26 March 2026 OIA 1205-26

[redacted]

Tēnā koe [redacted]

I refer to your request made under the Official Information Act (the OIA) received on 6 February 2026, which was subsequently extended and partially responded to on 23 February 2026. You requested the following information:

> *I write to request that you please supply the following information under the Official Information Act:*
>
> - *Briefing: Placeholder Submission – Crown Response to Abuse in Care Budget '25 Package, 12/12/2024, Report Number: CRACI 24/104*
> - *Briefing: For Approval – Budget '25 Crown Response to Abuse Package, 17/01/2025, Report Number: CRACI 25/008*
> - *Budget 2025 Cost Pressures and New Spending Template. File Name in Past OIA request response: '008 – 2024-12-23 – Placeholder B25 Abuse in Care Package Submitted_Redacted.*
>
> *I note that I have received these documents in response to an earlier OIA request. However, some information provided in response to that request is redacted because it was out of scope. I also ask for these documents again because Section 9(2)(f)(iv) was used to justify redaction in some places. I ask that the use of this withholding ground is reassessed in responding to this new OIA request, given that the Government has made and announced decisions about redress system changes, including budgetary decisions.*

The time frame for responding to your request was extended under section 15A of the Act by 15 working days because your request involved a large quantity of official information, and consultations were needed before a decision could be made on the request. Following this extension, I am now in a position to provide the second tranche of our response to your request. This tranche covers the part of your request asking for a reassessment of the information previously withheld under section 9(2)(f)(iv) in the documents you have listed in your request.

Information being released

As I have already released these documents to you, I am releasing only the pages with additional information that can now be released. Please find enclosed the following pages of each document listed in your request where redactions under s 9(2)(f)(iv) have now been removed:

Item	Date	Document Description	Pages
001	12/12/2024	Briefing: Placeholder Submission – Crown Response to Abuse in Care Budget '25 Package	Page 13

002	23/12/2024	Budget templates: Placeholder B25 Abuse in Care Package Submitted	Pages 12, 17, 19, 24, 27
003	17/01/2025	Briefing: For approval: Budget '25 Crown Response to Abuse Package	Pages 7, 45-47, 52, 56-62, 74-79, 109, 112-117, 123-124, 126

I have decided to release the pages of the documents listed above, subject to information being withheld under one or more of the following sections of the OIA, as applicable:

- section 9(2)(a), to protect the privacy of individuals
- section 9(2)(f)(iv), to maintain the confidentiality of advice tendered by or to Ministers and officials

All other previous redactions still apply under one or more the following sections of the OIA, as applicable:

- section 9(2)(a), to protect the privacy of individuals
- section 9(2)(f)(iv), to maintain the confidentiality of advice tendered by or to Ministers and officials

In making my decision, I have considered the public interest considerations in section 9(1) of the OIA. I do not consider that these considerations outweigh the need to withhold the information.

We may publish this OIA response on www.abuseinquiryresponse.govt.nz (with your personal details having been removed). Publishing responses to OIA requests increases the availability of information to the public and is consistent with the purpose of the OIA to enable effective participation in the making and administration of law and policies, and to promote the accountability of Ministers and officials.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available via www.ombudsman.parliament.nz or freephone 0800 802 602.

Nāku noa, nā

John Henderson
General Manager Enabling Services

Appendix Three – Ensuring the Safety of People in the Care System

	Empowering families, whānau and communities to prevent entry into care	Vote(s)	For Minister Consideration on Priority level (circle one)
1	**$25m** tagged contingency to identify and invest in early interventions to prevent people entering into the care system, and build capacity and capability at the community level, with a specific focus on how intervention can support access to appropriate health, education and social services and supports	Health, Education, Oranga Tamariki, Social Development (DSS)	High Medium Low
2	9(2)(f)(iv)		
		Total: 9(2)(f)(iv)	
	Preventing, recognising and responding to abuse in care	**Vote(s)**	
3	9(2)(f)(iv)		
4			
5			
6			
7	**$1.725m** to improve built environments of mental health inpatient units to ensure safer care settings for tāngata whaiora (operating) consistent with recommendation 75	Health	High Medium Low
8	**$50m** tagged contingency to improve built environments of mental health inpatient units to ensure safer care settings for tāngata whaiora (capital) consistent with recommendation 75		High Medium Low
9	**$6m** to provide auditing of every disability support service provider over 4 years to ensure the quality of services is maintained	Disability	High Medium Low
10	**$2.8m** to improve critical incident and complaints system for disability support services		High Medium Low
11	**$5m** to establish an electronic visitor verification trial for disability support services		High Medium Low
		Total: 9(2)(f)(iv)	
	Building a diverse, capable and safe care workforce	**Vote(s)**	
12	9(2)(f)(iv) tagged contingency to lift the quality of safety of the care system workforce focussing on core training and ongoing development and workforce screening, across Health, Education, Social Development, Disability, Care and Justice sectors	Health, Education, Oranga Tamariki, Social Development (DSS), Justice	High Medium Low
13	9(2)(f)(iv)		
		Total: 9(2)(f)(iv)	
	Monitoring the provision of care by providers and individuals	**Vote(s)**	
14	**$9.36m** to bolster independent oversight of compulsory mental health care (scalable initiative)	Health	High Medium Low
15	9(2)(f)(iv)		
		Total: 9(2)(f)(iv)	
9(2)(f)(iv)			
	Recordkeeping to connect people in care to the families, whakapapa and whenua	**Vote(s)**	
19	**$0.5m** to support disability support service providers to help them treat records like taonga	Disability	High Medium Low
20	9(2)(f)(iv) to support changes to record keeping requirements	Education	High Medium Low
21	9(2)(f)(iv)		
22	9(2)(f)(iv) to uplift care recordkeeping to support new systems and improve management of legacy records	Internal Affairs	High Medium Low
23	9(2)(f)(iv) to improve access to records by survivors and agencies		High Medium Low
		Total: 9(2)(f)(iv)	
		TOTAL	9(2)(f)(iv)

For Reference: Consolidation of 23/12/2024 Placeholder Templates uploaded into CiFSNet: Section One only Care System Safety package.

Agency-specific initiatives by investment area	2025/26	2026/27	2027/28	2028/29	$ million	(over 4 years)
Investment Area 1: Empowering families, whānau and communities to prevent entry into care	**6.25**	**6.25**	**6.25**	**6.25**		**25.00**
Early Intervention (joint contingency)	6.25	6.25	6.25	6.25		25.00
Investment Area 2a: Preventing abuse in care						
Safer mental health and addiction environments - operating						
Safer mental health and addiction environments - capital	1.00	5.00	10.00	34.00		50.00
Electronic Visitor Verification (EVV) trial	5.00					5.00
Investment Area 2b: Recognising and responding to abuse in care						
Audits	1.50	1.50	1.50	1.50		6.00
Improve our critical incident and complaints system	1.80	0.70	0.15	0.15		2.80
Reducing abuse and harm to children and young people cared for by individual caregivers	3.60	1.35	1.35	0.85		7.15
Reducing abuse and harm to children and young people in community and remand homes – both						
Investment Area 3: Building a diverse, capable and safe care workforce						
Workforce training (joint contingency)						
Investment Area 4: Monitoring the provision of care by providers and individuals	**1.58**	**1.81**	**2.98**	**2.98**		**9.36**
Bolstering independent oversight of compulsory mental health care	1.58	1.81	2.98	2.98		9.36
Investment Area 6: Recordkeeping to connect people in care to their families, and to whakapapa,						
Provider records	0.50					0.50
Supporting future record keeping						
Uplift in care recordkeeping						
Access to records						
Grand Total						

9(2)(f)(iv)

Annex 1: Budget 2025 Cost Pressures and New Spending Template

Section 1: Care System Safety - recognising and responding to abuse in care

Section 1A: Basic initiative information			
Initiative title (max 120 characters)	Care System Safety - recognising and responding to abuse in care.		
Lead Minister	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	**Agency**	Crown Response Office, Public Service Commission
Initiative description (max 800 characters)	This initiative is one of seven initiatives that respond to recommendations made by the Abuse in Care Royal Commission of Inquiry (Royal Commission) in its final report and focuses on recommendations to embed safeguarding at all levels of the care system as a key preventative mechanism. Agencies have identified four initiatives 9(2)(f)(iv) for investment to recognise and respond to abuse in care: • Vote Oranga Tamariki – 9(2)(f)(iv) to reduce abuse and harm to children and young people cared for by individual caregivers and 9(2)(f)(iv) to reduce abuse and harm to children and young people in community and remand homes; and • Vote Social Development (DSS) – $6m to audit every disability support service provider to ensure the quality of services is maintained and $2.8m to improve the critical incident and complaints system for disability support services. Please note that an abbreviated version of this description has been entered into CFISnet.		

Section 1: Care System Safety - preventing abuse in care

Section 1A: Basic initiative information

Initiative title (max 120 characters)	Care System Safety - preventing abuse in care		
Lead Minister	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	**Agency**	Crown Response Office, Public Service Commission
Initiative description (max 800 characters)	This initiative is one of seven initiatives that respond to recommendations made by the Abuse in Care Royal Commission of Inquiry (Royal Commission) in its final report. This initiative focuses on recommendations to embed safeguarding at all levels of the care system as a key preventative mechanism. Three projects 9(2)(f)(iv) operating and $50m capital) were identified for investment to prevent abuse in care: • Vote Health – 9(2)(f)(iv) and $50m (capital) tagged contingency to review and improve mental health inpatient units to ensure care settings are safe and responsive to people's needs; and • Vote Social Development (DSS) – $5m to establish an electronic visitor verification trial for disability support services.		
Priority Area (PA) Objective	☒ *New Spending Commitments*	☒ *Capital Investments*	
	☐ *Cost Pressures*	☐ *Capital Cost Escalation*	
	☐ *Performance Plan Scrutiny*		
Is this a cross-Vote initiative?	***Yes***	Health, Social Development (Disability Support Services)	
Does this require legislative change?	***No***		
Agency contact	*Name:* Molly Elliott *Phone:* 9(2)(a) *Email:* Molly.Elliott019@msd.govt.nz	**Treasury contact (Vote Analyst)**	*Name:* Talei Pasikale *Phone:* 9(2)(a) *Email:* Talei.Pasikale@treasury.govt.nz

Section 1B: Summary of funding profile

Total operating costs associated with initiative ($m)

2024/25	2025/26	2026/27	2027/28	2028/29 & outyears*	Total
9(2)(f)(iv)					

Operating costs associated with initiative – Vote Health ($m)

2024/25	2025/26	2026/27	2027/28	2028/29 & outyears*	Total
9(2)(f)(iv)					

Operating costs associated with initiative – Vote Social Development (Disability Support Services) ($m)

2024/25	2025/26	2026/27	2027/28	2028/29 & outyears*	Total
0.000	5.000	0.000	0.000	0.000	**5.000**

*For irregular outyears, add additional rows above to display the full profile of the initiative. Delete "& outyears" for time-limited funding. See the Budget 2025 Uploading Initiatives to CFISnet for more information on entering outyears into CFISnet.

