

Presbyterian Support Upper South Island (PSUSI)

Response to the Royal Commission of Inquiry recommendations for faith-based organisations

This is a 'living document' and will be regularly reviewed and maintained to ensure actions are met.

Recommendations specific to non-PSUSI individuals and entities have been removed.

Recommendation	Action Plan
Recommendation 1 As an immediate priority, the government and faith-based institutions should implement the 95 Holistic Redress Recommendations in the Inquiry's interim report on redress, He Purapura Ora, he Māra Tipu: From Redress to Puretumu Torowhānui, together with the Recommendations of the design group, subject to any further Recommendations made in this report.	PSUSI accepts this recommendation. Action: PSUSI has reviewed applicable policies and processes and is working with survivors in accordance with organisational values and engaging survivors in survivor-led healing and redress. If the government establishes an independent redress scheme for schools and faith-based organisations, and the process for engaging with survivors and their whānau is advised, the PSUSI complaints policy will be updated to outline any changes. Status: Completed and ongoing review
Recommendation 3 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: a. the most senior leaders of all faith-based institutions and without limitation 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	PSUSI public apology was published on PSUSI's website on 25 July 2024. Action: PSUSI will continue to provide updates about their response via the PSUSI website, including any additional or revised apologies. Status: Completed – ongoing review

Recommendation 5 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: proven perpetrators and institutions where abuse and neglect took place. 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 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 proven perpetrators and institutions where abuse and neglect took place.	PSUSI accepts this recommendation and will ensure that the names of proven perpetrators of abuse and neglect (past, present and future) will not be recognised or celebrated by the organisation. Action: As names of proven perpetrators of abuse and neglect are confirmed, PSUSI will check whether there are any memorials named after these offenders, and if so, these will be changed swiftly. PSUSI will also support applications for honours to be revoked. Status: Ongoing - as required
Recommendation 6 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: a. open or re-open independent and transparent criminal investigations into possible criminal offending b. proactively and widely advertise the intent to investigate and ongoing investigations c. provide appropriate assistance and support to survivors, their whānau and support networks who contact them in relation to the investigations.	PSUSI accepts this recommendation and will continue to support and encourage survivors to raise matters with NZ Police so they can open, or reopen, investigations. PSUSI will assist and support NZ Police with any investigations and enquiries. PSUSI will always be available to listen to and support survivors, their whānau and support networks, should they wish to contact the organisation directly. PSUSI also wholeheartedly supports the establishment of an independent redress scheme. Relevant PSUSI policy links: Abuse & neglect policy and guidelines.docx Child protection policy.docx Service Delivery policy.docx Code of conduct 2024.docx Complaints policy .docx Historical Abuse In Care.docx Actions:

	PSUSI will continue to actively encourage survivors to raise matters with the NZ Police via their website and any relevant communications. PSUSI will draft a new policy/process regarding abuse and neglect in care, which will be linked to PSUSI's existing complaints policy. If the government establishes an independent redress scheme for schools and faith-based organisations, and the process for engaging with survivors and their whānau is advised, the PSUSI complaints policy will be updated to outline any changes. Status: Completed and ongoing review
Recommendation 7 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: a. provide reasonable assistance to any NZ Police investigation b. take all reasonable steps to ensure an impartial and independent investigation is carried out by an appropriate investigator 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 d. use best endeavours to have the liability of every relevant institution in relation to such acts determined. This may include: 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 ii. not pleading limitation defences in cases brought by survivors, for as long as limitation defences remain available.	PSUSI accepts this recommendation. PSUSI will assist and support NZ Police with any investigations and enquiries. All serious complaints are immediately assessed regarding appropriate care and support for survivors and their whānau. This could include working alongside existing supports or availability of appropriately skilled staff within PSUSI. PSUSI also wholeheartedly supports the establishment of the Puretumu Torowhānui redress scheme. Relevant PSUSI policy links: Abuse & neglect policy and guidelines.docx Child protection policy.docx Service Delivery policy.docx Code of conduct 2024.docx Complaints policy .docx Historical Abuse In Care.docx Action: If the government establishes an independent redress scheme for schools and faith-based organisations, and the process for engaging with survivors and their whānau is advised, the PSUSI complaints policy will be updated to outline any changes. Status: Ongoing review
Recommendation 9	

