

## **Sensitive**

Office of the Minister for Child Poverty Reduction

Cabinet Social Outcomes Committee

## **Next Steps on Government Response to the Dame Karen Poutasi Review**

### **Proposal**

- 1 This paper seeks agreement to the parameters for implementing two key areas of work to progress implementation of the remaining recommendations from the report by Dame Karen Poutasi on the *Joint Review into the Children's Sector: Identification and response to suspected abuse* (the Poutasi Review). These areas, which can be implemented within existing baseline funding, are:
  - 1.1 an in-person inter-agency hub to improve identification and assessment of the needs of dependent children whose sole parent or carer is remanded in custody and/or sentenced to a term of imprisonment by the courts; and
  - 1.2 the first phase of a mandatory child protection training regime.

### **Relation to government priorities**

- 2 This proposal relates to the Government priority of delivering better public services. It also aligns with the Government's Child and Youth Strategy 2024-2027 priority of preventing child harm, the 2025-2030 Oranga Tamariki System Action Plan, the second Te Aorerekura Action Plan to address family violence and sexual violence, and the Crown's response to Whanaketia, the final report of the Royal Commission of Inquiry into Abuse in Care.

### **Executive Summary**

- 3 The Government has accepted all the Poutasi Review recommendations and noted that an integrated all-of Government approach is being taken to implementing the remaining Poutasi Review recommendations, focussed on safeguarding children [CAB-25-MIN-0330]. A phased approach to implementation allows us to take immediate steps to safeguard children, while building capacity.
- 4 This paper seeks agreement to the parameters for two key elements of the first phase of implementation – an in-person inter-agency hub to improve the system response to dependent children whose sole parent or carer is remanded in custody and/or sentenced to a term of imprisonment (expected to impact between 2,000 and 2,300 children), and the first stage of mandatory child

protection training. Subject to Cabinet agreement, agencies will begin to roll these out from January 2026, within baselines. This paper also provides updates on a range of work already underway, including on improving the availability of adequate information to assess safety and wellbeing concerns for children, and to strengthen accountability for child safety.

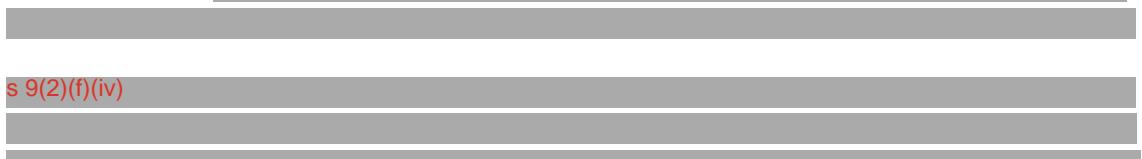
5 Monitoring the impact of early implementation phases will enable us to adjust our approach as needed to maximise positive outcomes while minimising risks. It will also strengthen the New Zealand evidence base to inform further decisions on the speed and scale of implementation. s 9(2)(f)(iv)



## Background

6 Dame Karen Poutasi made 14 recommendations to strengthen the children's system, improve the ability of professionals to recognise and respond to abuse, and ensure children's needs are met. The Government has accepted all recommendations from the Poutasi Review [CAB-25-MIN-0330]. In considering how to implement the recommendations effectively, we must recognise the wider context of the child protection system.

7 Last year there was a 44% increase in Reports of Concern (ROCs) to Oranga Tamariki. While some of this is attributable to recent practice changes, the majority reflects heightened demand, including a 17% increase in individual children with ROCs and vulnerable children experiencing increasingly complex needs. Oranga Tamariki has work underway to respond to the increasing demand, including developing an electronic form to support consistent high-quality ROCs. s 9(2)(f)(iv)



8 s 9(2)(f)(iv)



## Enhancements to identify and respond to the needs of children whose sole parent is remanded in custody and/or sentenced to a term of imprisonment (recommendations 1, 2 and 6)

9 Recommendations 1, 2 and 6 of the Poutasi Review are about dependent children of a sole parent or carer who is remanded in custody<sup>1</sup> awaiting court

<sup>1</sup> An individual may be held in custody on remand in a Police custody unit if a Corrections facility is not available (Section 34 of the Corrections Act 2004).

appearances or sentenced to a term of imprisonment by the courts. This can cause significant disruption to care arrangements of these children and may create concerns for their safety and wellbeing. Analysis from the Integrated Data Infrastructure (IDI) indicates that over the next year we expect approximately 1,280-1,430 sole caregivers to be remanded in custody or imprisoned, impacting between 2,000 and 2,230 children.

