# Presbyterian Support East Coast (PSEC)

## Response to the Royal Commission (RCI) Recommendations on Abuse in Care

**PSEC Assessment**

**1. Recommendations specific to faith-based organisations (PSEC)**

| Recommendation | Operational Policies/Processes Currently in Place | Action | Notes (Delete/Amend as required) |
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| **Recommendation 3**<br>**Public acknowledgments and apologies for historical abuse and neglect in the care of the State (both direct and indirectly provided care) and faith-based institutions should be made to survivors, their whānau and support networks by:**<br>**a.** the most senior leaders of all faith-based institutions and without limitation<br>**b.** the Chief Executive Officer (or equivalent) of each individual Presbyterian Support Organisation should make public apologies and acknowledgements for abuse and neglect in the care of their respective Presbyterian Support organisation | PSEC Apology Published on PSEC Website | | |
| **Recommendation 5**<br>**All entities that provide care, or have provided care, directly or indirectly on behalf of the State and faith-based entities, local authorities and any other relevant entities should review an appropriateness of names of proven perpetrators and institutions where abuse and neglect took place.**<br>**a.** review the appropriateness of any streets, public amenities, public honours or any memorials named after, depicting, recognising or celebrating a proven perpetrator of abuse and neglect in care and/or an institution where proven abuse and neglect took place<br>**b.** consider what steps may be taken to change the names and what else should be done address the harm caused to survivors by the memorialisation of | | Review Hillsbrook name<br>Remove photos of Hillsbrook Children's Home from public display – | Completed August 2025 |
| **Recommendation 6**<br>**Where there are reasonable grounds to believe that torture or cruel, inhuman or degrading treatment or punishment have occurred in care directly or indirectly on behalf of the State or faith-based entities, and the relevant allegations have not been investigated by NZ Police or credible new information has arisen since the allegations were investigated, NZ Police should:**<br>a. open or re-open independent and transparent criminal investigations into possible criminal offending<br>b. proactively and widely advertise the intent to investigate and ongoing investigations<br>c. provide appropriate assistance and support to survivors, their whānau and support networks who contact them in relation to the investigations. | | Respond to individual survivors if they come forward | |
| **Recommendation 7**<br>**Where there are reasonable grounds to believe that torture, or cruel, inhuman, or degrading treatment or punishment have occurred in care, the State, faith-based institutions and indirect care providers should:**<br>**a.** provide reasonable assistance to any NZ Police investigation<br>**b.** take all reasonable steps to ensure an impartial and independent investigation is carried out by an appropriate investigator<br>**c.** if there is credible evidence of breaches of the law (including breaches of human rights), ensure that appropriate redress is provided to the survivors, consistent with applicable domestic and/or international obligations<br>**d.** use best endeavours to have the liability of every relevant institution in relation to such acts determined. This may include:<br>**i.** seeking opinions from King's Counsel, which are then shared with relevant survivors, on the nature of the conduct and the liability of relevant institutions, including as applicable under the New Zealand Bill of Rights Act 1990. Consideration may also be given to seeking declaratory judgments from the courts. Survivors should be fully supported to take part in these initiatives, including with funding for legal and other expenses<br>**ii.** not pleading limitation defences in cases brought by survivors, for as long as limitation defences remain available. | | Respond to individual survivors if they come forward. We will do all we can to support survivors who may wish to raise matters with the NZ Police | |
| **Recommendation 8**<br>The government should take all practicable steps, including incentives and, if necessary, compulsion, to ensure that faith-based institutions and indirect care providers join the puretumu torowhānui system and scheme once it is established | | PSEC will be engaged and monitor developments of the | |

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| | | proposed puretumu torowhanui systems once it is established | |