Section 1: Care System Safety - building a diverse, capable and safe care workforce.

Section 1A: Basic initiative information

Initiative title (max 120 characters)	Care System Safety - building a diverse, capable and safe care workforce.		
Lead Minister	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	**Agency**	Crown Response Office, Public Service Commission
Initiative description (max 800 characters)	This initiative responds to recommendations made by the Royal Commission. Three initiatives were identified 9(2)(f)(iv) to build a diverse, capable and safe workforce: • Vote Health, Education, Oranga Tamariki, Social Development (DSS), Justice – $75m tagged contingency to lift the quality of safety of the care system workforce focussing on core training and ongoing development and screening; 9(2)(f)(iv)		

Priority Area (PA) Objective	☒ *New Spending Commitments*	☐ *Capital Investments*		
	☐ *Cost Pressures*	☐ *Capital Cost Escalation*		
	☐ *Performance Plan Scrutiny*			
Is this a cross-Vote initiative?	**Yes**	Health, Education, Oranga Tamariki, Social Development (DSS), Justice		
Does this require legislative change?	***No***			
Agency contact	*Name:* Molly Elliott *Phone:* 9(2)(a) *Email:* Molly.Elliott019@msd.govt.nz	**Treasury contact (Vote Analyst)**	*Name:* Talei Pasikale *Phone:* 9(2)(a) *Email:* Talei.Pasikale@treasury.govt.nz	

Section 1B: Summary of funding profile

Operating costs associated with initiative – overview ($m)					
2024/25	**2025/26**	**2026/27**	**2027/28**	**2028/29 & outyears***	**Total**
9(2)(f)(iv)					

Operating costs associated with initiative – Vote Justice tagged contingency ($m)					
2024/25	**2025/26**	**2026/27**	**2027/28**	**2028/29 & outyears***	**Total**
0.000	0.500	0.500	0.500	0.500	**2.000**

Operating costs associated with initiative – Vote Education tagged contingency ($m)					
2024/25	**2025/26**	**2026/27**	**2027/28**	**2028/29 & outyears***	**Total**
9(2)(f)(iv)					

Operating costs associated with initiative – Vote Social Development (DSS) tagged contingency ($m)

Care System Safety - 23 December 2024 Placeholder Budget 2025 Initiatives Description

Lead Agency	Initiative	Description	Alignment with Royal Commission recs	Addresses known gap	Funding need	Type
Ministry of Health	Safer mental health and addiction environments - capital	These initiatives support an in-depth review and scoping of mental health inpatient units focusing on modernising safety features. This would provide a prioritised assessment of safety upgrades required to bring units in line with modern best practice. Operational changes required are expected to be met from baselines. The objective would be to improve environments of inpatient units to ensure care settings are safer and more responsive to tāngata whaiora needs. It is proposed to establish a tagged contingency of capital investment to support implementation of immediate improvements and installation of modern safety features in units based on the review and scoping exercise. Note, there is an associated initiative seeking operating funding for the in-depth review and scoping work above	The Royal Commission identified a range of issues relating to the physical environments where State care is being provided. In particular this initiative would support: Recommendation 74: accelerate work to minimise and eliminate the use of solitary confinement Recommendation 75: review physical building and design features to identify and address elements that may place people in care at risk of abuse and neglect	Places of care should be safe and welcoming environments not only to mitigate risks of abuse and neglect but also to ensure that the environments are contributing to the wellbeing and recovery of a person who is experiencing severe mental distress and requires inpatient care. There are number of inpatient units that are aging and require maintenance and safety upgrades that exceed what is possible within baseline funding. These facilities are not consistent with best practice standards. Improvements are needed to ensure rooms and environments have appropriate features to support safety, privacy and dignity for patients (for example, ability for patients to lock their own doors and ensuring appropriate dignity and privacy elements in rooms).	This requires time-limited operating funding to undertake the in-depth review and scoping of safety improvements and a review of what is needed to improve safety of care for Māori, along with a proposed contingency for capital funding to implement the new physical safety features. There are limited opportunities for further reprioritisation within existing Vote Health baselines. Any reprioritisation would require stopping other critical work. Funding is needed for both new builds and ensuring existing facilities are safe. Current funding is focused on new builds; reprioritising costs to ensure existing facilities are up to standard would potentially mean new builds are not able to be built to best practice safety standards. This initiative is scalable with trade-offs relating to the extent of safety upgrades that could be undertaken	Investment Area 2: Preventing, recognising and responding to abuse in care
Ministry of Health	Safer mental health and addiction environments - operating	These initiatives support an in-depth review and scoping of mental health inpatient units focusing on modernising safety features. This would provide a prioritised assessment of safety upgrades required to bring units in line with modern best practice. Operational changes required are expected to be met from baselines. The objective would be to improve environments of inpatient units to ensure care settings are safer and more responsive to tāngata whaiora needs. It is proposed to establish a tagged contingency of capital investment to support implementation of immediate improvements and installation of modern safety features in units based on the review and scoping exercise. Note, there is an associated initiative seeking operating funding for the in-depth review and scoping work above	The Royal Commission identified a range of issues relating to the physical environments where State care is being provided. In particular this initiative would support: Recommendation 74: accelerate work to minimise and eliminate the use of solitary confinement Recommendation 75: review physical building and design features to identify and address elements that may place people in care at risk of abuse and neglect	Places of care should be safe and welcoming environments not only to mitigate risks of abuse and neglect but also to ensure that the environments are contributing to the wellbeing and recovery of a person who is experiencing severe mental distress and requires inpatient care. There are number of inpatient units that are aging and require maintenance and safety upgrades that exceed what is possible within baseline funding. These facilities are not consistent with best practice standards. Improvements are needed to ensure rooms and environments have appropriate features to support safety, privacy and dignity for patients (for example, ability for patients to lock their own doors and ensuring appropriate dignity and privacy elements in rooms). Health New Zealand currently has a Mental Health Infrastructure Programme underway. However, this is a long term programme with a focus on new builds that will meet best-practice design principles – many facilities are many years away	This requires time-limited operating funding to undertake the in-depth review and scoping of safety improvements and a review of what is needed to improve safety of care for Māori, along with a proposed contingency for capital funding to implement the new physical safety features. There are limited opportunities for further reprioritisation within existing Vote Health baselines. Any reprioritisation would require stopping other critical work. Funding is needed for both new builds and ensuring existing facilities are safe. Current funding is focused on new builds; reprioritising costs to ensure existing facilities are up to standard would potentially mean new builds are not able to be built to best practice safety standards. This initiative is scalable with trade-offs relating to the extent of safety upgrades that could be undertaken across the country.	Investment Area 2: Preventing, recognising and responding to abuse in care
9(2)(f)(iv)						
Ministry of Health	Bolstering independent oversight of compulsory mental health care	This initiative would improve models of care and increase capacity and capability of independent statutory roles and bodies under the Mental Health (Compulsory Assessment and Treatment) Act 1992, Substance Addiction (Compulsory Assessment and Treatment) Act 2017, the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 (including independent watchdogs and review tribunals). Funding would ensure that the capacity and capability of key statutory roles meet demand and will support increased activity levels across the country in line with an enhanced approach to care safety. This includes making specialist expertise (eg, for Māori and children/young people) available to support statutory functions in relation to these populations. The funding would support the shift needed in practice to strengthen safeguarding and more person-centred models of care.	The role of oversight bodies and effective complaints processes were highlighted by the Royal Commission. District inspectors and review tribunals are critical safeguards under the Mental Health (Compulsory Assessment and Treatment) Act 1992, Substance Addiction (Compulsory Assessment and Treatment) Act 2017, the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 (eg, receiving and investigating complaints of breaches of rights, inspecting inpatient units, reviewing the condition of a patient on request or on their own motion). This aligns with: Recommendation 39: care safety principle 9 (responding to complaints). Recommendation 62: recruitment of a diverse workforce. Recommendation 71: support and invest in models of care that do not perpetuate the environments and practices that led to historic abuse and neglect. Recommendation 86(b): ensuring oversight bodies are adequately resourced.	District inspectors are lawyers appointed by the Minister of Health to protect the rights of people receiving treatment under the Mental Health (Compulsory Assessment and Treatment) Act 1992, the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 or the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003. Funding rates for these roles have not increased in many years, despite activity increasing and increasing expectations for safeguarding. Low funding levels for these roles may also be contributing to issues of finding sufficient people and people with the right perspectives and expertise to fulfil these roles; we expect this to be a growing challenge. If not addressed, this will result in gaps in key safeguards for people under the Mental Health Act. This investment is necessary to strengthen existing care oversight mechanisms, but will also help future-proof the care system. These roles will be carried over in the new Mental Health Bill, and it is expected that changes in legislation will result in	Funding rates for these roles have not been reviewed or adjusted in over 10 years. The Ministry of Health has recently been through a cost saving exercise, and there are no opportunities for reprioritisation to enhance and expand these activities above current levels through baseline. Any further reprioritisation would require stopping other critical work or potentially compromising key regulatory functions.	Investment Area 4: Monitoring the provision of care by providers and individuals
Ministry of Education	Supporting future record keeping	This package of record keeping initiatives will support the education sector to prepare for significant changes to record keeping requirements in response to the RCOI's recommendations. It includes funding to: 9(2)(f)(iv)	Recommendation 81: Record keeping principles. Recommendation 82: All State and faith-based entities providing care directly or indirectly to children, young people or adults should, together with the person in care, document an account of their life during their time in care. Royal Commission observation in Whanaketia: The RCOI made observations relating to content, retention, destruction and accessibility of records. These went beyond the issue of lost or destroyed records - some survivors pointed out that records concentrated – sometimes exclusively so – on the negative aspects of life in care, leaving no record of, or comment about, happier moments, social events or accomplishments along the way – all of which would create a fuller, more rounded picture for survivors who came to read their files in later years. Training for staff on these elements of record-keeping would be one way, in the Royal Commission's view, to help leave a more balanced picture of life in care.	The initiative will support the Ministry and the sector to prepare for changes to record keeping requirements. The Chief Archivist has issued a temporary care records protection instruction. This protection instruction withdraws and replaces the disposal moratorium on records relevant to the Abuse in Care Royal Commission of Inquiry originally issued 28 March 2019. The new instruction is to protect care records while work is undertaken to review the retention and disposal of State care records. We know that this work will likely result in changes to what type of records the sector will be required to keep, and for how long. The Ministry will need to support workforce capability and infrastructure in this area.	The Ministry has been conducting a reprioritisation exercise and the resulting savings have already been allocated to support Budget initiatives. The Ministry is unable to find further savings to support this.	Investment Area 6: Recordkeeping to connect people in care to their families, and to whakapapa, whānau, hapū and whenua
9(2)(f)(iv)						
MSD (DSS)	Audits	Audits - audit every provider over the next two years. Audits help check the quality of service is maintained. Increased frequency of audits improves safety and prevents abuse.	The RCOI recommended all entities providing care have safegaurding policies and procedures in place that are regularly audited for compliance, including periodic external audits (R 55(l))	Audits currently occur with a target period of once every 5 years. Increasing the frequency of audits would provide a visible and meaningful increase in monitoring providers' compliance with expected standards of care and contractual obligations	MSD's primary and Disability Support Services Performance Plans outline substantial cost pressures. Other than utilising MSD's invest-to-save framework or policy changes being considered through Budget 2025, any further reprioritisation would impact frontline services.	Investment Area 2: Preventing, recognising and responding to abuse in care
MSD (DSS)	Electronic Visitor Verification (EVV) trial	• EVV trial • Software solution. Carers "log in" when they arrive to provide care. This provides greater assurance that clients are receiving the supports that they have been assessed (and funded) as requiring. EVV can provide real time information which would enable action to be taken immediately if, for example, a worker providing critical support didn't show. • Visibility and trackability of care services • Safety and cost benefits	Aligns with recommendations around accountability and improving standards of care.	PWC is providing advice on EVV and other technology. While some providers have invested in geographical tracking and logging, this is not mandatory across the sector. EVV would assist in the visibility of care work, the professionalism of the workforce and the evidence base of provides care for whom, when, and where.	Funding is sought for the first year and then 0 in outyears. This is because the initiative will likely produce future support cost savings that will offset ongoing operational costs from 2026/27 onwards due to paying for actual hours worked/supported. MSD's primary and Disability Support Services Performance Plans outline substantial cost pressures. Other than utilising MSD's invest-to-save framework or policy changes being considered through Budget 2025, any further reprioritisation would impact frontline services.	Investment Area 2: Preventing, recognising and responding to abuse in care
MSD (DSS)	Improve our critical incident and complaints system	• Improve our critical incident and complaints system • ERM programme	Recommendations 65-69: Aligns with RCOI recommendations that complaints are responded to effectively	Current reporting relies on data entry into spreadsheets. A more efficient system will improve our ability to identify (and therefore react to) trends and outliers. Increased efficiency also frees up resources so that they can focus on responding to complaints and other aspects of preventing and responding to abuse	MSD's primary and Disability Support Services Performance Plans outline substantial cost pressures. Other than utilising MSD's invest-to-save framework or policy changes being considered through Budget 2025, any further reprioritisation would impact frontline services.	Investment Area 2: Preventing, recognising and responding to abuse in care
MSD (DSS)	Provider records	Funding to support providers to help them treat records like taonga	Recommendations 81-84: The Royal Commission made recommendations on best practice data collection, record keeping and information sharing	Providers are contractually required to keep records. Many records are paper-based.	MSD's primary and Disability Support Services Performance Plans outline substantial cost pressures. Other than utilising MSD's invest-to-save framework or policy changes being considered through Budget 2025, any further reprioritisation would impact frontline services.	Investment Area 6: Recordkeeping to connect people in care to their families, and to whakapapa, whānau, hapū and whenua
9(2)(f)(iv)						