10 The system currently relies on multiple players using a high degree of discretion and judgement to identify and address risks to these children. To improve identification, New Zealand Police (NZ Police), Department of Corrections (Corrections) and the Ministry of Social Development (MSD) can update existing processes to make a notification at the four key points outlined in the table below.

Opposition to bail	NZ Police oppose bail for the first Court appearance following arrest (noting that the Courts make the final decision on bail).
Immediate Needs Assessment	Corrections assess a prisoner's needs upon arrival at a Corrections facility.
Corrections data match	MSD identify clients who have been imprisoned and are receiving benefits (including pensions) and Student Allowance which generally stop being paid to people who are in prison.
Application for or change to assistance	MSD receives request for a benefit or other assistance in respect of or requesting to include a child who is not the requestor's.

11 I propose that when agencies identify these children, a ROC be made to Oranga Tamariki to commence a response to understand their circumstances including their safety, wellbeing and adequacy of their care arrangements. Central to this response is the establishment of an in-person inter-agency hub,<sup>2</sup> located in the Oranga Tamariki National Contact Centre, to ensure a collaborative approach through sharing information about each child's circumstances.

12 Timely, privacy-safe information sharing between key agencies under the enabling provisions of the Oranga Tamariki Act 1989, such as sections 66, 66C and 15, would inform an initial assessment within 48 hours – another key part of the enhanced process. This would determine the appropriate response for each child, such as statutory intervention where care and protection concerns are identified, referral to community providers for support, or triage out of the system where no concerns are identified.

13 I propose the in-person inter-agency hub be introduced from January 2026. Agencies and partners will work together to build on the process from February onwards. During its establishment, the operation of the hub can be managed within baselines. Oranga Tamariki expects there to be an increase in ROCs as a

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<sup>2</sup> The in-person inter-agency hub would include Oranga Tamariki, Department of Corrections, Ministry of Education, Ministry of Social Development, New Zealand Police, and Ministry of Justice. Health New Zealand are working through their appropriate level of involvement in the hub as a Crown agent.

result of the changes, including the enhanced process, **s 9(2)(f)(iv)**

14 The enhancements for this group of children will ensure their needs are properly assessed, and that pathways are developed for meeting their needs where they do not meet the threshold for statutory intervention. **s 9(2)(f)(iv)**

**Reinforcing a clear expectation that child welfare and protection agencies share information where there are safety and wellbeing concerns for a child (recommendation 7)**

15 The Privacy Commissioner has issued a statement reinforcing that children's safety and wellbeing comes first, and there are no legislative barriers to sharing information where there are concerns about this. The Privacy Commissioner has also met with Regional Public Service Leadership Groups to communicate clear expectations for information sharing and provide guidance on doing so safely, which these groups are communicating to their regional networks.

16 In addition, the Office of the Privacy Commissioner has issued new guidance about sharing information for child wellbeing and safety purposes. To support consistent understanding going forward, agencies will promote clear guidance on the enabling provisions of the Oranga Tamariki Act 1989 to their staff.

**A phased approach to mandatory child protection training and reporting for defined workforces (recommendations 8, 9 and 13)**

17 A mandatory training and reporting regime recognises that certain workforces have greater child protection responsibilities due to the nature of their work and relationships with children. Mandatory training is a central part of the Government response to the Poutasi Review. Done well, it can deliver a range of benefits to child safety by upskilling relevant professionals on identifying and responding to signs or disclosures of abuse. It also provides an opportunity to reinforce the importance of sharing information where there are concerns about the safety or wellbeing of a child (recommendation 7).

18 International evidence suggests mandatory training, mandatory reporting and raising awareness of the signs of child abuse can all materially increase the identification of child harm, but can also lead to an increase in ROCs. As I have previously advised Cabinet [CAB-25-MIN-0330], a phased implementation is important to mitigate risks while taking urgent action to improve child safety. Phasing enables us to monitor the increase in ROCs and build evidence based on New Zealand experience, which can inform the sequencing and approach to manage the impacts over time.

