



## Listening, learning, changing

Mā Whakarongo me Ako ka huri te tai

Crown Response to the Abuse in Care Inquiry

### COVERSHEET

<b>Minister</b>	Hon Erica Stanford	<b>Portfolio</b>	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
<b>Title of Cabinet paper</b>	Building and Strengthening Care Safety in Response to the Royal Commission of Inquiry into Abuse in Care	<b>Date to be published</b>	2 February 2026

<b>List of documents that have been proactively released</b>		
<b>Date</b>	<b>Title</b>	<b>Author</b>
3 December 2025	Building and Strengthening Care Safety in Response to the Royal Commission of Inquiry into Abuse in Care	Crown Response Office
3 December 2025	Building and Strengthening a Care Safety System in Response to the Royal Commission of Inquiry into Abuse in Care SOU-25-MIN-0173	Cabinet Office
8 December 2025	Report of the Cabinet Social Outcomes Committee: Period Ended 5 December 2025 CAB-25-MIN-0451	Cabinet Office

#### Withholding grounds

Documents have been released in full.

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

Cabinet Social Outcomes Committee

## **Building and Strengthening Care Safety in Response to the Royal Commission of Inquiry into Abuse in Care**

### **Proposal**

- 1 This paper proposes to build and strengthen Care Safety in response to issues about the leadership and regulation of the care system that were raised by the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Royal Commission). This work will also respond to *Whanaketia* (final report) recommendation 41 (to establish a Care Safe Agency).

### **Relation to government priorities**

- 2 This paper progresses the Government's response to the Royal Commission.

### **Executive Summary**

- 3 The Royal Commission recommended large scale changes to the care system to address continued abuse in care today. These include changes to address a lack of cohesive system leadership and regulation.
- 4 This paper considers the recommendation to establish a Care Safe Agency to deliver 18 different care safety functions (*Whanaketia*, recommendation 41). The 18 functions include leadership, regulatory and oversight functions. Most of the functions are already being delivered (to varying extents) by up to 20 different government agencies, independent monitors, and other bodies.
- 5 We allocated funding in Budget 2025 for early actions to address known gaps and strengthen existing care safety functions. However, more work is needed to create a cohesive care system that responds consistently to keep children and vulnerable adults in care safe.
- 6 I propose an initial approach to build and strengthen care safety that establishes a baseline set of consistent core safety requirements and expectations across all care settings. This will be driven by a Cabinet-mandated 'Safety in Care' System Leadership Group and will address current gaps in core safety functions across the system and in individual care sectors.
- 7 I propose Cabinet note the attached draft Leadership Group Terms of Reference and authorise the Lead Coordination Minister for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions to finalise and approve it to give effect to Cabinet's decisions. This will be done in consultation with Care Ministers (the Minister of Education, the Minister of Social Development and Employment, the Associate Minister of Health and the Minister for Children).

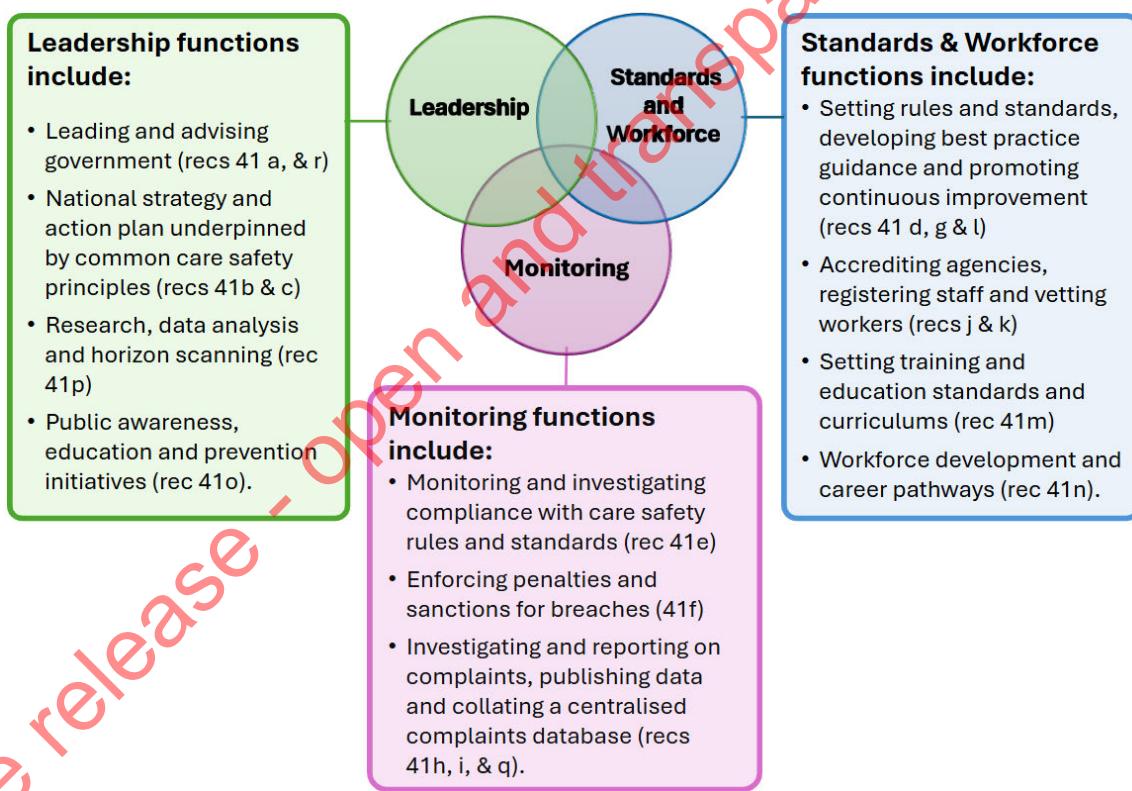
8 I propose the 'Safety in Care' System Leadership Group reports back to Care Ministers with advice on the next set of priorities, to strengthen care functions in individual agencies by April 2026.

