforce.

36. If you agree, CRO, in consultation with care agencies, will explore options to strengthen system infrastructure that underpins vetting, monitoring and reporting. This work will consider options for information sharing, reducing duplication and barriers created by repeated vetting requests, particularly as people move between roles, organisations, and care settings.

37. This will include investigating potential institutional oversight, resourcing, funding, and digital platforms that could support a transparent, trusted and efficient vetting system. Note that options about institutional oversight will need to be developed across the wider Royal Commission response.

Next steps

38. If you agree to the proposed approach, we will progress the next phase of this work, including undertaking targeted engagement to support the development of advice in regards to Activity Three.

39. We will provide care ministers with high-level policy options and other advice for strengthening vetting for the care workforce in March 2027.

40. Targeted consultation on Activity Two will be completed in 2027/28 before your agreement is sought on policy options. Where possible, agencies will provide indicative costs in the March 2027 advice, though options that require targeted consultation over 2027/28 will not be fully costed at that point.

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ORANGA TAMARIKI
Ministry for Children

Paper for Joint Care Ministers - Responding to Recommendation 28 in *Whanaketia,* the final report of the Royal Commission of Inquiry into Abuse in Care

To:	Joint Care Ministers
From:	Emma Powell, Deputy Chief Executive, System Leadership, Oranga Tamariki
Date:	Thursday 16 June 2026
Security level:	

Purpose

This paper seeks agreement from Joint Care Ministers on the proposed response to recommendation 28 in *Whanaketia,* the final report of the Royal Commission of Inquiry into Abuse in Care (the Royal Commission).

A decision at this time will enable Oranga Tamariki to provide an update in the next Annual Report of the Crown's response to the Royal Commission, which will cover the period from 1 July 2025 to 30 June 2026.

Recommendations

We recommend that you:

1	**Note** that the Royal Commission recommended: *'The Government should amend section 284 of the Oranga Tamariki Act 1989 to ensure that offending by young people abused and/or neglected in care in response to that abuse and/or neglect, is not given undue weight as an aggravating factor at sentencing for later unrelated offending.'*	
2	**Agree** to the proposed approach to decline recommendation 28 in *Whanaketia,* the final report of the Royal Commission of Inquiry into Abuse in Care.	**YES / NO**
3	**Agree** to provide this as an update to the Crown Response Office to be included in the next Annual Report of the Crown's Response to the Royal Commission (1 July 2025- 30 June 2026).	**YES / NO**
4	**Note** that this update will be noted by Cabinet via an appendix to the Annual Report when it is submitted.	

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Paper for Joint Care Ministers - Responding to Recommendation 28 in *Whanaketia,* the final report of the Royal Commission of Inquiry into Abuse in Care

Purpose

1 This paper seeks agreement from Joint Care Ministers on the proposed approach to respond to recommendation 28 in *Whanaketia,* the final report of the Royal Commission of Inquiry into Abuse in Care (the Royal Commission). A decision at this time will enable Oranga Tamariki to provide an update in the next Annual Report of the Crown's response to the Royal Commission, which will cover the period from 1 July 2025- 30 June 2026.

Background

2 The Royal Commission recommended that the Government should amend section 284 of the Oranga Tamariki Act 1989 to ensure that offending by young people abused and/or neglected in care in response to that abuse and/or neglect, is not given undue weight as an aggravating factor at sentencing for later unrelated offending (recommendation 28).

3 While Oranga Tamariki is responsible for responding to this recommendation, agreement is being sought from Joint Care Ministers to ensure alignment on the proposed response.

4 The Crown's initial response to the Royal Commission (the Crown Response plan), published in May 2025, noted that this recommendation required 'further consideration' and that work had not started. Since then, officials have carried out work to consider the most appropriate response to recommendation 28, ahead of the Crown Response Office's next annual report for the period 1 July 2025 to 30 June 2026.

Recommendation 28 - preventing undue weight being given to previous offending

5 The Royal Commission found evidence that abuse and neglect in state care significantly increased children and young people's likelihood of later contact with the criminal justice system.[1] Many survivors described early offending as:

- survival behaviour,
- trauma responses,
- or actions directly linked to neglect, violence, instability, and institutionalisation.

6 Section 284 of the Oranga Tamariki Act 1989 refers to a range of factors that the Youth Court must have regard to when sentencing a young person. This includes having regard to any previous offence they have committed.

7 The Royal Commission recommends that section 284 should be amended to ensure that if prior offending was in response to abuse or neglect while they were in care, it

[1] *The inquiry found that during the inquiry period, harm was pervasive in social welfare institutions. Over 30 percent of children and young people went on to serve prison sentences later in life. Tamariki and rangatahi Māori were significantly over-represented in these numbers.*

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should not be given undue weight when determining what order to apply for later, unrelated offending. The Royal Commission's rationale was to ensure that earlier offending in response to care-related abuse was not treated as evidence of inherent criminality, nor should it contribute to a greater consequence for later, unrelated offending, given the exacerbating circumstances.