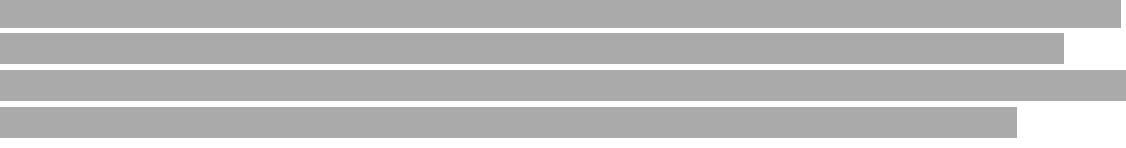
*Mandatory child protection training*

19 Quality training needs to cover identifying signs of all types of abuse and neglect, as well as how to respond to and report suspected or known abuse. It is also an opportunity to cover information sharing under relevant legislation where there are concerns about the safety of a child, and to improve the quality of ROCs so they can be more quickly and effectively triaged.

20 This type of training will not be new for many children's workers who have existing training requirements. Introducing mandatory child protection training provides an opportunity to enhance and standardise existing training for more coherent and consistent practice across sectors. Development and delivery of this training can build on the rich range of existing knowledge, expertise, resources, and programmes across government and in communities.

21 While developing the full package of training will take time, swift action is needed to fill known gaps. Immediate gains, within baseline funding, can be made through rapidly rolling out a short, electronic module covering foundational child protection information. I propose that a prototype module be initially tested from January 2026 with a small subset of approximately 500 core children's workers<sup>3</sup> in select roles from NZ Police, MSD, the Ministry of Education (MOE), and Oranga Tamariki. Employers of these agencies would require these workers to complete the training as part of their professional development.

22 MOE is leading development of the prototype, and feedback will inform ongoing refinement of the training. s 9(2)(f)(iv)


*Mandatory reporting*

23 While the Government has accepted the recommendations around mandatory reporting, it is clear from international evidence that the system needs to be well-prepared before mandatory reporting is introduced. Quality mandatory training will help prepare those workforces to whom mandatory reporting would apply. Therefore, the training regime is our current implementation focus.

24 s 9(2)(f)(iv)



<sup>3</sup> Under section 23(1) of the Children's Act 2014 **core worker** means a children's worker whose work in or providing a regulated service requires or allows that, when the person is present with a child or children in the course of that work, the person— (a) is the only children's worker present; or (b) is the children's worker who has primary responsibility for, or authority over, the child or children present.

s 9(2)(f)(iv)

### *Public awareness*

25 The Poutasi Review recommended regular campaigns to support public awareness of the signs of abuse and how to report concerns (recommendation 13). Two relevant campaigns are already planned by Mana Mokopuna – Children’s Commissioner (with a focus on child maltreatment) and ACC (with a focus on child sexual abuse prevention). s 9(2)(f)(iv)

### **Strengthened resource for multiagency teams working in partnership with iwi and NGOs to prevent and respond to harm (recommendation 3)**

26 “Multi-agency responses” already exist or are emerging in several ways, addressing a range of issues such as family violence, school attendance, youth offending, and child protection. These often involve the same agencies and whānau, with information sharing a key enabler. I propose that the immediate focus for implementing recommendation 3 be on strengthening child safety within existing family violence multi-agency responses s 9(2)(f)(iv)

This can begin immediately within baselines. A longer-term goal will be more integrated, whole-of-whānau responses across the family violence and child protection systems.

### **Health NZ linking medical records and joining the Child Protection Protocol (recommendations 4 and 5)**

27 Health NZ is undertaking a multi-year programme to link medical records across relevant healthcare settings. This is key to improving health outcomes and is part of Health NZ’s existing electronic investment programme. Over the next year, Health NZ plans to progressively deliver integrated access to hospital and primary care records through existing systems, connected nationally, subject to funding allocation.