9 I will report back to Cabinet by August 2026 on care safety requirements, implementation and delivery options, and timeframes for any legislative changes.

**The Royal Commission recommended the establishment of a Care Safe Agency tasked with 18 leadership, regulatory and oversight functions**

10 In its July 2024 final report, *Whanaketia*, the Royal Commission made several recommendations relating to care system leadership. At the core was the establishment of a Care Safe Agency with a wide remit to lead and regulate across multiple care sectors (recommendation 41). The agency would be tasked with 18 different care safety functions (see Figure One below).

**Figure One: 18 recommended functions**



11 The Royal Commission recommended the Care Safe Agency be established through a Care Safety Act that would also create a national care safety regulatory system containing a common set of care safety principles and a national care safety strategy.

12 The goal is for collective leadership to address disconnected and inconsistent care systems, gaps in standards and other requirements, failures to enforce requirements that do exist, and inadequate or poorly implemented safeguarding practices and cultures that allow abuse in care to continue.

13 On 7 May 2025, the Cabinet Economic Development Committee invited me, as 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 (Lead Coordination Minister), to report-back to Cabinet in November with advice on any structural and other system-level changes to care, including *Whanaketia* recommendation 41 [ECO-25-MIN-0060 refers]. Decisions on this recommendation are a priority as the approach to these functions will affect many other care safety recommendations.

### **Proposed approach to build and strengthen care safety**

14 Since July 2024, we have completed the first phase of work to improve the redress and care safety systems. This has included a significant investment (\$188 million over four years) in initiatives to improve care safety by addressing known issues and gaps. Details of these early actions are summarised in the table in Appendix One.

15 Responding to the recommendations for structural and regulatory change requires a cross-system approach. The Crown Response Office worked with the Ministries of Education, Health, and Social Development, as well as Oranga Tamariki, Whaikaha, Te Puni Kōkiri, and the Public Service Commission to identify where harm is occurring in the current system, how the system has changed since the time of the Royal Commission inquiry period (1950 – 1999), and what comparative international care systems do.

16 Six strategic objectives were developed for the Crown response to the Abuse in Care Inquiry (the Crown response) as a result. These are: improving system cohesion, strengthening standards and safeguards, building a safe and capable workforce, strengthening monitoring and oversight, strengthening complaints processes and strengthening accountability. This analysis is summarised in Appendix Two.

17 Agencies also examined the 18 functions identified by the Royal Commission for a Care Safe Agency and found that most are being delivered through up to 20 government agencies, independent monitors, and other bodies. However, significant gaps and areas that need strengthening were identified (in system leadership, standards, workforce regulation, enforcement, data collection and reporting) and the next phase of work will focus on these.

18 Based on these findings, I propose an initial approach to building and strengthening care system leadership that has three components, to:

- 18.1 establish a Cabinet-mandated 'Safety in Care' System Leadership Group to begin progressing the system leadership function identified by the Royal Commission;
- 18.2 establish a baseline set of consistent core safety requirements and expectations across care settings, tailored to the level of risk and vulnerability in different settings, to help address the need the Royal Commission identified for a national care safety regulatory system; and
- 18.3 fill gaps and strengthen core safety functions in specific care sectors.