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

23 Dec 2024
Redress System Placeholder Package Costed Scaling Options (post 20 Dec Minister Stanford direction)

BUDGET SENSITIVE

Scaling Package A (small)
Continue status quo with a review period and fixed SES funding

Operating costs associated with initiative ($m)					
2024/25	2025/26	2026/27	2027/28	2028/29 & outyears	Total
0.000	$6.79	$87.47	$79.86	$553.08	$727.22

Structures / Entities
Status quo 4 State Claims agencies in operation, plus 2 agencies needing a mechanism
$73.5M over ten years
One-time external system review
$0.19M in one year

Capacity
Remains at 1400 claims to be processed per year
$165.6M over ten years

Monetary Payment
Cost at an average of $20k per payment
$252M over ten years

Supports
Cost at an average of $5k per claimant
$63M over ten years
Fixed term two-year 25/26 and 26/27 funding for Survivor Experience Service
$13.6M over two years

Provision of Survivor Records
$82.3M over ten years

Survivor Legal Fees Reimbursement
$69.3M over ten years

Crown Litigation Contingency– status quo
$7.8M over ten years

Scaling Package B (medium)
Integrate and Ramp Up

Operating costs associated with initiative ($m)					
2024/25	2025/26	2026/27	2027/28	2028/29 & outyears	Total
9(2)(f)(iv)					

Structures / Entities
Transition to and establishment of integrated unit in an existing gov't department
9(2)(f)(iv)
Operating new unit (at capacity noted below)
9(2)(f)(iv)
Independent complaints and review function
9(2)(f)(iv)
Regular external system review (costed annually)
9(2)(f)(iv)

Capacity
1400 in 25/26; 3000 in 26/27; 5000 in 27/28, 28/29 and outyears
9(2)(f)(iv)

Monetary Payment
Cost at an average of $30k per payment
9(2)(f)(iv)

Supports
Cost at an average of $7k per claimant
9(2)(f)(iv)
Ongoing funding for Survivor Experience Service
9(2)(f)(iv)

Provision of Survivor Records
$82.3 over ten years

Survivor Legal Fees Reimbursement
9(2)(f)(iv)

Crown Litigation Contingency– status quo
$7.8M over ten years

Scaling Package C (large)
New Entity and Ramp Up

Operating costs associated with initiative ($m)					
2024/25	2025/26	2026/27	2027/28	2028/29 & outyears	Total
9(2)(f)(iv)					

Structure / Entity
Transition to and establishment of new entity
9(2)(f)(iv)
Operating new entity (at capacity noted below)
9(2)(f)(iv)
Independent complaints and review function
9(2)(f)(iv)
Regular external system review (costed annually)
9(2)(f)(iv)

Capacity
1400 in 25/26; 3000 in 26/27; 5000 in 27/28, 28/29 and outyears
9(2)(f)(iv)

Monetary Payment (TBC)
Cost at an average of $40k per payment
9(2)(f)(iv)
Top up to previous settled claims
9(2)(f)(iv)

Supports
Cost at an average of $10k per claimant
9(2)(f)(iv)
Ongoing funding for Survivor Experience Service
9(2)(f)(iv)
Enable survivors with closed claims to access support services
9(2)(f)(iv)
Funding to allow co-design with survivors
9(2)(f)(iv)

Provision of Survivor Records
$82.3M over ten years
Plus Independent Records Website:
9(2)(f)(iv)

Survivor Legal Fees Reimbursement
9(2)(f)(iv)

Crown Litigation Contingency– status quo
$7.8M over ten years

Notes
- Numbers will continue to be refined through to final package submission on 23 January 2025
- Depending on policy decisions to be made, there may be efficiencies to be found that could apply to all options
- Numbers won't add up due to rounding

NOTE: These options are for indicative costing and budget consideration only. Policy decisions on system settings will be made later in 2025.

Table One

Area	Votes	Appendices
Redress Funding to continue a state redress system post June 2026 and implement any system change policy decisions that may be made such as monetary payments and/or enhanced supports and services for survivors	Social Development, Education, Health, Oranga Tamariki, Public Service, Māori Development, Corrections, Internal Affairs	Appendix 2.0: Budget Template Appendix 2.1: Intervention Logic Appendix 2.2: *Note a spreadsheet is referenced in Appendix 2.0, it is not provided in this package for Ministers.* Appendix 2.3 Scaling Options A3 Appendix 2.4 Survivor claims journey
Appendix 3.0: A3 Summary		
Care System Safety 1: Empowering families and communities to prevent entry into care	Education, Health, Oranga Tamariki, Social Development	Appendix 4.0: Budget Template
Care System Safety 2A: Preventing Abuse in Care	Health, Social Development	Appendix 5.0: Budget Template Appendix 5.1: Intervention Logic
Care System Safety 2B: Recognising and responding to Abuse in Care	Oranga Tamariki, Social Development	Appendix 6.0: Budget Template Appendix 6.1: Intervention Logic
Care System Safety 3: Building a diverse, capable and safe care workforce	Health, Education, Oranga Tamariki, Social Development, Justice	Appendix 7.0: Budget Template Appendix 7.1: Intervention Logic
Care System Safety 4: Monitoring the provision of care by providers and individuals	Health	Appendix 8.0: Budget Template Appendix 8.1: Intervention Logic
9(2)(f)(iv)		