28 Health NZ has agreed to join the Child Protection Protocol with NZ Police and Oranga Tamariki in a leadership and governance capacity initially and is continuing to respond to referrals as required. The Ministry of Health (MoH) and Health NZ are assessing the impact of full partnership in the Protocol, including the level of additional resource required to make clinicians available to provide specialist health input. s 9(2)(f)(iv)

29 Health NZ has developed a national Child Protection Policy which will be rolled out to Health NZ staff and the funded sector. This will provide overarching guidance and expectations across the health sector, including on roles and responsibilities, confidentiality and information sharing, expectations for interagency collaboration, and requirements for staff training.

## **Strengthening oversight of Early Childhood Education services' Child Protection Policies (recommendation 10)**

30 Using insights from sector engagement, MOE and the Education Review Office identified amendments to Early Childhood Education (ECE) licensing criteria to strengthen monitoring of ECE services' implementation of their child protection policies. This has been incorporated into MOE's response to the findings and recommendation nine of the ECE Regulatory Sector Review. The revised licensing criteria were gazetted on 28 November 2025 and will take effect in April 2026 to give the ECE sector and Ministry appropriate time to prepare and train staff on the changes. This is being delivered within baselines.

## **Strengthening collective accountability for child safety (recommendation 12)**

31 Since September 2025, Oranga Tamariki and MSD have been working to ensure all children's agencies have up-to-date child protection policies. s 9(2)(f)(iv)



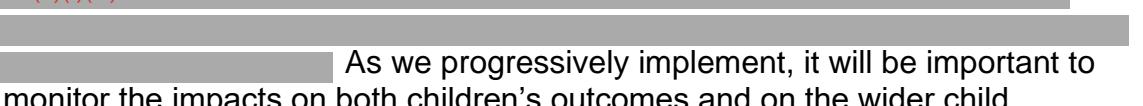
### **Implementation**

32 For the reasons outlined in this paper and the related September Cabinet paper, it is clear that a phased approach to implementation is required. This paper outlines the first phase that can be rolled out within baselines from January 2026. s 9(2)(f)(iv)



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s 9(2)(f)(iv)



As we progressively implement, it will be important to monitor the impacts on both children's outcomes and on the wider child protection system. This will enable us to adjust our approach as needed to maximise positive outcomes while minimising risks. It will also strengthen the evidence base for further decisions on the speed and scale of implementation.

### *Aligning with the response to the Royal Commission of Inquiry into Abuse in Care*

34 There are overlaps between the Poutasi Review and the Royal Commission of Inquiry into Abuse in Care. s 9(2)(f)(iv)

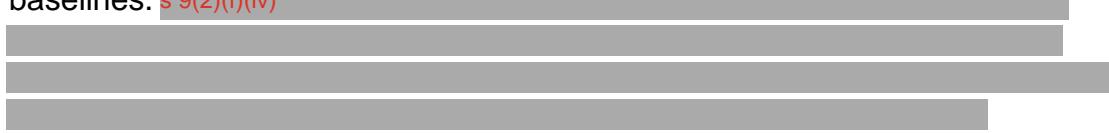


### **Cost-of-living implications**

35 The proposals in this paper are not likely to impact the cost of living.

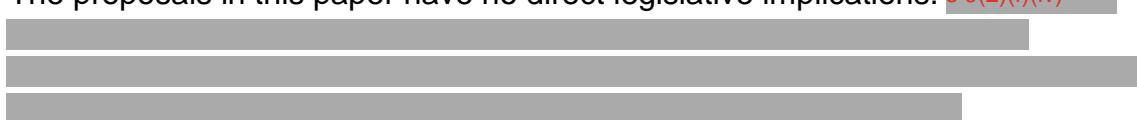
## Financial Implications

36 This paper proposes a range of actions that can be implemented within agency baselines. s 9(2)(f)(iv)



## Legislative Implications

37 The proposals in this paper have no direct legislative implications. s 9(2)(f)(iv)



## Population Implications

38 IDI analysis indicates that of the sole parents currently imprisoned, approximately 58% are Māori, 30% are European, and 12% are Pacific. The proposals in this paper are intended to support the Crown's obligations to its Treaty partners. Disabled children and young people are nearly four times more likely to experience violence than nondisabled peers.<sup>4</sup> The proposals in this paper aim to increase the safety of all children, including Māori, Pacific and disabled children, by improving identification of and response to abuse and neglect. It will be important to engage with these population groups on any service design and implementation following policy decisions.