| **Recommendation 9**<br>Representatives of faith-based institutions and indirect care providers should meet with relevant State representatives and agree on what steps they can take, whether separately or together, to ensure that survivors, their whānau and support networks are made aware of the puretumu torowhānui system and scheme and support options available to them. | | Waiting for the establishment of puretumu torowhanui system | |
| **Recommendation 20**<br>State and faith-based entities The government and faith-based institutions should jointly establish a fund to provide contestable funding for projects that promote effective community healing from the collective impacts of abuse and neglect in care, like those established in Canada and Australia. The entity holding and distributing the funding should be independent**.** | | PSEC will engage with development of the proposed new system<br>Awaiting details of independent fund | |
| **Recommendation 39**<br>The State, faith-based entities (including indirect care providers) and others involved in the care system should be guided by the following Care Safety Principles for preventing and responding to abuse and neglect when making decisions, performing functions, or exercising powers and duties in relation to the care of children, young people and adults in care**:**<br><br>**a. Care Safety Principle 1: The care system should recognise, uphold and enhance the mana and mauri of every person in care**<br>**i.** each person in care lives free from abuse and neglect and their overall oranga, (wellbeing) is supported in a holistic way<br>**ii.** care providers understand and provide for each person and their unique strengths, needs and circumstances<br>**iii.** the importance of whānau and friendships is recognised and support from family, support networks and peers is encouraged, to enable people in care to be less isolated and connected to their community<br>**iv.** people in care are celebrated and nurtured.<br><br>**b. Care Safety Principle 2: People in care should participate in and make decisions affecting them to the maximum extent possible and be taken seriously:**<br>**i.** people in care can participate in decisions that affect their lives, with the assistance of decision-making supports and/or an independent advocate they have chosen, where required<br>**ii.** people in care can access abuse and/or neglect prevention programmes and information<br>**iii.** staff and care workers are aware of signs of abuse and/or neglect and facilitate ways for people in care to raise concerns<br>**iv.** people who are currently or have previously been in care can participate in decision-making and policymaking about the care system.<br><br>**c. Care Safety Principle 3: Whānau and support networks should be involved in decision-making processes wherever possible and appropriate:**<br>**i.** connections between people in care and their whānau and support networks are actively supported, and whānau and support networks can participate in decisions affecting the person in care wherever possible and appropriate<br>**ii.** care providers engage in open communication with whānau and support networks about their abuse and neglect prevention approach<br>**iii.** whānau and support networks are informed about and can have a say in organisational and system-level policy<br>**iv.** whānau, hapū, iwi and Māori can participate in decision-making processes about their mokopuna and uri.<br><br>**d. Care Safety Principle 4: The State, faith-based entities (including indirect care providers) and others involved in the care system should give effect to te Tiriti o Waitangi and enable Māori to exercise tino rangatiratanga:**<br>**i.** whānau, hapū, iwi and Māori exercise the right to tino rangatiratanga over kāinga and are empowered to care for their tamariki, rangatahi, pakeke Māori and whānau according to their tikanga and mātauranga<br>**ii.** the Crown actively devolves to Māori policy and investment decisions about the care system, design and delivery of | Existing care is audited internally and externally.