Care System Safety - Summary of Initiatives

Appendix 3.0

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

Area	Sub-Initiative(s)	Vote and Proposed Funding
Appendix 4.0 1. Empowering families, whānau and communities to prevent entry into care Total operating costs associated with initiative ($m) 2024/25: 0.000 | 2025/26: 6.250 | 2026/27: 6.250 | 2027/28: 6.250 | 2028/29 & outyears*: 6.250 | Total: 25.000	**Preventing entry into care**: A joint proposal for a tagged contingency across multiple care agencies to. To conduct impact analysis on existing early intervention initiatives and to apply the results of that evidence base to identify and invest in effective interventions to prevent people entering the care system.	Education, Health, Oranga Tamariki and Social Development (Disability Support Services) $25m over four years
Appendix 5.0 2A. Preventing, recognising and responding to abuse in care This initiative focuses on recommendations to embed safeguarding at all levels of the care system as a key preventative mechanism. Total operating costs associated with initiative ($m) 2024/25: 0.000 \| 2025/26: 9(2)(f)(iv) \| 2026/27 \| 2027/28 \| 2028/29 & outyears* \| Total Capital costs associated with initiative ($m) 24/25: 0.000 | 25/26: 1.000 | 26/27: 5.000 | 27/28: 10.000 | 28/29: 34.000 | Total: 50.000	**Improving environments of inpatient units** to ensure care settings are safer and more responsive Safer mental health and addiction environments (operating and capital) to review and improve mental health inpatient units to ensure care settings are safe and responsive to people's needs	Health 9(2)(f)(iv) Health $50m capital over four years
	Electronic Visitor Verification trial : to establish an electronic visitor verification trial for disability support services There are no robust mechanisms within Disability Support Services (DSS) to assure that the care service allocated is actually delivered and no visibility of who is providing care to whom, when and where. In instances where abuse is suspected, establishing who was involved with the disabled person during the relevant period can be difficult to establish. While the primary problem is a lack of assurance, additional problems include missed care and wasted costs.	Social Development $5m over one year

Care System Safety - Summary of Initiatives

Appendix 3.0

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

Area	Sub-Initiative(s)	Vote and Proposed Funding
Appendix 6.0 2B. Recognising and responding to abuse in care This initiative focuses on recommendations to embed safeguarding at all levels of the care system as a key preventative mechanism. Total operating costs associated with initiative ($m) 2024/25: 0.000 | 2025/26: 9(2)(f)(iv) | 2026/27 | 2027/28 | 2028/29 & outyears* | Total	**Reducing abuse and harm to children and young people in community and remand homes** – both Oranga Tamariki and provider run homes For training and development, monitoring and assurance, 9(2)(f)(iv) to reduce abuse and harm to children and young people in community and remand homes run either by Oranga Tamariki or by external service providers	Oranga Tamariki 9(2)(f)(iv)
	Reducing abuse and harm to children and young people cared for by individual caregivers For training and development, and improved escalation, approvals and accountability processes to reduce abuse and harm to children and young people cared for by individual caregivers	Oranga Tamariki $7.150 over four years
	Audit every disability support service provider to ensure the quality of services is maintained A one-off audit of safety and quality service delivery by disability service providers to be conducted over an 18 month period is required. This will provide: •a baseline understanding of safety and quality service provision across of all providers, to identify future targeting parameters for audits •benchmarking of individual providers against other similar providers •a strong evidence base on what disabled people are experiencing in care; and •an opportunity to recognise and respond immediately to any current processes that may lead to abuse in care.	Social Development $6m over four years
	Improving the critical incident and complaints system for disability support services To improve the critical incident and complaints system for disability support services (which currently uses manual data entry processes).	Social Development $2.8m over four years

Care System Safety Summary

Area	Sub-Initiative(s)	Vote and Proposed Funding
Appendix 7.0 3. Building a diverse, capable and safe care workforce. Operating costs associated with initiative – overview ($m) 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 & outyears* | Total 9(2)(f)(iv)	Tagged contingency to lift the quality of safety of the care system workforce focussing on core training and ongoing development and screening	Health, Education, Oranga Tamariki, Social Development: $71.5m over four years
	Tagged contingency focussed on training to support the ability of legal professionals and court staff to work with care-experienced people	Justice: $2m over four years
	9(2)(f)(iv)	
Appendix 8.0 4. Monitoring the provision of care by providers and individuals Operating costs associated with initiative ($m) 2024/25: - | 2025/26: 1.584 | 2026/27: 1.808 | 2027/28: 2.984 | 2028/29 & outyears*: 2.984 | Total: 9.360	To bolster safeguards and oversight of compulsory mental health and addiction care by expanding independent statutory roles and enhancing capability through improved models of care.	Health: $9.360m over four years
9(2)(f)(iv)		
Appendix 10.0 6. Recordkeeping to improve quality, quantity, capacity, access to records, and whanau connections Total operating costs associated with initiative ($m) 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 & outyears* | Total 9(2)(f)(iv)	To uplift care recordkeeping to support new systems and improve management of legacy records ant to improve access to records	Internal Affairs: 9(2)(f)(iv)
	Support the education sector to improve record keeping	Education: 9(2)(f)(iv)
	Support Disability Support service providers with recordkeeping	Social Development: $0.5m in one year

Operating costs associated with initiative ($m)						
Operating expense category	**2024/25**	**2025/26**	**2026/27**	**2027/28**	**2028/29 & outyears**	**Total**
TBC Operating Costs to be held in contingency	-	9(2)(f)(iv)				
Inflation adjustment for [*insert input*] – *[Agency / Crown Entity etc.]*	[●]	[●]	[●]	[●]	[●]	[●]
Depreciation and/or capital charge (if relevant) – *[Agency / Crown Entity etc.]*	[●]	[●]	[●]	[●]	[●]	[●]
Personnel expenditure ($m) – please state impact at the initiative level						
Net FTE funding (1FTE per agency: MoH, MoE, MSD, OT)	-	9(2)(f)(iv)				
Net contractor/consultant funding	[●]	[●]	[●]	[●]	[●]	[●]
Net FTE and contractor/consultant overhead funding	[●]	[●]	[●]	[●]	[●]	[●]
Total operating expenses ($m)	-	9(2)(f)(iv)				
*Extend the profile above to a "steady state" if funding into outyears is irregular. Delete "& outyears" for time-limited funding.						

FTE implications – please state impact at the agency level					
	2024/25	**2025/26**	**2026/27**	**2027/28**	**2028/29 & outyears**
Total # of net FTEs at [Agency / Crown Entity / etc.] (employees)	[●]	[●]	[●]	[●]	[●]
Total # of net FTEs at [Agency / Crown Entity / etc.] (contractors/consultants)	[●]	[●]	[●]	[●]	[●]
Total # of net FTEs (employees and contractors/consultant) over the forecast period	[●]	[●]	[●]	[●]	[●]

Additional occupation breakdown of FTE changes (count) over the forecast period					
Occupation	**2024/25**	**2025/26**	**2026/27**	**2027/28**	**2028/29 & outyears**
Managers	[●]	[●]	[●]	[●]	[●]
Policy Analyst	[●]	4	[●]	[●]	[●]
Information Professionals	[●]	[●]	[●]	[●]	[●]
Social, Health and Education Workers	[●]	[●]	[●]	[●]	[●]
ICT Professionals and Technicians	[●]	[●]	[●]	[●]	[●]

Appendix 5.0

Annex 1: Budget 2025 Cost Pressures and New Spending Template

Section 1: Overview

Section 1A: Basic initiative information			
Initiative title (max 120 characters)	Making the care system safe – key investment area two, part one: preventing abuse in care.		
Lead Minister	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	**Agency**	Crown Response Office, Public Service Commission
Initiative description (max 800 characters)	This initiative is one of seven initiatives that respond to recommendations made by the Abuse in Care Royal Commission of Inquiry (Royal Commission) in its final report. This initiative focuses on recommendations to embed safeguarding at all levels of the care system as a key preventative mechanism. Three projects 9(2)(f)(iv) operating and $50m capital) were identified for investment to prevent abuse in care: • Vote Health – 9(2)(f)(iv) (operating) and $50m (capital) tagged contingency to review and improve mental health inpatient units to ensure care settings are safe and responsive to people's needs; and • Vote Social Development (DSS) – $5m to establish an electronic visitor verification trial for disability support services.		
Priority Area (PA) Objective	☒ *New Spending Commitments*	☒ *Capital Investments*	
	☐ *Cost Pressures*	☐ *Capital Cost Escalation*	
	☐ *Performance Plan Scrutiny*		
Is this a cross-Vote initiative?	***Yes*** Health, Social Development (Disability Support Services)		
Does this require legislative change?	***No***		
Agency contact	*Name:* Molly Elliott *Phone:* 9(2)(a) *Email:* Molly.Elliott019@msd.govt.nz	**Treasury contact (Vote Analyst)**	*Name:* Talei Pasikale *Phone:* 9(2)(a) *Email:* Talei.Pasikale@treasury.govt.nz

Section 1B: Summary of funding profile

Total operating costs associated with initiative ($m)					
2024/25	2025/26	2026/27	2027/28	2028/29 & outyears*	Total
0.000	9(2)(f)(iv)				
Operating costs associated with initiative – Vote Health ($m)					
2024/25	2025/26	2026/27	2027/28	2028/29 & outyears*	Total
-	9(2)(f)(iv)				
Operating costs associated with initiative – Vote Social Development (Disability Support Services) ($m)					

2024/25	2025/26	2026/27	2027/28	2028/29 & outyears*	Total
0.000	5.000	0.000	0.000	0.000	**5.000**

*For irregular outyears, add additional rows above to display the full profile of the initiative. Delete "& outyears" for time-limited funding. See the Budget 2025 Uploading Initiatives to CFISnet for more information on entering outyears into CFISnet.

Capital costs associated with initiative ($m)										
24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	31/32	33/34*	Total
0.000	1.000	5.000	10.000	34.000	0.000	0.000	0.000	0.000	0.000	**50.000**

*Extend the profile above if funding is needed beyond 2033/34.