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.	PSUSI accepts this recommendation. PSUSI is happy to work with State representatives, as required, to ensure survivors, their whānau and support networks are made aware of the scheme and support options available to them. Relevant PSUSI policy links: Complaints policy .docx Historical Abuse In Care.docx Action: If the government establishes an independent redress scheme for schools and faith-based organisations, and the process for engaging with survivors and their whānau is advised, the PSUSI complaints policy will be updated to outline any changes. Status: Ongoing review
Recommendation 10 The government and faith-based institutions should ensure that, once the puretumu torowhānui system and scheme is established: a. the effective start date for the system and scheme is 1 December 2021, to enable the whānau of survivors who have died since that date to be eligible for redress claims and the full range of support services available through the system and scheme b. it is open to all survivors, including those who have been through all redress processes (including those that have been completed since 1 December 2021) whether or not any signed settlement agreement was full and final.	PSUSI accepts this recommendation.
Recommendation 20 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	PSUSI accepts this recommendation in principle but will need to discuss affordability.

distributing the funding should be independent from State and faith-based entities.	
Recommendation 21 Recognising the intergenerational damage caused by abuse in care, the Inquiry recommends that a whānau harm payment be provided for members of whānau who have been cared for by survivors and thereby potentially impacted by their tūkino, to help prevent further intergenerational harm. The Inquiry recommends this is set at \$10,000.	PSUSI accepts this recommendation.
Recommendation 39 The State, faith-based entities (including indirect care providers) and others involved in the care system should be guided by the following Care Safety Principles for preventing and responding to abuse and neglect when making decisions, performing functions, or exercising powers and duties in relation to the care of children, young people and adults in care: a. Care Safety Principle 1: The care system should recognise, uphold and enhance the mana and mauri of every person in care i. each person in care lives free from abuse and neglect and their overall ora, (wellbeing) is supported in a holistic way ii. care providers understand and provide for each person and their unique strengths, needs and circumstances iii. the importance of whānau and friendships is 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 iv. people in care are celebrated and nurtured. 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: 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	a. PSUSI accepts this recommendation and is guided by several policies and procedures (see links below), to recognise, uphold and enhance the mana and mauri of people in care. All policies are audited both internally and externally. PSUSI also has a Level 2 Social Service Accreditation Standard which is regularly reviewed and audited. Relevant PSUSI policy links: Abuse & neglect policy and guidelines.docx Child protection policy.docx Service Delivery policy.docx Code of conduct 2024.docx Kaimana - Ways of Working (Values) 2021.pdf Cultural policy.docx Cultural Safety for Pacific Peoples and their Families .docx Mana enhancing behaviour - preventing bullying & harassment in the workplace.docx code of ethics.doc The Pathway To Cultural Accreditation final.pdf b. PSUSI accepts this recommendation and is guided by several policies and procedures (see links), to ensure people in care participate in and make decisions affecting them.