<br>Review of organisational Policies occurs every 3 years<br><br>**CURRENT POLICIES IN PLACE**<br>**Principle 1 & 2**<br>**PL:GN:01** Abuse Policy<br>**AS1:PL:GN:01** Abuse Guidelines<br>**AS2:PL:GN:01** Abuse Flow Chart<br>**AS3:PL:GN:01** Abuse Flow Chart<br>**Pl:GN:27** Child Protection<br>**AS:PL:GN:27A** Flow Chart<br>**AS:PL:GN:27B** Flow Chart<br><br>**Principle 3**<br>Services have processes in place to support whanaungatanga. As part of support planning clients, students and flatters identify their goals to connect with whānau and involve them in decision making. Where there are safety concerns these are discussed with whānau and support networks as appropriate. If there are concerns about the safety of whānau or support networks, then a safety | PSEC will be guided by Care Safety Principles once these are available<br><br>Once Care Safety Act is available Care Safety Principles Training Modules for all staff will be developed to be included in new staff orientation programs and included in PSEC Compliance Training Framework<br><br>We will work with government funders on Care Standards relevant to service delivery- Oranga Tamariki, Te Whatu Ora, MSD<br><br>Enliven Disability Operational Policy Framework Mahi Ngākau. Training of staff from November 2025 to improve staff consistency living the values and monitoring. | Policies not in place will be developed by Executive Team members responsible for relevant portfolios.<br><br>Review and development:<br><br><u>GM Social Services</u><br>Principle 1:i,ii,iii,iv<br>Principle 2: i,ii,iii,iv<br>Principle 3: i,iv<br>Principle 4: i,iv<br>Principle 5: i,ii,v<br>Principle 6: i, iii,iv<br>Principle 9: i,ii,iii<br>Principle 11: i,ii,iii<br><br><u>CEO</u><br>Principle 5: iii,iv |

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| supports and services for, and specific care decisions about, tamariki, rangatahi and pakeke Māori<br>**iii.** until the realisation of principle 4(ii), Māori and the Crown should collaborate on policy and investment decisions about the care system, the design and delivery supports and services for, and specific care decisions about, tamariki, rangatahi and pakeke Māori<br>**iv.** tamariki, rangatahi and pakeke Māori who need care live as Māori and are connected to their whānau, hapū, iwi, whakapapa, whenua, reo and tikanga<br>**v.** wellbeing for tamariki, rangatahi and pakeke Māori is understood and supported through an ao Māori worldview, encompassing tapu, mana, mauri and wairua.<br><br>**e. Care Safety Principle 5: Abuse and neglect prevention should be embedded in the leadership, governance and culture of all State and faith-based entities (and indirect care providers) involved in the care system, including government agencies, faith leaders, care providers and staff and care workers:**<br>**i.** leaders across the care system champion the prevention of abuse and neglect in care<br>**ii.** prevention of abuse and neglect is a shared responsibility at all levels of the care system<br>**iii.** governance arrangements in agencies and entities ensure implementation of measures to prevent abuse and neglect in care and there are accountabilities and obligations set at all levels<br>**iv.** risk management strategies focus on abuse and neglect prevention<br>**v.** codes of conduct set clear behavioural expectations of all staff and care workers.<br><br>**f. Care Safety Principle 6: Care providers should recognise, uphold and implement human rights standards and obligations and the Enabling Good Lives principles, and recognise and provide for diverse needs including Deaf and disabled people and people experiencing mental distress:**<br>**i.** people in care are supported and provided accessible information to understand their rights<br>**ii.** care providers have human rights standards embedded in their policies and practice<br>**iii.** care providers understand people's diverse circumstances and respond effectively to people who are at increased risk of experiencing abuse and/or neglect<br>**iv.** Enabling Good Lives principles underpin all support for disabled people, including culturally appropriate support as determined by whānau hauā, tāngata whaikaha and tāngata whaiora, to enable and empower disabled people to live well, participate in their community without segregation or institutionalisation and make decisions about their lives.<br><br>**g. Care Safety Principle 7: Staff and care workers should be suitable and supported:**<br>**i.** all stages of recruitment, including advertising and screening, emphasise the values of caring for people in care, safety of people in care and prevention of abuse and neglect<br>**ii.** staff and care workers have regularly updated safety checks<br>**iii.** staff and care workers receive appropriate induction and training and are aware of their responsibilities to prevent abuse and neglect, including reporting obligations<br>**iv.** staff and care workers receive appropriate training to ensure they have cultural competency<br>**v.** education programmes for staff and care workers include units focused on understanding and preventing abuse and neglect in care<br>**vi.** supervision and people management include a focus on preventing abuse and neglect.<br><br>**h. Care Safety Principle 8: Staff and care workers should be equipped with the knowledge, skills and awareness to keep people in care safe through continuous education and training:**<br>**i.