19 This approach was developed and agreed with Care Ministers in October 2025. It aims to strengthen system leadership, monitoring, oversight and accountability, increase consistency and cohesion across care sectors, and address priority areas for care safety, without establishing a new entity.

20 It will progress the intent of *Whanaketia* recommendation 41, by accepting the need for all of the 18 functions to be working well. It will also create a platform to respond to recommendations for care safety principles, a Care Safety Act and a national care safety strategy and to recommendations related to safeguarding, monitoring and workforce.

21 The proposed approach does not go as far as integrating all the 18 functions into a new entity under an independent board because I have been advised:

- 21.1 some of the 18 functions recommended would be at cross-purposes. For example, there is an inherent conflict in bringing monitoring functions together with strategic direction setting and with some workforce and accreditation functions
- 21.2 bringing together functions that are already an integral part of a complex system (for example, separating oversight of adult disability and mental health services from the health sector) risks creating new silos;
- 21.3 the establishment of a new agency with an independent board has the potential to create tensions with departments over regulatory settings and create uncertainty around who drives work programme priorities;
- 21.4 large structural changes require significant lead-in before improvements are achieved and would take the focus away from immediate action to address known gaps in existing care safety functions; and
- 21.5 the Public Service Commission advises against integrating all 18 functions into a single entity and considers the same policy goals could be achieved in other ways without major machinery of government change.

22 While I do not rule out structural change in future to address the identified issues, any change must be informed by work to clarify minimum requirements and expectations for care safety and how to achieve them across the system.

#### **A ‘safety in care’ system leadership group**

23 I propose the Cabinet-mandated ‘Safety in Care’ System Leadership Group (the Leadership Group) would:

- 23.1 provide system leadership through collective decision making that feeds into and is given effect via Chief Executive’s individual accountabilities;

23.2 drive and implement changes to make care services safe, including the allocation of resources (such as the Budget 25 contingency funding) to effect change; and

23.3 oversee and drive the work programme to analyse and respond to the Royal Commission's 'care safety' related recommendations.

24 I propose the Leadership Group's initial focus will be to provide system-wide:

24.1 leadership and strategic direction for care safety work;

24.2 policy advice on care safety to responsible Care Ministers and Cabinet as required; and

24.3 performance measurement and reporting.

25 Work that is not focussed on care safety, for example work to improve other aspects of quality care, would remain part of other individual or cross-agency work programmes.

26 I believe a Cabinet-mandated Chief Executive Group is the best first step for strengthening care system leadership and it can be established quickly. Other options considered were: relevant Chief Executives working together informally; a jointly owned national strategy; a Cabinet-mandated Chief Executive group; an Interagency Executive Board; or establishing the Leadership group in primary legislation.

27 I propose the Leadership Group include the Chief Executives of Oranga Tamariki and the Ministries of Social Development, Health, Education and Disabled People (Whaikaha) and that other population agencies and the Public Service Commission will be invited to join the group. My expectation is this will be Chaired by the Public Service Commissioner.

28 The Leadership Group will report to joint Care Ministers and engage with, and provide regular formal updates to, the Ministerial Advisory Group (MAG) as well as providing public reporting via the Crown response regular reporting.

29 I propose Cabinet agree the draft Terms of Reference for the Leadership Group (attached as Appendix Three) and authorise the Lead Coordination Minister to finalise it and make changes, if required.

### **Establishing consistent core safety requirements and expectations**

30 I propose the Leadership Group prioritise work to establish a set of consistent core safety requirements and expectations to sit across the care system.

31 This work will establish baseline requirements and expectations for settings with similar levels of risk across different sectors. This may include both regulatory and non-regulatory levers (for example: legislation, regulation, standards, guidelines and/or policies). The advice will consider existing requirements and expectations such as the Oranga Tamariki National Care Standards and the Nga Paerewa Health and Disability Services Standard.

32 The scope of care settings used in this work may be wider or narrower than those used by the Royal Commission. Decisions on scope will consider risk or vulnerability, cost effectiveness, feasibility, practicality, and the role of the State. For example, it may be useful to include other settings like aged care provision even though it was outside the scope of the Royal Commission.

33 This work will include considering whether current care settings meet the baseline requirements and expectations and what regulatory and non-regulatory levers (including enforcement and sanctions) are needed to ensure requirements are met.