Section 2: Alignment and options analysis

Section 2B: Problem definition – New Spending

The answer to each question must not exceed 1-2 paragraphs

What is the problem that this initiative is trying to solve and why does it need to be solved now?

Describe the problem the initiative is trying to solve by outlining its root cause(s) and consequence(s), and explain why the problem needs to be solved now . The problem should be framed in terms of current and/or future outcome(s) for New Zealanders.

The Government is committed to driving change for survivors and for all those engaged in the current care system, in line with the Prime Minister's apology to survivors of abuse in care made on 12 November 2024. Cabinet has agreed to broadly accept the Royal Commission's overall findings in its final report, Whanaketia[1], and noted the overall shifts Whanaketia pointed towards: addressing the wrongs of the past; empowering whānau and communities; and making the care system safe for children, young people and adults [SOU-24-MIN-0118 refers]. This package of initiatives focuses on the second and third of these shifts.

Royal Commission findings and recommendations in relation to preventing abuse in care

The Royal Commission found many institutions had no, inadequate, or poorly implemented safeguarding procedures including training, reporting and investigation systems to prevent and respond to abuse and neglect. Many institutions providing care paid insufficient attention to preventing and detecting the abuse and neglect of children, young people and adults in care. This was particularly evident in social welfare and youth justice residences, psychiatric and psychopaedic hospitals, special schools, faith-based children's homes and faith-based boarding schools.

The Royal Commission made several recommendations to embed safeguarding at all levels of the care system as a key preventative mechanism (recommendations 50-56). Connected to its safeguarding recommendations are specific recommendations relating to the physical environment where State care is being provided (recommendations 74 and 75).

Initiative 1: Improving environments of inpatient units to ensure care settings are safer and more responsive

Some acute mental health inpatient units are not identified for capital investment within the current programme of work, and their current condition does not support privacy and dignity for patients, does not comply with human rights obligations, and creates immediate safety risks for patients that require work arounds. This results in persistently high adverse events, including cases of self-harm, assault and suspected suicide in mental health facilities.[2] These facilities are aging and require one-off specific fixtures and fittings upgrades to provide safer, more therapeutic care settings.[3]

The Royal Commission highlighted the importance of the physical environment of care settings in providing effective and response care and the need to enhance and improve features that may place people in care at risk of abuse or neglect (recommendations 74 and 75).

This initiative would fund a one-off in-depth review and assessment of mental health inpatient units focusing on immediate improvements to modernise safety features, and establish a tagged contingency of capital investment to support implementation of immediate improvements and installation of modern safety features in units based on the review.

Initiative 2: Electronic visitor verification

There are no robust mechanisms within Disability Support Services (DSS) to assure that the care service allocated is actually delivered and no visibility of who is providing care to whom, when and where. In addition, in instances where abuse is suspected, establishing who was involved with the

[1] Whanaketia: Through pain and trauma, from darkness to light (Whanaketia).

[2] For the 1 July 2023 to 30 June 2024 year there were a total of 209 mental health and addiction service adverse events, with 14 serious self-harm and 180 suspected suicide events (note: this includes community settings)2. Between 1 July 2022 and 30 June 2023, the Director of Mental Health received 62 death notifications relating to people under the Mental Health Act; of these, 14 related to people who were reported to have died by suspected suicide.

[3] Examples of shortcomings in current facilities include that bedroom doors are unable to be securely locked from the inside by the patient (with a staff override, if needed) so other people (patients or visitors) are able to enter uninvited. Additionally, many units do not have a nurse call system in each bedroom, so calling for assistance urgently cannot occur.

disabled person during the relevant period can be difficult to establish. While the primary problem is a lack of assurance, additional problems include missed care and wasted costs.

This initiative is a pilot programme which will explore how we can use technology across the various disability settings to increase visibility of care services and whether that improves safety for disabled people.

Describe the existing arrangements for the asset or service, including (where applicable):

- *How services are currently organised and provided;*
- *The associated throughput, turnover, and existing cost; and*
- *Current asset or service availability, utilisation, and condition.*

Agencies should be able to demonstrate why the existing arrangements (if there are any) are insufficient to address the problem outlined above.

Initiative 1: Improving environments of inpatient units to ensure care settings are safer and more responsive

Health New Zealand (Health NZ) currently has a Mental Health Infrastructure Programme, which includes 16 projects to build and refurbish mental health facilities. This is a long-term programme with a focus on new builds or significant refurbishments that will meet contemporary best-practice design principles. These 16 projects were selected based on overall building composition, age and condition, rather than safety concerns, and originally prioritised at district levels. Additionally, the programme does not include all mental health facilities.

Funding is needed to immediately provide safer care in the interim, with safety improvements required that exceed baseline operating budgets for low-level maintenance as well as to upgrade facilities not currently included in the more significant infrastructure programme. Additional funding being sought through this initiative will not duplicate current investment through the Mental Health Infrastructure Programme and will have a specific focus on care safety and responsiveness.

Initiative 2: Electronic visitor verification

DSS contracts primarily with care providers and can request information from the care provider following a critical incident or a complaint. However, the level of data and its format available varies between providers.

This initiative relates to a specific programme of work relating to visibility of care services being provided. Additional funding being sought through this initiative will not duplicate the commercial management improvement work programme underway (which is being funded through baselines) and will have a specific focus on care safety.

Outline specifically what needs to change or be improved (relative to existing arrangements) to address the problem.

Initiative 1: Improving environments of inpatient units to ensure care settings are safer and more responsive

This initiative will support Health NZ to undertake an in-depth review and assessment of mental health inpatient units focusing on immediate improvements to modernise safety features. There has not been a consistent, expert national review of mental health facilities specifically focused on alignment with modern safety expectations in the context of providing compulsory mental health care, nor prioritisation within or across mental health facilities to sequence issues. Priorities within and between facilities will differ depending on the wider environment and service factors. This needs careful consideration and planning, particularly given constrained resourcing, design considerations specific to proposed safety features (including integration with current automated systems such as alarms), and the need to minimise disruption to service delivery.

It is proposed to establish a tagged contingency of capital investment to support implementation of immediate improvements and installation of modern safety features in units based on the review and scoping exercise. This will complement rather than duplicate existing capital funding and funding related to services for people with intellectual disabilities and the High and Complex Framework, by providing funding for smaller scale and discrete safety changes in mental health facilities, rather than larger scale refurbishment or rebuilds.

This approach will enable more centralised procurement to capitalise on national savings and create national consistency of safeguards and privacy options. This would create environments that support better patient safety and promotion of dignity and trauma informed care. Provision of more welcoming and less 'scary' environments has a direct impact on how people experience and react to inpatient care; providing care in more therapeutic settings is an important factor in deescalating distress and will have a meaningful impact on reducing the use of seclusion.

As noted above, physical environments also have a direct impact on adverse events, with 14 people under the Mental Health Act in 2022/23 reported to have died by suspected suicide while in care. Whanaketia highlights that this is unacceptable. The safety improvements proposed will contribute to the prevention of adverse events including assaults (eg, by enabling patients to lock their doors) and self-harm or suicide (eg, by removing ligature points, installing anti-ligature doors with silent alarms to alert staff of weight bearing, and improving visibility of patients' spaces).

Projects through this initiative could include, for example:

- replacing the door handle sets with the ability for patients to lock their own door and maintain their privacy, and creating a staff override in case it is needed
- creating a nurse call option in each bedroom to enable patients to call for assistance, which is especially important if people are physically compromised or hurt from a fall and cannot leave their rooms to summon assistance
- ensuring bedroom doors have visibility panels (all new builds have this as part of their design) – which means that in order for staff to do safety checks (particularly) at night, the door does not need to opened and the patient can sleep undisturbed.

Initiative 2: Electronic visitor verification

Electronic visitor verification provides real time information, using GPS enabled software indicating when carers have "logged-in" to provide care, which would enable action to be taken immediately if, for example, a worker providing critical support did not arrive at the disabled person's location within a set timeframe. This provides greater assurance that clients are receiving the supports that they have been assessed (and funded) as requiring. Electronic visitor verification is used in other jurisdictions where the central Government funds care services for disabled people.

While some providers already utilise electronic visitor verification, or are considering it, this is a business choice by the provider and not required by DSS. The data is not shared with DSS. Where it is used, it is primarily aimed at improving business-efficiency rather than geared toward the safety of disabled people. This initiative is focused on improving safety.

This initiative is a pilot to test the safety benefits of EVV for community-based support services and residential care services. The pilot would partner with a range of providers and seek to provide an evidence base that can be used to support decision-making regarding a possible national roll out of EVV across different care settings. The pilot has not been designed yet, but would build off the work already being done by care providers.

In addition to the safety benefits, this initiative will provide assurance that funded services are being delivered. Cost savings are a likely result.

What is the rational for central Government intervention and how does the initiative/investment proposal fit with the Agency's mandate, and is the Agency the best one to deliver this intervention? Is another organisation (e.g., NGOs, iwi/Māori organisations, private sector) better placed to deliver this initiative, and are there alternative funding arrangements that should be considered? What are the implications of this initiative for the operational/service delivery aspects of the agency?

Initiative 1: Improving environments of inpatient units to ensure care settings are safer and more responsive

As above, the Royal Commission identified a range of issues relating to the physical environments where State care is being provided. Compulsory mental health and addiction care is delivered by Health NZ with monitoring and oversight by the Ministry of Health. The nature of compulsory care, where significant limits are placed on a person's human rights, and the specialist skills required to provide this care, means that it is appropriate that the State provide these services. However, it is expected that Health NZ would contract appropriate infrastructure and building expertise to implement improvements.