** staff and care workers receive training on the nature and signs of abuse and neglect in care<br>**ii.** staff and care workers receive training on organisational and national abuse and neglect prevention policies and practices<br>**iii.** staff and care workers are supported to develop practical skills in safeguarding children, young people and adults in care<br>**iv.** staff and care workers have the appropriate cultural knowledge. | plan would be put in place. Whānau and support network involvement is directed by clients, students, and flatters. Guardians and advocates are developed to increase support networks when required. Whānau, hapu and iwi participate in decisions making processes about their mokopuna and uri as directed by the client, student, and flatter. Whānau hui are arranged as required to support whānau decision making. Clients, students, and flatters are supported to access information and have choice and control over their lives - where they live, how they live and who they live with. Orientation includes understanding, identification and prevention of abuse and neglect. Staff are regularly checked as appropriate for their role. Police vetting across the organisation. Ministry of Justice checks for Family Works staff. Training in cultural competency is provided including competency assessments to cultivate Māori knowledge.<br><br>**Principle 4**<br>**Te Whakatipu Matauranga Māori Framework**<br>Te Tiriti o Waitangi Training<br>Cultural Training<br>**PL:GN:06** Cultural Services<br><br>**Principle 5**<br>**PL:GN:01**Abuse Policy<br>**AS1:PL:GN:01** Abuse Guidelines<br>**AS2:PL:GN:01** Abuse Flow Chart<br>**AS3: PL:GN:01**Abuse Flow Chart<br><br>**Principle 6**<br>**PL:GN:43** Equity, Diversity & Inclusion | Staff will be supported to use the principles of the safeguarding framework including:<br>• Human rights<br>• Respect for individual identity and culture<br>• Support for decision making<br>• Proportionality and risk responsiveness<br>• Prevention<br>• Protection<br>• Partnership<br>• Accountability<br><br>Staff are aware of Disability Abuse Prevention and Response (DAPAR) services and how to access them. Intensive individual | Governance and Senior management team have been receiving regular updates on the RCI response and aware of their responsibilities and expected code of conduct in preventing abuse and neglect. |

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| **i. Care Safety Principle 9: Processes to respond to complaints of abuse and neglect and neglect should respond appropriately to the person (e.g. child-focused or young person-focused or adult in care-focused) in a timely manner:**<br>**i.** everyone in care and their whānau and support networks have access to information, decision-making supports to engage in complaints processes<br>**ii.** care providers have complaint handling policies appropriate for the people in care which clearly outline roles and responsibilities, approaches for responding to complaints and obligations to act and report<br>**iii.** effective complaints processes are understood by people in care, staff and volunteers and whānau and support networks and are culturally appropriate<br>**iv.** complaints are taken seriously, responded to promptly and thoroughly, and reporting, privacy and employment law obligations are met.<br><br>**j. Care Safety Principle 10: Physical and online environments should minimise the opportunity for abuse and neglect to occur:**<br>**i.** risks in online and physical environments are mitigated whilst upholding the right to privacy and ensuring wellbeing of people in care<br>**ii.** online environments are used in accordance with organisations' code of conduct.<br><br>**k. Care Safety Principle 11: Standards, policy and practice should be continuously reviewed, including from time to time independently reviewed, and improved:**<br>**i.** care providers regularly review standards, policy and practice to prevent and improve responses to abuse and neglect in care<br>**ii.** complaints and concerns are analysed to identify systemic issues, both within organisations and within the care system as a whole<br>**iii.** people who are currently or have previously been in care are enabled to participate in reviews of standards, policy, practice.<br><br>**l. Care Safety Principle 12: Policies and procedures should document how each care provider will ensure that people in care are safe:**<br>**i.** safeguarding practice is prioritised and integrated throughout the organisation<br>**ii.** policies and procedures embed safeguarding and abuse and neglect prevention measures policies and procedures are accessible and easy to understand<br>**iii.