34 I will report to Cabinet in August 2026 on care safety requirements, delivery and implementation options, and timeframes for any legislative changes.

35 The Ministry for Regulation has offered to support the Crown Response Office on the next phase of work on care safety requirements and expectations.

36 Officials are aligning this work with the response to the Dame Karen Poutasi review [SOU-25-MIN-0128 refers] and the Family Violence and Sexual Violence work programme. This will allow us to maximise the impact where complementary or overlapping actions sit across the work programmes.

#### **Agency-specific and Joint-agency initiatives to fill gaps and strengthen core safety functions**

37 Agencies already have both agency-specific and joint-agency work underway funded through baselines or Budget 2025 (including Vote and contingency funding), as described in paragraph 14 above and in Appendix One. These initiatives will address immediate care safety issues in individual care sectors and across the system

38 The Leadership Group will provide advice to joint Care Ministers in April 2026 on any immediate priorities for the Budget 2025 contingency or re-prioritised funding to strengthen care functions. This will include overseeing the development of a prioritisation framework to ensure the fund allocation is timely and focussed on the outcomes most likely to improve safety in care.

#### **The Ministerial Advisory Group asked us to consider the independence and accountability of the Leadership Group and other issues**

39 The Abuse in Care Ministerial Advisory Group (MAG) was set up in August 2025 [APH-25-MIN-0147 refers] to provide independent advice to me and other relevant Ministers, including expert input into priority work.

40 The MAG has provided feedback on the proposals set out in this paper, including advising greater consideration of the:

- 40.1 independence and accountability of the Leadership Group, including representation of those most impacted by abuse in care;
- 40.2 inclusion of faith-based care settings and other settings beyond those considered by the Royal Commission; and

40.3 Royal Commission recommendations related to the Treaty of Waitangi / Tiriti o Waitangi and international human rights obligations.

41 The MAG comments about independence and accountability reflect concerns that a Chief Executive group will have a limited ability to be held to account by people impacted by the system. They recommended other voices, such as survivor, community and frontline voices, particularly of over-represented groups (such as Māori, Pacific and disabled people) should sit alongside Chief Executives to make decisions about how the system operates.

42 I propose to address this by including a formal requirement for the Leadership Group to meet regularly with the MAG, to provide progress updates and invite input on its work programme. This option was one of three considered (the others were for a representative of the MAG to sit on the Leadership Group; or for wider stakeholders to be represented on the Leadership Group). This option was found to be the most feasible and the most consistent with the role of the MAG to provide advice to Ministers.

43 Other ways to bring more diverse perspectives into the work of the Crown response are to invite population agencies onto the Leadership Group and have ongoing engagement with independent monitors and other stakeholders.

44 Care Ministers have agreed the Crown response can include faith-based care, and settings beyond those the Royal Commission considered, on a case-by case basis. For example, standards and regulations can expand to include additional settings after they have been developed.

45 Cabinet has already accepted the intent of the Treaty of Waitangi / Tiriti o Waitangi and human rights-related recommendations [ECO-25-MIN-0060]. This will be achieved through various mechanisms including engagement with the MAG and with existing advisory groups, drawing on known insights where possible, and new or targeted engagement where necessary.

### **Financial Implications**

46 Current Crown response work is funded through agency baselines and/or Crown response funding allocated in Budget 2025. There are agency-specific initiatives to fill gaps and mature care safety functions and cross-agency contingency funds (as described in paragraphs 14 and 36 above and in Appendix One).

47 New or re-prioritised funding may be required over the medium term to further address gaps in safety functions. This will depend on the nature of the core requirements and expectations developed for the care system and the action needed to meet them (for example, capacity requirements, enforcement measures, regulation) and any associated resourcing implications.

48 Officials will report to joint Care Ministers, and other Ministers as appropriate, in April 2026 with advice on any immediate priorities for contingency or re-prioritised funding from the work outlined in this paper.

## **Legislative Implications**

49 There are no direct legislative impacts arising from this paper. The next phase of work will consider whether there is a need for further legislative change.

## **Regulatory Impact Statement**

50 A Regulatory Impact Statement has not been developed since the decisions sought here would not have direct impact on regulations. However, future decisions needed in the next phase of work may have regulatory impact.

## **Population Implications**

51 The Royal Commission found that Māori, disabled people (including tangata whaikaha) and Pacific people have been disproportionately affected by abuse in State and faith-based care. Safeguards for adults in care have been identified as a major gap in the current system.