Initiative 2: Electronic visitor verification

This initiative will provide the evidence base for policy decisions regarding a future roll out of electronic visitor verification. It is possible that a future roll out would require legislation in order to recognise the privacy implications of electronic visitor verification and empower DSS to require it of providers and individual care workers (including family caregivers receiving funding). The funding

	sought in this initiative is for the pilot only and would not fund resources for future policy work but rather inform the rationale for further work in this area.
	What key partners/stakeholders/customers (including other relevant Agencies, and iwi and Māori) have been engaged to understand the problem and develop the initiative? How have you worked with them and how has their input affected the understanding of the problem? You may wish to reference here the key principles of He Ara Waiora. What was the rationale for the level of engagement and are there any risks arising from this? **Initiative 1: Improving environments of inpatient units to ensure care settings are safer and more responsive** Public consultation was undertaken prior to developing policy proposals for new mental health legislation. Submitters raised issues with current environments, and the challenges and solutions described above. These themes also came through strongly in Whanaketia. **Initiative 2: Electronic visitor verification** DSS has not consulted with stakeholders on EVV. Disabled people have provided evidence of their concerns with the visibility (and reliability) of DSS care services through several different processes including the Royal Commission, the WAI2575 kaupapa inquiry, and consultation flowing from the independent review of the sustainability of DSS. This has helped form our understanding of the problem.

Alignment to Government Priorities (if alignment to multiple Priorities is possible, select the most relevant)	☐	Addressing the rising cost of living	☒	Delivering effective and fiscally sustainable public services
	☐	Building for growth and enabling private enterprise	☐	Not Aligned
Does this initiative relate to one of the Government's focus areas for Budget 2025?	☐	Economic Growth (invitation only)	☒	Not Applicable

Section 2C: Options analysis

The answer to each question must not exceed 1-2 paragraphs

What was the range of options considered?	The initiatives in this bid were selected on the basis that they meet the following requirements and can be progressed with limited further work, consistent with the Prime Minister and other Ministers' commitment to driving change at pace: • demonstrably contribute to the goal of improving the safety of people in care; • align with and respond to the Royal Commission's vision, findings, and/or recommendations; • not be something that could (or should) be done as 'business as usual'; and • not be able to be funded through baseline reprioritisation. **Initiative 1: Improving environments of inpatient units to ensure care settings are safer and more responsive** Officials considered seeking additional resource for a broader review of operating practices and models of care across units, as well as additional ongoing operating resource to manage the implementation of the projects funded through this initiative. However, given the current fiscal constraints at this time, these components have been removed consistent with our overall approach to the Budget by absorbing additional tasks within existing FTE wherever possible. The initiative will have a targeted focus on improving the safety of physical environments, with time-limited operating resource to enable specialist expertise across both infrastructure and clinical mental health practice to undertake the review; this level of combined expertise would not be available within BAU resourcing and would enable consistent standards to be applied at a national level. As a result, it will not be possible to deliver the initiative within the timescale anticipated without the dedicated resource. It is assumed oversight of the delivery of the projects will be managed from within Health NZ's existing teams.

	There is currently limited opportunity to reprioritise Vote Health funding for Budget initiatives, such as this initiative. Health NZ (which receives 92.4% of total Vote Health operating funding) already has reprioritisation underway through its Reset Plan, in order to reach financial breakeven by the end of 2026/27. The Ministry, whose funding represents around 0.9% of the Vote, has considered if some Budget 2025 initiatives could be progressed within its existing baselines. However, there are no reprioritisation opportunities to address any new funding requests. In light of the 6.5% reduction in baseline funding realised through Budget 2024, and Ministry existing cost pressures that are being met within baselines (including those related to the Cancer Control Agency), any further savings would require significant changes to the Ministry's role, its organisational structure, and the nature of outputs it provides to Ministers. The Ministry has provided further information on reprioritisation opportunities to the Treasury Vote Health team. **Initiative 2: Electronic visitor verification** The design of the pilot is yet to be decided. We have contracted PWC to provide advice on EVV in the DSS context. We anticipate that this advice will form the basis of options to be considered for the design of the pilot. We have considered whether we could leverage relationships with providers who are already utilising or considering EVV and use information they share as the basis for decisions on a national rollout of EVV. This would not be best practice as we would not have the ability to influence it is unlikely to span a variety of care settings (which would impact our ability to understanding the safety impacts), the stated purpose is likely to be different between providers, the provider focus is likely to be efficiency rather than safety, and we would be limited in how we could share the information. Due to the focus on safety, it is important that DSS designs the principles and controls what is being sought.
What was the process used to select the preferred option?	A cross-agency approach has been taken to identifying proposals costed as part of the bid. Costing options have been developed on the basis of preserving choice for Cabinet as part of the policy decisions to be made in early 2025 while also reflecting the broader fiscal pressures faced by government.
Interaction with savings proposals	There are no interdependencies or interactions with savings proposals.

Section 3: Costs and Benefits Analysis

See Appendices for Section 3 analysis for each initiative

Section 3A: Benefits and non-fiscal costs						
The answer to each question must not exceed 1-2 paragraphs.						
What outcome(s) would the initiative achieve?						
How will these outcomes be measured and evaluated?						
Evidence and assumptions						
Climate impact	☐	Yes – emissions impacts (positive or negative)	☐	Yes – climate adaptation or resilience impacts (positive or negative)	☒	No impact
	-					

Section 3B: Expenditure profile and cost breakdown	
The answer to each question must not exceed 1-2 paragraphs.	
Formula and assumptions underlying costings	

Appendix Two – Vote Social Development section 3 and 4 analysis

Vote Social Development: Electronic Visitor Verification

Section 3: Costs and Benefits Analysis

Section 3A: Benefits and non-fiscal costs						
The answer to each question must not exceed 1-2 paragraphs.						
What outcome(s) would the initiative achieve?	This initiative is intended to serve disabled people receiving care services funded by DSS. As a pilot, this main outcome of this initiative will be to establish an evidence base for future decisions. We anticipate that electronic visitor verification will achieve: • better safeguarding of disabled people receiving care, including those in residential care • increased visibility of care work • increased availability of evidence where negative outcomes (including possible abuse in care) occur • increased assurance that funded services are being delivered. This proposal is for a pilot programme. The costs and benefits of a pilot programme would likely be confined to the pilot, and both be short term.					
How will these outcomes be measured and evaluated?	Success will be an evidence base to support decision making on a possible rollout of electronic visitor verification. The pilot has not been designed and outcome measures still to be agreed. The pilot will record outcomes necessary for decision making on a possible rollout of electronic visitor verification. This will include measures relating to safety, assurance that funded services are being provided, provider experience and the experience of the disabled person, and value for money.					
Evidence and assumptions	We have contracted PWC to provide advice on electronic visitor verification in the DSS context. That advice will contribute to the design of the pilot.					
Climate impact	☐	Yes – emissions impacts (positive or negative)	☐	Yes – climate adaptation or resilience impacts (positive or negative)	☒	No impact

Section 3B: Expenditure profile and cost breakdown	
The answer to each question must not exceed 1-2 paragraphs.	
Formula and assumptions underlying costings	

Provide a breakdown of existing and additional funding sought by individual expense category and agency. Add additional rows as appropriate for additional expense categories.

Operating expenses ($m)

Existing operating funding ($m)

Operating expense category	2024/25	2025/26	2026/27	2027/28	2028/29 & outyears	Total
[Type of funding currently allocated or set aside in contingency. E.g. current baseline funding allocated.]	0	0	0	0	0	0

– *[Agency / Crown Entity etc.]*						

Operating costs associated with initiative ($m)						
Operating expense category	**2024/25**	**2025/26**	**2026/27**	**2027/28**	**2028/29 & outyears**	**Total**
[Name of any operating expense category for additional funding sought. E.g. additional subsidy costs] – [Agency / Crown Entity etc.]	[●]	[●]	[●]	[●]	[●]	[●]
Inflation adjustment for [*insert input*] – *[Agency / Crown Entity etc.]*	[●]	[●]	[●]	[●]	[●]	[●]
Depreciation and/or capital charge (if relevant) – *[Agency / Crown Entity etc.]*	[●]	[●]	[●]	[●]	[●]	[●]
Personnel expenditure ($m) – please state impact at the initiative level						
Net FTE funding	0	0	0	0	0	0
Net contractor/consultant funding	0	0	0	0	0	0
Net FTE and contractor/consultant overhead funding	0	0	0	0	0	0
Total operating expenses ($m)	[●]	[●]	[●]	[●]	[●]	[●]
*Extend the profile above to a "steady state" if funding into outyears is irregular. Delete "& outyears" for time-limited funding.						

FTE implications – please state impact at the agency level					
	2024/25	**2025/26**	**2026/27**	**2027/28**	**2028/29 & outyears**
Total # of net FTEs at [Agency / Crown Entity / etc.] (employees)	0	0	0	0	0
Total # of net FTEs at [Agency / Crown Entity / etc.] (contractors/consultants)	0	0	0	0	0
Total # of net FTEs (employees and contractors/consultant) over the forecast period	0	0	0	0	0

Additional occupation breakdown of FTE changes (count) over the forecast period					
Occupation	**2024/25**	**2025/26**	**2026/27**	**2027/28**	**2028/29 & outyears**
Managers	[●]	[●]	[●]	[●]	[●]
Policy Analyst	[●]	[●]	[●]	[●]	[●]
Information Professionals	[●]	[●]	[●]	[●]	[●]

Social, Health and Education Workers	[●]	[●]	[●]	[●]	[●]
ICT Professionals and Technicians	[●]	[●]	[●]	[●]	[●]
Legal, HR and Finance Professionals	[●]	[●]	[●]	[●]	[●]
Other Professionals not included elsewhere	[●]	[●]	[●]	[●]	[●]
Inspectors and Regulatory Officers	[●]	[●]	[●]	[●]	[●]
Contact Centre Workers	[●]	[●]	[●]	[●]	[●]
Clerical and Administrative Workers	[●]	[●]	[●]	[●]	[●]
Other Occupations	[●]	[●]	[●]	[●]	[●]
Would funding this initiative impact current employees?					

Existing capital funding ($m)											
Capital expense category	**24/25**	**25/26**	**26/27**	**27/28**	**28/29**	**29/30**	**30/31**	**31/32**	**32/33**	**33/34***	**Total**
[Type of funding currently allocated or set aside in contingency. E.g. current baseline funding allocated.] - [Agency / Crown Entity etc.]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]
Capital costs associated with initiative ($m)											
Capital expense category	**24/25**	**25/26**	**26/27**	**27/28**	**28/29**	**29/30**	**30/31**	**31/32**	**32/33**	**33/34***	**Total**
[Name of capital expense category] - [Agency / Crown Entity etc.]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]
[Name of capital expense category] - [Agency / Crown Entity etc.]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]
[Name/type of contingency] - [Agency / Crown Entity etc.]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]
Total ($m)	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]
*Extend the profile above if funding is needed beyond 2033/34.											