8 A similar recommendation (27(c)) was made in relation to adult offending, seeking amendments to the Sentencing Act 2022. This recommendation has been declined (see paragraph 15).

Existing safeguards mitigate this risk

9 A number of safeguards and provisions are already in place to mitigate the risk posed by the Royal Commission in relation to recommendation 28.

The Youth Court can already take previous abuse or neglect into account

10 Nothing prevents the Court from taking a young person's abuse or neglect into account when considering what order to make in response to that young person's later offending behaviour. Although the Act does not specify abuse or neglect as something the Court must consider, it does require the Court to have regard to:

- "the personal history, social circumstances, and personal characteristics of the young person…" (s 284(1)(b)) and
- "the causes underlying the young person's offending…" (s 284(1)(i)).

11 Nor is it necessary for the Court to consider any previous offence solely as an aggravating factor. When having regard to that offence, nothing prevents the Court from identifying any contributing abuse or neglect as a mitigating factor when considering the influence that previous offence should have.

The Youth Court must impose the 'least restrictive outcome'

12 Section 289 of the Oranga Tamariki Act requires the Youth Court to impose the least restrictive outcome adequate in the circumstances when sentencing. The purpose of this provision is to promote rehabilitation and well-being of the young person while holding them accountable. This aligns with the broader principles of the Act, which prioritises the best interests of the young person.

The Youth Court must already avoid giving undue weight to any matter it considers

13 The Youth Court must have regard to all nine matters listed in section 284. While nothing prevents the Court from giving greater weight to one matter over another where that is warranted by the circumstances, there would be lawful grounds for challenging the Court's decision if any greater weight it chose to give was "undue". To make a lawful decision, the Court must have reasonable grounds for any greater weight it chooses to give a matter.

14 As recommendation 28 is solely concerned with mitigating against a court giving 'undue weight', it is our view that sufficient protections exist to prevent this from happening.

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The Government has already declined a similar recommendation in the adult jurisdiction on similar grounds

15 A similar recommendation relating to adult offending (recommendation 27(c)) has been declined on the grounds that consideration of offenders' backgrounds, including the circumstances of any previous convictions, is already adequately provided for under several provisions in the Sentencing Act 2002. In addition, concerns were raised about the workability of implementing recommendation 27(c) within the existing sentencing framework.

Implementation issues with recommendation 28

16 If the Government were to accept recommendation 28, the most likely implementation mechanism would be amending section 284(1) to either:

- add a tenth distinct consideration that the court must consider the role that abuse or neglect in care played in any previous or current offending;
- specify that any consideration given to prior offending (284(1)(g)), should consider the role that abuse and neglect in care may have played;
- amend section 284(1)(i) which refers to consideration of the causes underlying the current offence, to include a reference to prior offending as well.

17 However, there are a number of implications associated with this approach.

18 If accepted, the proposed 'response' to recommendation 28 would give explicit weight to abuse or neglect in care as a mitigating factor, without giving any explicit weight to other childhood trauma that may be as much a contributing factor to offending behaviour. It would be difficult to justify including abuse in care as an explicit mitigation if the same type of abuse in the family home is not also an explicit mitigation. While that could be overcome by omitting the 'in care' requirement, there would still be other types of childhood trauma that would not be given explicit consideration, giving rise to the same unequal approach (e.g. sudden death of both parents).

19 There are also practice implications with implementing the recommendation as it stands. The Royal Commission did not describe how immediate and direct the connection with the previous offending had to be before it could be deemed as "in response to that abuse or neglect." Consequently, it is not clear whether the previous offence must have been committed against the abuser or their property (for example), to qualify. As it would be difficult for a Court to determine what previous offending was or was not "in response" to abuse or neglect in care, implementing this recommendation as intended would likely be impractical.

We recommend that the Government declines recommendation 28

20 Given that a young person's background and the causal factors for their offending can already be taken into account, it is unlikely any changes to the matters the Youth Court must consider would make a material difference in practice. We also have concerns that including this as a specific consideration would raise further questions around other specific mitigating factors that could have a causal link to offending.

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21 We do not anticipate significant focus on this recommendation within the wider annual report. On balance, and having considered the risks of deferring a decision, we recommend progressing to decline now to demonstrate continued progress in responding to the Inquiry, two years on from the release of its final report.

Consultation

22 In drafting this advice, officials consulted the Crown Response Office, Ministry of Justice and the Oranga Tamariki Legal team.

Next steps

23 Should Joint Care Ministers agree to decline recommendation 28, an update will be provided to the Crown Response Office to be included in the next annual report of the Crown's response to the Royal Commission. Oranga Tamariki officials will also develop supporting material that includes an explanation that existing safeguards are in place to mitigate the risk raised by the Royal Commission, if needed. The decision would then be noted by Cabinet via an appendix to the Annual Report when it is submitted to Cabinet.

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