52 The proposals in this paper have potential to benefit people at heightened risk of abuse in care, if their voices are represented in design processes and if implementation is culturally responsive.

## **Human Rights**

53 The proposals in this paper do not negatively impact on the New Zealand Bill of Rights Act 1990, the Human Rights Act 1993, or any international human rights instruments to which New Zealand is a signatory.

54 The Royal Commission recommended in *He Purapura Ora* recommendation 3 and *Whanaketia* recommendations 15 and 118 the Crown uphold the rights agreed under various international human rights instruments. The Crown has accepted the intent of these recommendations.

## **Use of External Resources**

55 No external resources have been used to develop this proposal, nor are any anticipated to be used to develop or deliver any further work described here.

## **Consultation**

56 This paper was developed in consultation with the Ministries of Education, Social Development, Health, Oranga Tamariki, Whaikaha - the Ministry of Disabled People, and Te Puni Kōkiri.

57 The Ministries of Justice, Regulation, the New Zealand Police, the Department of Corrections, and the Social Investment Agency were also sent copies of the paper. The Public Service Commission, the Department of Prime Minister and Cabinet and the Treasury were informed.

## Communications

58 Other than the proactive release of this paper, as below, I do not propose further communications on this matter.

## Proactive Release

59 I propose to proactively release this paper, with appropriate withholdings, on the Crown Response Office website and advise stakeholders of its release via the Crown Response Office's usual communications mechanisms.

## Recommendations

It is recommended that the Committee:

- 1 **note** the overall proposed approach to building and strengthening care safety set out in this paper;
- 2 **note** the proposed approach progresses the intent of a number of Royal Commission recommendations for care safety, including *Whanaketia* recommendation 41, but does not establish a new entity with all 18 functions;
- 3 **agree** to establish a new 'Safety in Care' System Leadership Group (the Leadership Group) to:
  - 3.1 provide care system leadership;
  - 3.2 drive and implement changes to make care services safe, including the allocation of resources (such as the Budget 25 contingency funding) to effect change; and
  - 3.3 oversee and drive the work programme to analyse and respond to the Royal Commission's 'care safety' related recommendations.
- 4 **agree** the Leadership Group's initial focus will be to provide system-wide:
  - 4.1 leadership and strategic direction for care safety work;
  - 4.2 policy advice on care safety to Ministers and Cabinet as required; and
  - 4.3 performance measurement and reporting.
- 5 **agree** the Leadership Group will:
  - 5.1 include the Chief Executives of Oranga Tamariki, Whaikaha and the Ministries of Social Development, Health, and Education, with options for additional representatives from the Public Service Commission and wider population agencies;
  - 5.2 report to joint Care Ministers (the Minister of Education and Lead Coordination Minister, the Minister for Social Development and Employment, the Associate Minister of Health and the Minister for Children); and

- 5.3 regularly engage with and provide formal reports to the Ministerial Advisory Group, alongside regular public reporting;
- 6 **note** the attached draft Terms of Reference for the Leadership Group;
- 7 **authorise** the Lead Coordination Minister to finalise and approve the Terms of Reference, in consultation with Care Ministers, to give effect to Cabinet's decisions;
- 8 **direct** officials to progress a cross-agency work programme to build and strengthen care safety, with an initial focus on:
  - 8.1 the development of care safety requirements and expectations, and a data and performance framework; and
  - 8.2 filling gaps in core safety functions in specific care sectors;
- 9 **invite** the Lead Coordination Minister to report to Cabinet by August 2026 on the care safety requirements, implementation and delivery options, and timeframes for any legislative changes;
- 10 **note** a number of individual agency-specific initiatives to fill gaps are already underway, or can be funded within baselines or Budget 25 funding, while others would require new, contingency or re-prioritised funding;
- 11 **direct** officials to provide Care Ministers with advice on priority initiatives to strengthen care functions by April 2026; and
- 12 **note** officials are aligning aspects of this work with the response to the Dame Karen Poutasi review and with work on Family Violence and Sexual Violence.