Section 3C: Scaled and/or Reprioritisation Options to meet 75%, 50% and 25%

Operating expenses ($m)						
Operating expenses and reprioritisation ($m)	2024/25	2025/26	2026/27	2027/28	2028/29 & outyears	Total
[Total cost of full or scaled option]	[●]	[●]	[●]	[●]	[●]	[●]
[Reprioritisation Option – please state the	[●]	[●]	[●]	[●]	[●]	[●]

corresponding initiative ID and Title]						
Net Total ($m) – 75%	[●]	[●]	[●]	[●]	[●]	[●]
[Total cost of full or scaled option]	[●]	[●]	[●]	[●]	[●]	[●]
[Reprioritisation Option – please state the corresponding initiative ID and Title]	[●]	[●]	[●]	[●]	[●]	[●]
Net Total ($m) – 50%	[●]	[●]	[●]	[●]	[●]	[●]
[Total cost of full or scaled option]	[●]	[●]	[●]	[●]	[●]	[●]
[Reprioritisation Option – please state the corresponding initiative ID and Title]	[●]	[●]	[●]	[●]	[●]	[●]
Net Total ($m) – 25%	[●]	[●]	[●]	[●]	[●]	[●]

Capital expenses ($m)											
Capital expense category	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34 *	Total
[Name of capital expense category]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]
[Name of capital expense category]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]
[Name/type of contingency]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]
Total ($m)	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]	[●]
*Extend the profile above if funding is needed beyond 2032/33.											

Scaling of initiative	
What are the main risks of the options presented above?	

Section 4: Delivery

Section 4A: Procurement	
The answer to each question must not exceed 1-2 paragraphs.	
What is the initiative purchasing/funding?	This initiative would purchase contracts for service to conduct a pilot scheme of electronic visitor verification in different environments where DSS funds care.
What market constraints or other delivery risks exist?	There are no known market constraints at this stage of the pilot development. Provider cooperation will be necessary for the success of the pilot.
Government Procurement Rules	Our procurement approach will follow the Government Procurement rules.

Section 4B: Risks, constraints, and dependencies	
The answer to each question must not exceed 1-2 paragraphs	
What are the main risks?	Privacy implications are the main risk for this initiative. GPS-data at an individualised level is personal information. The design of the pilot is yet to be decided. However, we anticipate that it will be focussed on providers of community based support services and residential care. We will collect aggregated data rather than personal information (except where EVV data is also provided as part of usual business such as investigations of critical incidents). The privacy risk will sit with the providers.

	Privacy risks would become heightened if the pilot or a possible national rollout sought information from carers who contract directly with DSS or the disabled person and the information is not aggregated. That is not anticipated in the pilot.
What are the key constraints?	No risks have been identified. No revenue will be generated through its implementation.
What are the key dependencies?	No dependencies have been identified.

Section 4C: Governance and oversight	
The answer to each question must not exceed 1-2 paragraphs.	
What are the governance arrangements for this initiative?	The design of the pilot is yet to be determined.
	The design of the pilot is yet to be determined
Timeframes and monitoring	The design of the pilot is yet to be determined

Section 4D: Demonstrating performance
The answer to each question must not exceed 1-2 paragraphs.
The design of the pilot is yet to be determined. Performance information in the Estimates is not expected to change.

Appendix 6.0

Annex 1: Budget 2025 Cost Pressures and New Spending Template

Section 1: Overview

Section 1A: Basic initiative information			
Initiative title (max 120 characters)	Making the care system safe – key investment area two, part two: recognising and responding to abuse in care.		
Lead Minister	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	**Agency**	Crown Response Office, Public Service Commission
Initiative description (max 800 characters)	This initiative is one of seven initiatives that respond to recommendations made by the Abuse in Care Royal Commission of Inquiry (Royal Commission) in its final report and focuses on recommendations to embed safeguarding at all levels of the care system as a key preventative mechanism. Agencies have identified four initiatives ($29.200m over four years) for investment to recognise and respond to abuse in care: • Vote Oranga Tamariki – $7.150m for training and development, and improved escalation, approvals and accountability processes to reduce abuse and harm to children and young people cared for by individual caregivers and 9(2)(f)(iv) for training and development, monitoring and assurance, 9(2)(f)(iv) to reduce abuse and harm to children and young people in community and remand homes run either by Oranga Tamariki or by external service providers; and • Vote Social Development (DSS) – $6m to audit every disability support service provider to ensure the quality of services is maintained and $2.8m to improve the critical incident and complaints system for disability support services (which currently uses manual data entry processes).		
Priority Area (PA) Objective	☒ *New Spending Commitments*	☐ *Capital Investments*	
	☐ *Cost Pressures*	☐ *Capital Cost Escalation*	
	☐ *Performance Plan Scrutiny*		
Is this a cross-Vote initiative?	***Yes***	Oranga Tamariki, Social Development (DSS)	
Does this require legislative change?	***No***		
Agency contact	*Name:* Molly Elliott *Phone:* 9(2)(a) *Email:* Molly.Elliott019@msd.govt.nz	**Treasury contact (Vote Analyst)**	*Name:* Talei Pasikale *Phone:* 9(2)(a) *Email:* Talei.Pasikale@treasury.govt.nz

Section 1B: Summary of funding profile					
Total operating costs associated with initiative ($m)					
2024/25	2025/26	2026/27	2027/28	2028/29 & outyears*	Total
9(2)(f)(iv)					
Operating costs associated with initiative – Vote Oranga Tamariki ($m)					
2024/25	2025/26	2026/27	2027/28	2028/29 & outyears*	Total
9(2)(f)(iv)					

Appendix 7.0

Annex 1: Budget 2025 Cost Pressures and New Spending Template

Section 1: Overview

Section 1A: Basic initiative information			
Initiative title (max 120 characters)	Making the care system safe – key investment area three: building a diverse, capable and safe care workforce.		
Lead Minister	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	**Agency**	Crown Response Office, Public Service Commission
Initiative description (max 800 characters)	This initiative responds to recommendations made by the Royal Commission. Three initiatives were identified 9(2)(f)(iv) to build a diverse, capable and safe workforce: • Vote Health, Education, Oranga Tamariki, Social Development (DSS) – $71.5m tagged contingency to lift the quality of safety of the care system workforce focussing on core training and ongoing development and screening; • Vote Justice – $2m tagged contingency focussed on training to support the ability of legal professionals and court staff to work with care-experienced people; • 9(2)(f)(iv) • 9(2)(f)(iv)		
Priority Area (PA) Objective	☒ *New Spending Commitments*	☐ *Capital Investments*	
	☐ *Cost Pressures*	☐ *Capital Cost Escalation*	
	☐ *Performance Plan Scrutiny*		
Is this a cross-Vote initiative?	***Yes***	Health, Education, Oranga Tamariki, Social Development (DSS), Justice	
Does this require legislative change?	***No***		
Agency contact	*Name:* Molly Elliott *Phone:* 9(2)(a) *Email:* Molly.Elliott019@msd.govt.nz	**Treasury contact (Vote Analyst)**	*Name:* Talei Pasikale *Phone:* 9(2)(a) *Email:* Talei.Pasikale@treasury.govt.nz

Section 1B: Summary of funding profile					
Operating costs associated with initiative – overview ($m)					
2024/25	2025/26	2026/27	2027/28	2028/29 & outyears*	Total
9(2)(f)(iv)					

including findings of poor or inadequate training and development specific to care roles, and on how to recognise the signs of abuse and neglect in care.

- Workforce screening and safety: Joint review of the current safety and registration landscape to determine potential options for lifting care workforce safety. This responds to Royal Commission findings and recommendations related to addressing current fragmentation and gaps between care agencies' registration systems and improving efficiencies of vetting.

The range and nature of the Royal Commission recommendations means that there is still a significant amount of design work and analysis for care agencies to be able to determine the best course of action. As a result, joint agencies are proposing that this initiative is funded via tagged contingency to enable this work to happen and for agencies to draw down funding over several financial years once advice is provided to Minsters and decisions are made.

Initiative 2: Supporting the ability of legal professionals and court staff to work with care-experienced people

The Royal Commission recognised the courts play a critical role in the system and services preventing and responding to abuse in care. The Royal Commission heard that survivors' interactions with the justice system, in seeking accountability or redress for the abuse or neglect they suffered, resulted in additional harm or trauma. It recommended that legal professionals, including lawyers and judges, receive education and training from relevant subject matter experts on the Royal Commission's findings, including, for example, the nature and extent of abuse and neglect in care, the pathway from care to custody, and the particular impacts on survivors of abuse and neglect in care (recommendation 33).

Additional funding is required to build on existing training to fully address this recommendation across legal professionals, through identifying and addressing gaps relating to continuing education for the judiciary, practicing lawyers, other legal professionals and court staff (e.g. Court Victim Advisors, Registry Officers and Kaiārahi Family Court Navigators). Third party providers may also be considered (e.g. Citizens Advice Bureau and Community Law Centres).

9(2)(f)(iv)

[redacted]

9(2)(f)(iv)

Describe the existing arrangements for the asset or service, including (where applicable):

- *How services are currently organised and provided;*
- *The associated throughput, turnover, and existing cost; and*
- *Current asset or service availability, utilisation, and condition.*

Agencies should be able to demonstrate why the existing arrangements (if there are any) are insufficient to address the problem outlined above.

Initiative 1: Lifting the quality of safety of the care system workforce

Provision and access to training currently varies between sectors, with no consistent approach to training across the care system. The proposed initiative will enable agencies to jointly design approaches to training and workforce safety that is consistent across the care system but tailored to the needs of each sector where needed. It is not possible for agencies to fund this through baselines.