** stakeholder consultation informs the development of policies and procedures<br>**iv.** leaders champion and model compliance with policies and procedures<br>**v.** staff and care workers understand and implement the policies and procedures. | PSEC Operational Management Manual and on Sharepoint Human Rights Legislation<br>Service Orientation Programs<br>Enliven Disability Mahi Ngākau Operational Policy Framework<br>Enliven Older People Operational Manual<br>Family Works National Operations Manual for Casework Services including Te Ara Whānau approach<br><br>**Principle 7**<br>Police Vetting<br>• Police vetting guidelines<br>• Police Vetting Risk Framework<br>• 3 Yearly rechecks<br>**Te Whakatipu Matauranga Māori Framework**<br>Te Tiriti o Waitangi Training<br>Cultural Training<br><br>**Principle 8**<br>**PL:GN:06** Cultural Services<br>Careerforce Training Modules<br>Service Annual Training Plans<br>Organization Compliance Training Plans<br><br>**Principle 9**<br>**PL:GN:04** Complaints policy<br>**AS:PL:GN:04** complaints Flowchart<br>PSEC's monthly Board reporting template<br><br>**Principle 10**<br>**PL:GN:21** Client Privacy of Information<br>**PL:GN:16** Client Privacy when receiving Services<br>**PL:GN:22** Employee/Volunteer Privacy<br>**Code of Conduct**<br><br>**Principle 11&12**<br>Organizational policies are reviewed every 3 years | response through PASAT (Personal Advocacy and Safeguarding Adults Trust. Annual training plans will be reviewed to include safeguarding training. Family Works and Enliven social workers and elder abuse and neglect social workers are regularly accessed to support vulnerable clients where potential abuse and neglect has been identified. They work with the client and whānau to put safety plans in place and prevent abuse and neglect.<br><br>PSEC central complaints process to be reviewed 1 November 2025 | |

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| | When new policies are developed, they are circulated to all staff for staff sign off acknowledgment that they have read and understand the new policy.<br><br>There is a documented control system in place | | |
| **Recommendation 50**<br>**The leaders of all State and faith-based** entities providing care directly or indirectly should ensure there is effective oversight and leadership of safeguarding at the highest level, including at governance or trustee level where applicable. | | Report on delivery of Whanaketia recommendations to PSEC Board October 2025 | |
| **Recommendation 51**<br>The leaders of all State and faith-based entities providing care directly or indirectly should ensure that safeguarding is a genuine priority for the institution, key performance indicators are in place for senior leaders, and sufficient resources are available for all aspects of safeguarding**.** | | Performance indicators (KPI, s) will be included in all senior leaders Job Descriptions and reviewed annually as part of all senior team performance reviews by 1 July 2026 | |
| **Recommendation 52**<br>All State and faith-based entities providing care directly or indirectly should ensure they collect adequate data on abuse and neglect in care and regularly report to the governing bodies or leaders of each institution, based on that data, so they can carry out effective oversight of safeguarding**.** | | GM Social Services will review current data recording and reporting documentation and address any gaps 1 December 2025 | |
| **Recommendation 53**<br>The leaders of all State and faith-based entities providing care directly or indirectly should ensure staffing, remuneration and resourcing levels are sufficient to ensure the effective implementation of safeguarding policies and procedures. | | GM Social Services will review staffing structure within each service - 1 December 2025 | |
| **Recommendation 54**<br>**The senior leaders of all State and faith-based entities providing care directly or indirectly to children, young people and adults should take active steps to create a positive safeguarding culture, including by:**<br>**a.** designating a safeguarding lead with sufficient seniority<br>**b**. supporting the prevention, identification and disclosure of abuse and neglect<br>**c.** ensuring the entity providing care directly or indirectly complies with its health and safety obligations<br>**d.** protecting whistleblowers and those who make good-faith notifications<br>**e.** ensuring accountability for those who fail to comply with safeguarding obligations<br>**f.** prioritising and supporting training and professional development in safeguarding and in abuse and neglect in care including the topics set out in Recommendation 63<br>**g.