ii. people in care can access abuse and/or neglect prevention programmes and information iii. staff and care workers are aware of signs of abuse and/or neglect and facilitate ways for people in care to raise concerns iv. people who are currently or have previously been in care can participate in decision-making and policymaking about the care system. c. Care Safety Principle 3: Whānau and support networks should be involved in decision-making processes wherever possible and appropriate: i. connections between people in care and their whānau and support networks are actively supported, and whānau and support networks can participate in decisions affecting the person in care wherever possible and appropriate ii. care providers engage in open communication with whānau and support networks about their abuse and neglect prevention approach iii. whānau and support networks are informed about and can have a say in organisational and system-level policy iv. whānau, hapū, iwi and Māori can participate in decision-making processes about their mokopuna and uri. 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: 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 ii. the Crown actively devolves to Māori policy and investment decisions about the care system, design and delivery of supports and services for, and specific care decisions about, tamariki, rangatahi and pakeke Māori iii. until the realisation of principle 4(ii), Māori and the Crown should collaborate on policy and investment decisions about the care system, the design and delivery supports and services for, and specific care decisions about, tamariki, rangatahi and pakeke Māori	Relevant PSUSI policy links (in addition to links already noted above, re: Recommendation 39): 408 Day prog service agreement.docx 272 Enliven exchange of info agreement.doc Risk Management Policy 2023 .doc Risk Management Framework 2024.docx c. PSUSI accepts this recommendation and is guided by several policies and procedures (see links), to ensure whānau and support networks are involved in decision-making processes wherever possible and appropriate. Relevant PSUSI policy links (in addition to links already noted above, re: Recommendation 39): 056 complaints form .doc 213 confidentiality & parental consent agreement.docx d. PSUSI accepts this recommendation and is guided by several policies and procedures (see links), to give effect to Te Tiriti o Waitangi and enable Māori to exercise tino rangatiratanga. Relevant PSUSI policy links (in addition to links already noted above, re: Recommendation 39): PSUSI Strategic Plan (May 23) FINAL (002).pdf Kaimana - Ways of Working (Values) 2021.pdf Cultural policy.docx Cultural Safety for Pacific Peoples and their Families .docx Action: Intergenerational trauma policy to be drafted. Status: Not completed
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iv. tamariki, rangatahi and pakeke Māori who need care live as Māori and are connected to their whānau, hapū, iwi, whakapapa, whenua, reo and tikanga v. wellbeing for tamariki, rangatahi and pakeke Māori is understood and supported through an ao Māori worldview, encompassing tapu, mana, mauri and wairua. 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: i. leaders across the care system champion the prevention of abuse and neglect in care ii. prevention of abuse and neglect is a shared responsibility at all levels of the care system iii. governance arrangements in agencies and entities ensure implementation of measures to prevent abuse and neglect in care and there are accountabilities and obligations set at all levels iv. risk management strategies focus on abuse and neglect prevention v. codes of conduct set clear behavioural expectations of all staff and care workers. 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: i. people in care are supported and provided accessible information to understand their rights ii. care providers have human rights standards embedded in their policies and practice iii. care providers understand people's diverse circumstances and respond effectively to people who are at increased risk of experiencing abuse and/or neglect	e. PSUSI accepts this recommendation and is guided by several policies and procedures (see links), to ensure abuse and neglect prevention is embedded in the leadership, governance and culture of the organisation. These policies are audited both internally and externally, with the PSUSI Risk Register reviewed every six months at Senior Leadership Team meetings. Relevant PSUSI policy links (in addition to links already noted above, re: Recommendation 39): Conflict of Interest Policy.docx Code of conduct 2024.docx f. PSUSI accepts this recommendation and is guided by several policies and procedures (see links), to recognise, uphold and maintain human rights standards and obligations and the Enabling Good Lives principles. These policies are audited both internally and externally, with the PSUSI Risk Register reviewed every six months at Senior Leadership Team meetings. See relevant PSUSI policy links already noted above, and throughout responses to recommendation 39. g. PSUSI accepts this recommendation and is guided by several policies and procedures (see links), to ensure staff and care workers are suitable and supported. PSUSI has strict recruitment procedures including risk assessment processes, as per below. Relevant PSUSI policy links (in addition to links already noted above, re: Recommendation 39): Recruitment policy & process.docx Service Delivery policy.docx Supervision.docx Volunteer Policy .docx 426 new employee risk assessment.docx 426A staff risk assessment recheck.docx
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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. g. Care Safety Principle 7: Staff and care workers should be suitable and supported: i. all stages of recruitment, including advertising and screening, emphasise the values of caring for people in care, safety of people in care and prevention of abuse and neglect ii. staff and care workers have regularly updated safety checks iii. staff and care workers receive appropriate induction and training and are aware of their responsibilities to prevent abuse and neglect, including reporting obligations iv. staff and care workers receive appropriate training to ensure they have cultural competency v. education programmes for staff and care workers include units focused on understanding and preventing abuse and neglect in care vi. supervision and people management include a focus on preventing abuse and neglect. 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: i. staff and care workers receive training on the nature and signs of abuse and neglect in care ii. staff and care workers receive training on organisational and national abuse and neglect prevention policies and practices iii. staff and care workers are supported to develop practical skills in safeguarding children, young people and adults in care iv. staff and care workers have the appropriate cultural knowledge.	Enliven training plan 2025 - 2028 Orientation-Induction.doc professional development & training.docx Cultural policy.docx The Pathway To Cultural Accreditation final.pdf PSUSI Strategic Plan (May 23) FINAL (002).pdf Action: PSUSI to review staff and care worker training and supervision plans at both an individual and regional level. Status: Completed h. PSUSI accepts this recommendation and is guided by several policies and procedures (see links), to ensure staff and care workers are equipped with knowledge, skills and awareness to keep people safe. Relevant PSUSI policy links (in addition to links already noted above, re: Recommendation 39): Health Safety Policy i. PSUSI accepts this recommendation and is guided by several policies and procedures (see links), to ensure processes to respond to complaints of abuse and neglect respond appropriately to the person. All serious complaints are immediately escalated for assessment regarding appropriate care and support. This could include working alongside existing support or availability of appropriately skilled staff within PSUSI. Client facing staff also undertake training signs and prevent abuse and neglect. Relevant PSUSI policy links (in addition to links already noted above, re: Recommendation 39): Abuse & neglect policy and guidelines.docx Child protection policy.docx Complaints policy .docx
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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: i. everyone in care and their whānau and support networks have access to information, decision-making supports to engage in complaints processes 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 iii. effective complaints processes are understood by people in care, staff and volunteers and whānau and support networks and are culturally appropriate iv. complaints are taken seriously, responded to promptly and thoroughly, and reporting, privacy and employment law obligations are met. j. Care Safety Principle 10: Physical and online environments should minimise the opportunity for abuse and neglect to occur: i. risks in online and physical environments are mitigated whilst upholding the right to privacy and ensuring wellbeing of people in care ii. online environments are used in accordance with organisations' code of conduct. k. Care Safety Principle 11: Standards, policy and practice should be continuously reviewed, including from time to time independently reviewed, and improved: i. care providers regularly review standards, policy and practice to prevent and improve responses to abuse and neglect in care ii. complaints and concerns are analysed to identify systemic issues, both within organisations and within the care system as a whole iii. people who are currently or have previously been in care are enabled to participate in reviews of standards, policy, practice.	Code of conduct 2024.docx j. PSUSI accepts this recommendation and is guided by several policies and procedures (see links), to ensure PSUSI's physical and online environments minimize the opportunity for abuse and neglect to occur. When new buildings are developed, PSUSI carefully considers the layout and material used, to ensure client and staff safety, (e.g. windows in interview rooms, cameras at entry/exit points, alert/lock down buttons in reception areas etc.). Relevant PSUSI policy links (in addition to links already noted above, re: Recommendation 39): Social Media.docx Health Safety Policy Lockdown policy Information technology.docx k. PSUSI accepts this recommendation and is guided by several policies and procedures (see links), to ensure PSUSI's standards, policy and practices are continuously reviewed and improved, including independent audits. Relevant PSUSI policy links (in addition to links already noted above, re: Recommendation 39): Risk Management Framework 2024.docx Risk Management Policy 2023 .doc Control & storage of documents.docx l. PSUSI accepts this recommendation and is guided by several policies and procedures (see links), which document how PSUSI will ensure people in our care remain safe. See relevant PSUSI policy links already noted above, and throughout responses to recommendation 39.
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I. Care Safety Principle 12: Policies and procedures should document how each care provider will ensure that people in care are safe: i. safeguarding practice is prioritised and integrated throughout the organisation ii. policies and procedures embed safeguarding, and abuse and neglect prevention measures policies and procedures are accessible and easy to understand iii. stakeholder consultation informs the development of policies and procedures iv. leaders champion and model compliance with policies and procedures v. staff and care workers understand and implement the policies and procedures.	
Recommendation 50 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.	PSUSI accepts this recommendation and is guided by several policies and procedures to ensure effective oversight and leadership of safeguarding from senior operational leaders and Board members. Links to appropriate files are below. In addition to this, Managers, Co-CEO's and Board Co-Chair's also meet with National Presbyterian Support groups several times throughout the year. PSUSI Board and senior leaders meet monthly. Presbyterian Support national practice leaders are currently considering safety screening for volunteer mentors. All staff undertake monthly 1-2-1 coaching/training with their Team Leader/Manager (all information is recorded in a secure online CMS - IntelliHR), and clinical staff also engage in monthly professional supervision. A new volunteer database is currently being developed to include volunteer details and training, etc. Relevant PSUSI policy links: Risk Management Framework 2024.docx Risk Management Policy 2023 .doc Supervision.docx professional development & training.docx Volunteer Policy .docx