Authorised for lodgement

Hon Erica Stanford

Lead Coordination Minister for the Government's Response to the Royal Commission's report into Historical Abuse in State Care and in the Care of Faith-Based Institutions

## Appendix One: Early action initiatives funded through Budget 2025

Operating (including operating contingencies)			
Initiative	Description	Vote(s)	Appropriation FY25/26 - 28/29 (\$m)
Building a diverse, capable and safe care workforce	A cross-agency initiative to lift the capability and safety of the care system workforce being progressed through joint design and phased rollout. Initiatives are focused on: workforce capability, workforce suitability (checking and reporting) and ensuring visibility of abuse and neglect perpetrated by the care workforce (including information sharing).	• Education • Health • Oranga Tamariki • Disability Support Services	0.155 0.155 0.155 0.155
Workforce (contingency)		• Public Service	70.880
Empowering families, whānau and communities to prevent entry to care (contingency)	A social investment approach to evaluate and fund initiatives that directly impact on preventing children and/or vulnerable adults from entering care. Work is well developed on approaches to draw-down this funding.	• Social Investment	25.000
Safeguards and oversight of compulsory mental health care	This initiative provides funding to the Ministry of Health to bolster safeguards and oversight of compulsory mental health and addiction care. It is being used to increase the capacity, expertise, and availability of District Inspectors and Review Tribunals and to bolster the regulatory monitoring of compulsory care.	• Health	9.360
Recognising and responding to abuse in care	Funding to improve safeguarding and help reduce harm to children and young people in community and remand homes and in the care of individual caregivers. A four-year work programme focused on Safe Care, with pilots and the first delivery occurring early 2026.	• Oranga Tamariki	16.000
Recognising and responding to abuse in care	To strengthen processes that recognise and respond to abuse in care. Audits of Disability Support Service providers and improved critical incident and complaints system for providers.	• Disability Support Services	8.800
Recordkeeping to improve quality, quantity, capacity, access and whānau connections	Initiatives to develop, implement and monitor new, consistent, record-keeping practices and standards, including new records retention and disposal rules, and targeted support for a cross-agency initiative that has involved developing standards and guidance to strengthen care recordkeeping and access in the education and the disability care sectors.	• Education • Disability Support Services • Internal Affairs	1.238 0.500 5.044
Improving mental health inpatient unit environments	Funding for Health New Zealand to assess and improve mental health inpatient units to ensure care facilities are safe and responsive to people's needs. Implementation is in progress.	• Health	0.734
<b>Total operating</b>	<b>(includes contingencies)</b>		<b>138.176</b>
Capital contingency			
Improving mental health inpatient unit environments	Implementation planning is underway. This will be overseen by the Mental Health Infrastructure Programme, with dedicated project governance. A Treasury Risk Profile Assessment has been completed, and work is underway to draw down capital funds for 2025/26.	• Health	50.000
<b>Total capital</b>	<b>(contingency)</b>		<b>50.000</b>



Proactive release - open and transparent government

## **Appendix Three: Chief Executives ‘Safety in Care’ System Leadership Group - DRAFT Terms of Reference**

### **Purpose and scope**

1. The Royal Commission into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Royal Commission) made 207 recommendations to the Crown across two reports. These included 95 recommendations in the redress report, *He Purapura Ora, He Māra Tipu from Redress to Puretumu Torowhānui (He Purapura Ora)*, and 112 in the final report *Whanaketia - Through pain and trauma, from darkness to light Whakairihia ki te tīhi o Maungārongo (Whanaketia)*.
2. The recommendations relate to:
  - a. Addressing the wrongs of the past;
  - b. Making the current care system safe;
  - c. Empowering those in care, their families, whānau and communities; and
  - d. Ways to implement the Royal Commission’s recommendations.
3. Cabinet has mandated the establishment of a ‘Safety in Care’ System Leadership Group (the Leadership Group). The purpose of the Leadership Group is to make care safe.
4. Work relating to wider matters related to care quality will not fall in scope of the Leadership Group. This includes much of the day-to-day operations of care agencies.

### **Role and Functions**

5. The role of the Leadership Group is to:
  - a. provide system leadership through collective decision making that feeds into and is given effect via Chief Executive’s individual accountabilities;
  - b. drive and implement changes to make care safe, including the allocation of their resources to effect change; and
  - c. oversee and drive the work programme to analyse and respond to the Royal Commission’s ‘care safety’ related recommendations.
6. The Leadership Group will provide system-wide:
  - a. leadership and strategic direction and priorities for making care safe;
  - b. policy advice about care safety to the Lead Coordination Minister for the Government’s Response to the Royal Commission’s Report into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Lead Coordination Minister) and responsible Care Ministers<sup>1</sup>; and

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<sup>1</sup> The Ministers of Health, Education, Social Development and Employment and the Minister for Children.

- c. performance measurement and reporting.
7. The Leadership Group will also regularly formally engage with and seek feedback from the Lead Coordination Minister's Ministerial Advisory Group (MAG) on the Care Safety work programme to support independent input.
8. Independent input may also be sought from survivors and people with care experiences, as required.
9. The initial work programme and scope will be agreed by the Lead Coordination Minister and Care Ministers in early 2026.