** actively promoting a culture that values all children, young people and adults in care and addresses all forms of discrimination<br>**h**. ensuring there are sufficient resources for safeguarding<br>**i.** identifying and correcting harmful attitudes and beliefs, such as the disbelief or mistrust of complainants or racist or ableist actions and beliefs<br>**j**. ensuring there is adequate data collection and information on abuse and neglect in care, including relevant data on ethnicity and disability, to allow analysis and reporting<br>**k.** learning from any incidents and allegations<br>**l.** publicly reporting on the matters including any issues arising n relevant annual reports. | **All current policies noted in the response template have been reviewed against the recommendations.**<br><br>**PL:GN:12** Health and Safety<br>**PL:GN:31** Risk Management<br>**PL:GN:34** Employee Protection – Whistle Blowers<br>**AS:PL:GN:34** Procedure and Flowchart<br>**PL:GN:33** Open Disclosure<br>**PL:GN:15** Incident/Accident Reports | **Two policy Updates**<br>Client Privacy of Information and Documented Records Storage and Destruction Policies have been updated to include retention of client health records indefinitely. | <u>CEO</u><br><u>a, g, h, i, ,k,l</u><br><br><u>GMSS</u><br>b,j |

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| **Recommendation 55**<br>**All State and faith-based entities providing care directly or indirectly should have safeguarding policies and procedures in place that:**<br>**a.** are consistent with the Care Safety Principles (Recommendation 39)<br>**b.** are consistent with the National Care Safety Strategy (Recommendation 40)<br>**c.** are compliant with care safety rules and standards (Recommendation 47)<br>**d.** are consistent with best practice guidelines issued by the Care Safe Agency<br>**e.** are tailored to the risks of the particular organisation and care provided<br>**f.** are clearly written<br>**g.** are published in a readily accessible format<br>**h**. give effect to te Tiriti o Waitangi<br>**i.** are culturally and linguistically appropriate<br>**j.** are responsive to the needs of children, young people and adults in care, including Māori, Pacific Peoples, Deaf, disabled and people experiencing mental distress, and Takatāpui, Rainbow and MVPFAFF+ people<br>**k**. are regularly reviewed, including periodic external reviews<br>**l.** are audited for compliance, including periodic external audits. | | Once the National Care Safety standards and legislation have been fully developed PSEC,s internal systems and processes will be aligned to the new standards. | |
| **Recommendation 56**<br>**All State and faith-based entities providing care directly or indirectly should have safeguarding policies and procedures that address, at a minimum:**<br>**a.** how the entity providing care directly or indirectly will protect children, young people and adults in care from harm<br>**b.** how the entity providing care directly or indirectly will comply with the applicable standards and principles<br>**c.** how people can make complaints about abuse and neglect to the entity, the Care Safe Agency or independent monitoring entities (Recommendation 65)<br>**d.** how complaints, disclosures and incidents will be investigated and reported, including reporting to the Care Safe Agency, professional bodies or NZ Police and other authorities (Recommendation 65)<br>**e.** the protections available to whistleblowers and those making good faith notifications of abuse and neglect<br>**f.** how the entity providing care directly or indirectly will use applicable information-sharing tools.<br>**g.** how the entity will publicly and regularly report on these matters. | PSEC's current safeguarding policies and procedures adequately comply with the Royal Commission's recommendations as outlined in their current recommendation | A further review will be undertaken once the National Care Safety Standards and Legislation is signed off | |
| **Recommendation 59**<br>**All State and faith-based entities** providing care directly or indirectly to children, young people and adults in care should ensure all prospective staff, volunteers and any other person working with children, young people or adults in care ('prospective staff') have a satisfactory report from the applicable vetting regime and up to date registration status**.** | Vetting checks<br>• Police Vetting, MSD, Ministry of Justice relevant to defined roles<br>• Police vetting guidelines<br>• Police Vetting Risk Framework<br>• 3 Yearly rechecks | | |