Education

Within the education sector, training related to care safety or child safeguarding is not mandatory or consistent. Some education staff may access online modules made available by the Ministry of Education, while others receive training from external organisations or employers. Others may not receive any training relating to care safety.

The current safety and registration landscape is siloed, which has created gaps identified by the Royal Commission. Some staff working in the care system are vetted through registration regimes, while for others, the onus is on their employers. This means that vetting requirements and quality vary. Some groups, such as volunteers, may be excluded from vetting requirements altogether.

Health

Within the health sector, the emphasis is likely to be on the development of staff who work in different contexts (i.e. the investment will not necessarily be universal across the health workforce). An example is in mental health where identifying and responding to abuse is important, there also needs to be changes to the way staff are trained as the operating model changes. For example, new operating models may change the way mental health care is provided, the role and voice of patients and whānau when it comes to how care is provided, and minimising the use of practices including seclusion and restraint.

Disability Support Services

Consistent safeguarding training for those who deliver Disability Support Services does not currently exist. The focus has been on identifying and managing incidents, rather than in the prevention space.

Initiative 2: Supporting the ability of legal professionals and court staff to work with care-experienced people

Continuing professional development for solicitors and barristers in New Zealand is provided by a number of Continuing Professional Development (CPD) providers. Te Kura

Kaiwhakawā/Institute of Judicial Studies provides education for the independent judiciary. Ministry of Justice court staff receive on the job training.

Te Kura Kaiwhakawā/Institute of Judicial Studies has begun adjusting its education offerings to the judiciary, to respond to the Royal Commission's findings. However, additional funding is required to enable it to fully address recommendation 33.

Existing training for other legal professionals and court staff does not specifically address recommendation 33 and will need to be expanded.

9(2)(f)(iv)

Outline specifically what needs to change or be improved (relative to existing arrangements) to address the problem.

Initiative 1: Lifting the quality of safety of the care system workforce

Core training and ongoing development

Policy and design work is required to determine the appropriate coverage, type and most effectiveness of training, both in terms of the workforce(s) involved and the content. Training may cover core topics raised by the Royal Commission and other reviews such as:

- cultural competency
- practical skills in safeguarding children, young people and adults in care, including disabled people
- reporting obligations
- signs of abuse and neglect
- providing sensitive and responsive care

- discrimination
- trauma-informed practice
- record keeping, and
- Information sharing.

Workforce screening and safety

Policy work is required to map the current safety and registration landscape, determine the potential options more lifting workforce safety and scope what aspects, and identify what any associated obligations may be, e.g. vetting, training, and standards. This could include:

- Pre-employment screening (including police vetting) for all care workers (including those providing care in people's homes on an individual basis in the disability sector), exploring the potential to better flag potential breaches of conduct or unprofessional behaviour (particularly across the respective sectors)
- Looking to lift areas of the profession up to a paraprofessional standard across the sectors when working with children and young people
- Enhancing data collections to include areas that are difficult to see currently e.g. admin support, aides, support staff etc
- Potential centralisation process for allegations or complaints about care workers, and
- Considering whether a centralised registration system (or something similar) for all care workers (who do not fall under an existing system, including those providing care in people's homes on an individual basis in the disability sector) should be developed, or what other alternative options may be for supporting safety in the delivery of care services.

Initiative 2: Supporting the ability of legal professionals and court staff to work with care-experienced people

Training for legal professionals and court staff does not currently align with recommendation 33, with the following areas to be addressed:

- All lawyers who provide regulated services or hold themselves out as being willing or available to do so, are required to complete at least 10 hours of Continuing Professional Development (CPD) activities per year. CPD for lawyers is self or - employer funded, although in some instances, where funding has been secured for course development, training is provided by CPD providers at no cost to encourage uptake. To ensure uptake of Royal Commission-specific training, the New Zealand Law Society has recommended that CPD for practising lawyers that addresses recommendation 33 should be free. This requires a funding source for course development. CPD that responds to recommendation 33 could include training on how to better accommodate care experienced clients and court users with disabilities, neurodiversity, poor mental health and addictions and different cultural needs as well as trauma-informed approaches. This is likely to include ensuing those advising and acting for care experienced clients have an in-depth understanding of the challenges they have faced through being in care. CPD training is likely to focus on legal aid approved lawyers.
- Te Kura Kaiwhakawā/Institute of Judicial Studies is addressing some aspects of the Royal Commission training proposals in its education of the judiciary. Additional funding is required to enable this training to fully address recommendation 33.
- Ministry of Justice court staff will require additional training to ensure consistency across the survivor-justice system interface.
- Third party providers who provide legal advice should also be considered (e.g. Community Law centres).

9(2)(f)(iv)

9(2)(f)(iv)

[redacted]

What is the rationale for central Government intervention and how does the initiative/investment proposal fit with the Agency's mandate, and is the Agency the best one to deliver this intervention?

Initiative 1: Lifting the quality of safety of the care system workforce

This initiative is being put forward as a joint initiative between Education, Health, Oranga Tamariki and Social Development to drive a more coordinated and cost-effective approach to care sector workforce development. While agencies would work jointly on these workstreams, in some instances, actions and approaches may look different in different sectors.

Initiative 2: Supporting the ability of legal professionals and court staff to work with care-experienced people

This training initiative aligns with the Government's commitment to respond to the Royal Commission's findings and recommendations and to improve the experiences of survivors and those currently in care. Court users include both survivors of abuse and neglect in care and those currently in the care system.

The Ministry of Justice will take a coordinating role in addressing the justice aspects of recommendation 33, facilitating the provision of funding for training where needed. It will achieve this by working closely with the New Zealand Law Society, Te Kura Kaiwhakawā/Institute of Judicial Studies, courts operations staff and third-party providers to fully assess training needs and ensure design and delivery is fit for purpose. Prioritisation decisions will need to be made ahead of draw-down of the contingency on training and the investment focus will be in the development of enduring, accessible resources that can be fed into current training mechanisms.

9(2)(f)(iv)

[redacted]

9(2)(f)(iv)

What key partners/stakeholders/customers (including other relevant Agencies, and iwi and Māori) have been engaged to understand the problem and develop the initiative? How have you worked with them and how has their input affected the understanding of the problem? You may wish to reference here the key principles of He Ara Waiora. What was the rationale for the level of engagement and are there any risks arising from this?

Initiative 1: Lifting the quality of safety of the care system workforce

This initiative will be developed jointly across agencies, drawing from prior engagement with experts and stakeholders undertaken as part of the Royal Commission Inquiry and insights from individual agencies undertaken as part of internal reviews and efforts towards continuous improvement.

Initiative 2: Supporting the ability of legal professionals and court staff to work with care-experienced people

Ministry of Justice officials have undertaken initial engagement with the New Zealand Law Society, CPD course providers and Te Kura Kaiwhakawā/Institute of Judicial Studies to understand what training is currently provided to legal professionals. Further discussions on course design and delivery can proceed when funding is secured.

9(2)(f)(iv)

Alignment to Government Priorities (if alignment to multiple	☐	Addressing the rising cost of living	☒	Delivering effective and fiscally sustainable public services
	☐	Building for growth and enabling private enterprise	☐	Not Aligned

Section 4: Delivery

See Appendices for Section 4 analysis for each initiative

Section 4A: Procurement	
The answer to each question must not exceed 1-2 paragraphs.	
What is the initiative purchasing/funding?	
What market constraints or other delivery risks exist?	
Government Procurement Rules	

Section 4B: Risks, constraints, and dependencies	
The answer to each question must not exceed 1-2 paragraphs	
What are the main risks?	
What are the key constraints?	
What are the key dependencies?	

Section 4C: Governance and oversight	
The answer to each question must not exceed 1-2 paragraphs.	
What are the governance arrangements for this initiative?	
Timeframes and monitoring	

Section 4D: Demonstrating performance
The answer to each question must not exceed 1-2 paragraphs.

Section 5: Equity

The answer to each question must not exceed 1-2 paragraphs.	
Timing of costs and benefits	**Initiative 1: Lifting the quality of safety of the care system workforce** Safeguarding is a key element of the work programme on improving quality within the disability sector. However, the current focus is on identifying and responding to events and this needs to move to a prevention focus, with universal training provided. Further analysis on timing and benefits of this initiative to come as part of the policy design work needed to draw down the contingency. **Initiative 2: Supporting the ability of legal professionals and court staff to work with care-experienced people** There will be short-term benefits of this initiative with improved workforce capability of legal professionals including the judiciary, practicing lawyers (including prosecutors), and court staff, to respond safely, effectively, and consistently to survivors of abuse in care, and reduce the risk of re-victimisation. Longer-term it seeks to improve participation and confidence in the justice system and transfer knowledge/skills into the community. 9(2)(f)(iv)

		9(2)(f)(iv)
Treaty of Waitangi (Te Tiriti o Waitangi) Obligations	***Yes***	**Initiative 1: Lifting the quality of safety of the care system workforce** Yes. Treaty analysis to come as part of the policy design work needed to draw down the contingency. **Initiative 2: Supporting the ability of legal professionals and court staff to work with care-experienced people** Yes. Māori were over-represented in some state care settings throughout the Royal Commission's inquiry period, particularly in social welfare care. Thus, Māori are likely to be over-represented among those engaging with the justice system to seek accountability and redress, and among those who would benefit from a safer care system. Training content will be tailored to reflect this and will be informed by tikanga and mātauranga Māori. 9(2)(f)(iv)
		Initiative 1: Lifting the quality of safety of the care system workforce Treaty analysis to come as part of the policy design work needed to draw down the contingency. **Initiative 2: Supporting the ability of legal professionals and court staff to work with care-experienced people** Yes. As above. 9(2)(f)(iv)

Distributional Impacts	**Initiative 2: Supporting the ability of legal professionals and court staff to work with care-experienced people** The Royal Commission made findings that Māori, Pacific peoples, Deaf people, disabled people, people experiencing mental distress, Takatāpui, Rainbow and MVPFAFF+9 were more likely to be put in care, and experienced more abuse and neglect while in care, than other population groups. The training initiatives proposed would enhance the capacity of legal professionals to support those survivors in their engagement with the justice system. 9(2)(f)(iv)