	Enliven training plan 2025 - 2028 Action: Review and update volunteer policy and consider development of a FamilyWorks training plan. Volunteer database is 'live' and operating. Status: Completed
Recommendation 51 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.	PSUSI accepts this recommendation and is guided by several policies and procedures to ensure safeguarding is a genuine priority. As mentioned in the response to Recommendation 50, all staff undertake monthly 1-2-1 coaching/training with their Team Leader/Manager (all information is recorded in a secure online CMS - IntelliHR), and clinical staff also engage in monthly professional supervision. In addition to the links mentioned in Recommendation 50, PSUSI also has other policies and procedures which assist senior leaders with safeguarding measures from recruitment through to departure. Relevant PSUSI policy links: Service Delivery policy.docx 426 new employee risk assessment.docx 426A staff risk assessment recheck.docx Recruitment policy & process.docx Orientation-Induction.doc Abuse & neglect policy and guidelines.docx Code of conduct 2024.docx Cultural policy.docx Cultural Safety for Pacific Peoples and their Families .docx
Recommendation 52 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,	PSUSI accepts this recommendation and is guided by several policies and procedures (see links below) to ensure adequate data is collected on abuse and neglect in care, and these cases are reported to Managers, then escalated to Co-CEO's, Board as necessary. This work is done through PSUSI's complaints process. All records regarding complaints and reports of concern, are kept on