## Human Rights

39 The focus of the proposals in this paper on improving child safety will assist the Government to meet its responsibilities under the United Nations Convention on the Rights of the Child (UNCRC). As the proposals involve the sharing of personal information, they have implications for the right to privacy, such as in UNCRC Article 16. I consider the privacy impacts to be justified by the responsibilities of agencies to protect children from maltreatment, as outlined in UNCRC Articles 19 and 34. This also supports Article 16 of the United Nations Conventions on the Rights of Persons with Disabilities.

## Consultation

40 The following organisations were consulted: Oranga Tamariki, Ministry of Health, Health New Zealand, Ministry of Education, New Zealand Police, Department of Corrections, Ministry of Justice, Centre for Family Violence and Sexual Violence Prevention, Social Investment Agency, Te Puni Kōkiri, Ministry of Disabled People – Whaikaha, Ministry for Pacific Peoples, the Treasury, Crown Response

<sup>4</sup> Jones, L. et al. (2012). Prevalence and Risk of Violence against Children with Disabilities: A Systematic Review and Meta-Analysis of Observational Studies, Lancet 380, 899- 907.

Office, Ministry for Culture & Heritage, and Office of the Privacy Commissioner. The Department of Prime Minister and Cabinet was informed.

## Communications

41 I plan to inform the Independent Children's Monitor, Children's Commissioner, and Ombudsman of the outcomes of this paper, following Cabinet consideration in December 2025. In the new year, I will consider making a press release.

## Proactive Release

42 I intend to proactively release this Cabinet paper, consistent with the Official Information Act 1982, within 30 days of Cabinet decisions. s 9(2)(f)(iv)

## Recommendations

The Minister for Child Poverty Reduction recommends that the Committee:

- 1 note that in September 2025, Cabinet agreed to accept all recommendations from the report by Dame Karen Poutasi on the *Joint Review into the Children's Sector: Identification and response to suspected abuse* [CAB-25-MIN-0330];
- 2 note that several Poutasi Review recommendations can be implemented within baselines, s 9(2)(f)(iv)
- 3 s 9(2)(f)(iv)

### *Identifying and responding to the needs of children (recommendations 1, 2 and 6)*

- 4 agree to establish an in-person interagency hub from January 2026 to improve identification and assessment of the needs of dependent children whose sole parent or carer is remanded in custody and/or sentenced to imprisonment;
- 5 s 9(2)(f)(iv)

### *Sharing information on safety and wellbeing concerns for a child (recommendation 7)*

- 6 note that Regional Public Service Leadership Groups are communicating clear expectations for information sharing and guidance on doing so safely to their networks (for Poutasi Review recommendation 7);

*Mandatory child protection training and reporting (recommendations 8, 9, and 13)*

- 7 agree that foundational mandatory child protection training be initially rolled out through an electronic prototype, starting with a subset of approximately 500 core children's workers as defined in the Children's Act 2014 from January 2026;
- 8 note that the foundational child protection training described in recommendation 7 above would include identifying signs of all types of abuse and neglect, and information sharing where there are concerns about the safety of a child;
- 9 s 9(2)(f)(iv) [REDACTED]

*Multi-agency teams to prevent and respond to harm (recommendation 3)*

- 10 note that the immediate focus for implementing Poutasi Review recommendation 3 be on strengthening child safety within existing multi-agency responses s 9(2)(f)(iv) [REDACTED] across the family violence and child protection systems;

*Linking medical records and Child Protection Protocol (recommendations 4 and 5)*

- 11 note that linking medical records is part of Health NZ's existing electronic investment programme, subject to Health New Zealand funding allocation;
- 12 note that Health New Zealand has agreed to join the Child Protection Protocol in a leadership and governance capacity initially, s 9(2)(f)(iv) [REDACTED]

*Strengthening oversight of ECE services' child protection policies (recommendation 10)*

- 13 note that changes to the Early Childhood Education (ECE) licensing criteria will help strengthen oversight of ECE services' Child Protection Policies;

*Strengthening collective accountability for child safety (recommendation 12)*

- 14 note that children's agencies have up-to-date child protection policies s 9(2)(f)(iv) [REDACTED]

Authorised for lodgement.

Hon Louise Upston

Minister for Child Poverty Reduction