## **Membership**

10. The initial membership of the Leadership Group consists of the Chief Executives of:
  - a. the Ministry of Health;
  - b. the Ministry of Social Development;
  - c. the Ministry of Education;
  - d. Oranga Tamariki – the Ministry for Children; and
  - e. Whaikaha – The Ministry of Disabled People.
11. The Chief Executive, or one of their deputies, from the Public Service Commission and the Chief Executives of the other population agencies will also be invited to attend.
12. The Leadership Group, through its Chair, may agree to invite others to join either permanently or for specific items. These may include operational organisations such as Health New Zealand.
13. An independent Chair, from one of the population agencies or the Public Service Commission, will be agreed by the Leadership Group in consultation with the Lead Coordination Minister.
14. The Chair will regularly review the membership, in consultation with the Lead Coordination Minister, as the work programme evolves.

## **Members' Roles and Responsibilities**

<b>Role</b>	<b>Responsibilities</b>
<b>Chair</b>	<ul style="list-style-type: none"><li>• Finalise agendas, review supporting materials, and ensure meeting summaries and decisions are clearly recorded and communicated.</li><li>• Provide leadership and facilitate respectful, focused discussions that encourage broad participation and allow for genuine disagreement</li></ul>

	<ul style="list-style-type: none"> <li>Guide the Leadership Group toward consensus and, if consensus isn't reached, lead the process to determine next steps including seeking further advice if needed.</li> <li>Promote and model collaborative working across agencies to support the Leadership Group's objectives.</li> </ul>
<b>Members</b>	<ul style="list-style-type: none"> <li>Engage thoughtfully and respectfully in preparation and discussions, maintain a whole-of-system perspective over individual agency interests, and seek alignment and common ground.</li> <li>Focus decisions on achieving the best outcomes for people in State care, even if they differ from agency preferences.</li> <li>Aim for consensus and, when not possible, commit to finding a constructive way forward, including seeking further advice if needed.</li> <li>Model and promote collaborative working, embodying the desired culture and fulfilling assigned responsibilities.</li> </ul>
<b>Leadership Group support</b>	<p>Support will be provided from the Crown Response Office (CRO). This will include:</p> <ul style="list-style-type: none"> <li>support to develop, implement and monitor the Leadership Group's work programme;</li> <li>support and coordination to develop system level policy advice and advice on system level strategic priorities;</li> <li>support and coordination for engagement and communications with key stakeholders as required, noting that many key relationships will continue to be held at an individual agency level;</li> <li>oversight and co-ordination of meetings including: administrative support, scheduling meetings, collating papers, preparing agendas, recording and distributing minutes, and tracking the completion of action points as required; and</li> <li>attendance at meetings by the CRO Chief Executive.</li> </ul>

### **Ways of working**

15. Members will work together as leaders, governors and stewards to build and strengthen a Care Safety System, rather than as individual agency Chief Executives, to deliver change.

16. The Leadership Group will determine its own procedure for decision-making. The responsibilities of Leadership Group membership and collective Leadership Group decisions do not override the accountability of Leadership Group members (or any other Chief Executives) to their respective Ministers.

## **Meetings and Committee Operations**

17. Quorum. The quorum for decision-making is half plus one, one of whom must be the Chair.

18. Delegates. Leadership Group members may delegate meeting attendance to an Acting Chief Executive or a Deputy Chief Executive if they cannot attend. Delegates will have the full decision-making powers of a member and are counted for quorum. However, there is a Ministerial expectation that the Chief Executives will generally attend in person and the use of delegates is by exception only.

19. Meeting cadence. The Leadership Group will mutually agree to the regularity of meetings but, at a minimum, will meet every three months.  
Most business will be conducted during meetings; however, the Leadership Group may also discuss or approve matters via email when necessary.

20. Urgent Meetings. Additional meetings may be scheduled at the request of member(s) or if urgent decisions are required. As much notice will be given as is possible and members are expected to make every effort to attend.

21. Supporting papers. The agenda and relevant papers will be distributed to attendees 5 working days before the meeting or in exceptional circumstances, presented at the meeting.  
If urgent decisions are required, the Secretariat may distribute out-of-cycle papers to the Leadership Group for their feedback and/or endorsement.

## **Term of the Leadership Group**

22. The 'Safety in Care' System Leadership Group will operate at least until the end of June 2027, when decisions on system leadership will be reviewed.