| **Recommendation 60**<br>All State and faith-based entities providing care directly or indirectly to **children, young people and adults in care should ensure their pre-employment screening checks include:**<br>**a.** thorough reference checks, including asking direct questions about any concerns about the applicant's suitability to work with children, young people or adults in care<br>**b.** employment interviews that focus on determining the applicant's suitability to work with children, young people or adults in care<br>**c.** critically examining an applicant's employment history and/or written application (for example to identify and seek an explanation for gaps in employment history, or to explain ambiguous responses to direct questions about criminal history)<br>**d.** verifying the applicant's identity, education and qualifications | PSEC has a robust employment recruitment and appointment process in place<br>Preemployment screening includes reference checks, police vetting, MSD and ministry of Justice checks relevant to applicants defined roles. | | |

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| **e.** assessing the ability of caregivers, including foster parents and volunteers, to build relationships and provide consistent, sensitive and responsive care, including being able to meet the cultural needs of the people they care for. | Formal employment interviews are undertaken by an interview panel consisting of behavioral interview questions. All applicants are measured against selection criteria.<br>Professional Registration is checked.<br>Relevant qualifications are required. | | |
| **Recommendation 62**<br>All State and faith-based entities providing care directly or indirectly to children, young people and adults in care should recruit for and support a diverse workforce, including in leadership and governance roles, so far as practicable reflecting the care communities they serve and care for. | As an equal employment opportunity employer PSEC promotes equal opportunities for its employes through its employee performance management and recruitment policies and practices. | | |
| **Recommendation 63**<br>**All State and faith-based entities providing care directly or indirectly to children, young people and adults in care should ensure:**<br>**a.** they have a code of conduct in place, which requires those providing care to comply with applicable safeguarding policies and procedures<br>**b.** all staff, volunteers and any others (ordained and non-ordained) working with children, young people or adults in care ("staff and care workers") receive an induction promptly after they begin their employment and are aware of their safeguarding responsibilities including reporting obligations<br>**c.** supervisors and people leaders have a safeguarding focus<br>**d.** all staff receive training that ensures understanding about the Care Safety Principles (Recommendation 39), the National Care Safety Strategy (Recommendation 40), and all statutory requirements under the Care Safety Act (Recommendation 45), including care standards, accreditation and vetting<br>**e.** all staff are trained and kept up to date in applicable safeguarding policies, procedures and practices<br>**f.** all staff receive up to date training on how to identify and prevent abuse and neglect<br>**g.** all staff are trained in appropriate trauma informed practice, disability informed practice, an understanding of neurodiversity, te Tiriti o Waitangi, Māori cultural practices, Pacific and ethnic cultural practices, human rights and an understanding of abuse and neglect in care both historically and present-day<br>**h.** all staff are trained to identify and address (in themselves and others) prejudice and all forms of discrimination<br>**i.** all staff are provided with support, supervision, training and professional development on a frequent and regular basis, to ensure they are able to develop and maintain their capacity to provide reliable, sensitive and responsive care to the people they are looking after<br>**j.** all staff receive appropriate professional development support, including how to protect children, young people and adults in care from abuse and neglect and respond to disclosures<br>**k.** there are no adverse employment or other consequences for those making good faith notifications or disclosures of abuse and neglect. | PSEC Code of Conduct<br><br>**Service Orientation Plans**<br>Each service has a structured orientation program<br><br>**PSEC Compliance Training**<br>• Consumer rights<br>• Complaint Management<br>• Informed Consent<br>• Abuse Awareness<br>• Advocacy<br>• Cultural Awareness Treaty of Waitangi<br>• Privacy<br>• Health and Safety | Review Code of Conduct to align with applicable safeguarding policies and procedures 1 April 2026. 1 November 2025?<br><br>Care Safety Principles to be added to staff service orientation plans 30 June 2026<br><br>Care Safety Principles to be added to PSEC compliance Training all staff 30 June 2026 | Complete by July 2025<br><br>GM Social Services and HR Manager<br><br>GM Social Services d,e, f, g,h,j |
| **Recommendation 64**<br>All State and faith-based entities providing care directly or indirectly to children, young people and adults in care should ensure that the same rules and standards in relation to vetting, registration, training and working conditions that apply to employees, apply equally to volunteers or others with equivalent access to children, young people and adults in care. Faith-based entities should ensure the same rules apply to people in religious ministry and lay volunteers as to employees. | All PSEC Volunteers got through the same vetting processes as paid employees | | |
| **Recommendation 65**<br>All State and faith-based entities providing care directly or indirectly to children, young people and adults in care and relevant professional registration bodies should ensure they have appropriate policies and procedures in place to respond in a proportionate way to complaints, disclosures or incidents of abuse and neglect, including: | Robust systems are in place to comply with the Royal Commission Recommendations | | |

| Recommendation | Operational Policies/Processes Currently in Place | Action | Notes (Delete/Amend as required) |
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| **a.** the policies and procedures are guided by the Care Safety Principles (Recommendation 39) and any relevant rules, standards or guidelines issued by the Care Safe Agency (Recommendation 41)<br>**b.** the policies and procedures are clearly written, accessible to people in care, their whānau and support networks, and to staff and care workers, and are kept up to date<br>**c.** the policies, at a minimum, outline roles and responsibilities, how different types of complaints will be handled, including potential employment outcomes and reporting obligations<br>**d.** the policies set out how actual or perceived conflicts of interest will be addressed if they arise<br>**e.** there are clear protections in place for whistleblowers and those making good faith notifications<br>**f.** it is as easy as possible for people to make disclosures or complaints<br>**g.** complaints processes are appropriate for Māori, Pacific People, Deaf and disabled people,<br>people who experience mental distress and Takatāpui, Rainbow and MVPFAFF+ people including ensuring there is access to appropriate support<br>**h.** complainants are supported and kept informed throughout the handling of their complaint, including with the assistance of their independent advocates (Recommendation 76) if applicable<br>**i.** complainants are kept safe throughout the handling of their complaint, including if they have complained about another person in care or a person who directly provides them care<br>**j.** complaints are responded to promptly and robustly, including:<br>**i.** as soon as a complaint is made, carrying out an initial risk assessment to identify the risks to the complainant and to other children, young people and adults in care<br>**ii.** mitigating identified risks while the complaint is being investigated, proportionate to the seriousness of the allegation<br>**iii.** continuing to investigate and report on complaints even if the subject of the complaint voluntarily leaves employment and/or cancels their professional registration<br>**iv.** carrying out a robust investigation at a level proportionate to the seriousness of the complaint<br>**v.** applying a standard of proof consistent with civil law ("on the balance of probabilities") when investigating complaints, but doing so flexibly, proportionate to the seriousness of the allegation<br>**vi.** using external investigators where appropriate for the most serious allegations<br>**vii.** meeting all privacy and employment law obligations<br>**viii.** ensuring appropriate accountability, including through reporting to NZ Police and relevant professional registration bodies if the complaint is substantiated (Recommendation 66)<br>**k.** all complaints must be reported to the Care Safe Agency (Recommendation 41) regardless of the outcome of the investigation<br>**l.** each complaint must be reviewed for lessons identified and possible improvements<br>**m.** publicly report annually on how many complaints they are dealing with, whether they have been resolved, whether they have been substantiated, and how long the complaint took to be resolved. | as demonstrated within PSEC current policies and procedures noted within this response | | |