## **Updates to the Terms of Reference**

23. The Chair of the Leadership Group, in consultation with the Leadership Group and the Lead Coordination Minister, will update the terms of reference as required including following an annual review.



# Cabinet Social Outcomes Committee

## Minute of Decision

*This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.*

### Building and Strengthening a Care Safety System in Response to the Royal Commission of Inquiry into Abuse in Care

**Portfolio** **Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions**

On 3 December 2025, the Cabinet Social Outcomes Committee:

- 1 **noted** the overall proposed approach to building and strengthening care safety, as set out in the paper under SOU-25-SUB-0173;
- 2 **noted** that the proposed approach progresses the intent of a number of recommendations raised by the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Royal Commission) relating to care safety, including *Whanaketia* (the Royal Commission's Final Report) recommendation 41, but does not establish a new entity with all 18 functions;
- 3 **agreed** to establish a new 'Safety in Care' System Leadership Group (the Leadership Group) to;
  - 3.1 provide care system leadership;
  - 3.2 drive and implement changes to make care services safe, including the allocation of resources (such as the Budget 2025 contingency funding) to effect change; and
  - 3.3 oversee and drive the work programme to analyse and respond to the Royal Commission's 'care safety' related recommendations;
- 4 **agreed** that the Leadership Group's initial focus will be to provide system-wide:
  - 4.1 leadership and strategic direction for care safety work;
  - 4.2 policy advice on care safety to Ministers and Cabinet as required; and
  - 4.3 performance measurement and reporting;
- 5 **agreed** that the Leadership Group will:
  - 5.1 include the Chief Executives of Oranga Tamariki, Whaikaha - Ministry of Disabled People, and the Ministries of Social Development, Health, and Education, with options for additional representatives from the Public Service Commission and wider population agencies;

5.2 report to joint Care Ministers (the Minister of Education and Lead Coordination Minister, the Minister for Social Development and Employment, the Associate Minister of Health (Hon Matt Doocey) and the Minister for Children); and

5.3 regularly engage with and provide formal reports to the Ministerial Advisory Group, alongside regular public reporting;

6 **noted** the draft Terms of Reference, attached to the submission under SOU-25-SUB-0173, for the Leadership Group;

7 **authorised** the Lead Coordination Minister for for the Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions (the Lead Minister) to finalise and approve the Terms of Reference, in consultation with Care Ministers, to give effect to Cabinet's decisions;

8 **directed** officials to progress a cross-agency work programme to build and strengthen care safety, with an initial focus on:

- 8.1 the development of care safety requirements and expectations, and a data and performance framework;
- 8.2 filling gaps in core safety functions in specific care sectors; and
- 8.3 ensuring appropriate prioritisation with acknowledgement of costs, benefits, and trade offs in the delivery of other social services;

9 **invited** the Lead Minister to report to Cabinet by August 2026 on the care safety requirements, implementation and delivery options, and timeframes for any legislative changes;

10 **noted** that a number of individual agency-specific initiatives to fill gaps are already underway, or can be funded within baselines or Budget 2025 funding, while others would require new, contingency, or re-prioritised funding;

11 **directed** officials to provide Care Ministers with advice on priority initiatives to strengthen care functions by April 2026;

12 **noted** that officials are aligning aspects of this work with the response to the Dame Karen Poutasi review the children's system response to abuse, and with work on Family Violence and Sexual Violence.

Sam Moffett  
Committee Secretary

**Present:**  
Hon Nicola Willis  
Hon Simeon Brown  
Hon Erica Stanford  
Hon Mark Mitchell  
Hon Tama Potaka  
Hon Brooke van Velden  
Hon Casey Costello  
Hon Karen Chhour  
Hon Penny Simmonds  
Hon Nicola Grigg  
Hon Scott Simpson

**Officials present from:**  
Office of the Minister of Customs  
Officials Committee for SOU



# Cabinet

## Minute of Decision

*This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.*

### Report of the Cabinet Social Outcomes Committee: Period Ended 5 December 2025

On 8 December 2025, Cabinet made the following decisions on the work of the Cabinet Social Outcomes Committee for the period ended 5 December 2025:



SOU-25-MIN-0173	<b>Building and Strengthening a Care Safety System in Response to the Royal Commission of Inquiry into Abuse in Care</b> Portfolio: Government's Response to the Royal Commission's Report into Historical Abuse in State Care and in the Care of Faith-based Institutions	CONFIRMED
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Rachel Hayward  
Secretary of the Cabinet