based on that data, so they can carry out effective oversight of safeguarding.	PSUSI's web-based secure platform SharePoint, within HR folders that can only be viewed by Managers. Relevant PSUSI policy links: Complaints policy .docx 056 complaints form .doc
Recommendation 53 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.	PSUSI accepts this recommendation and have robust recruitment, recognition and remuneration policies and processes, (see links below) to ensure staffing, remuneration and resourcing levels are sufficient. PSUSI use Strategic Pay to ensure they are setting fair and competitive salary packages for staff. Through PSUSI's IntellHR system, managers can track staff performance, training and provide links to key resources, policies and procedures. Relevant PSUSI policy links: Remuneration Policy 2024.docx Recruitment policy & process.docx
Recommendation 54 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: a. designating a safeguarding lead with sufficient seniority b. supporting the prevention, identification and disclosure of abuse and neglect c. ensuring the entity providing care directly or indirectly complies with its health and safety obligations d. protecting whistleblowers and those who make good-faith notifications e. ensuring accountability for those who fail to comply with safeguarding obligations f. prioritising and supporting training and professional development in	PSUSI accepts this recommendation and will continue to take active measures to nurture a positive safeguarding culture. These are not limited to, but will include; a. PSUSI's safeguarding lead is the General Manager of Social Services. b. See policy: Abuse & neglect policy and guidelines.docx c. See policy: Health Safety Policy d. See policy: Abuse & neglect policy and guidelines.docx e. See policies: Abuse & neglect policy and guidelines.docx, Code of conduct 2024.docx f. See policy: professional development & training.docx g. See policies: Cultural policy.docx, Cultural Safety for Pacific Peoples and their Families .docx, Code of conduct 2024.docx, Kaimana - Ways of Working

safeguarding and in abuse and neglect in care including the topics set out in Recommendation 63 g. actively promoting a culture that values all children, young people and adults in care and addresses all forms of discrimination h. ensuring there are sufficient resources for safeguarding i. identifying and correcting harmful attitudes and beliefs, such as the disbelief or mistrust of complainants or racist or ableist actions and beliefs 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 k. learning from any incidents and allegations l. publicly reporting on the matters including any issues arising n relevant annual reports.	(Values) 2021.pdf, Mana enhancing behaviour - preventing bullying & harassment in the workplace.docx; Domestic Violence Policy.docx PSUSI will continue to actively promote a more kind, caring community culture by sharing positive messages and helpful resources advocating against abuse and neglect. This is done via PSUSI's communication platforms including; social media, website, newsletters and magazines. PSUSI also has a White Ribbon accreditation, and the Tumu Whakarae Tauwiwi (Co-CEO) is a White Ribbon Ambassador. h. See policies above. i. See policies above. j. PSUSI uses Paua software (cloud-based CMS) to securely hold client information. Client data can be analysed to provide information/reports regarding abuse and neglect in care, including ethnicity information. k. Managers to ensure any incidents and allegations are escalated to their senior manager. l. Any substantiated abuse and neglect complaints will be publicly acknowledged in relevant annual reports, bearing in mind any client privacy concerns. Actions: PSUSI will publicly report on any substantiated abuse and neglect complaints via relevant annual reports, bearing in mind any client privacy/confidentiality concerns. Status: Ongoing – as required Update Professional Development & Training policy to include prioritising training/development in safeguarding abuse and neglect in care. Status: Completed
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	Actively promote/advocate against neglect & abuse via PSUSI communications. This will include participating in and proactively supporting any national campaigns. Status: Completed and ongoing
Recommendation 55 All State and faith-based entities providing care directly or indirectly should have safeguarding policies and procedures in place that: a. are consistent with the Care Safety Principles (Recommendation 39) b. are consistent with the National Care Safety Strategy (Recommendation 40) c. are compliant with care safety rules and standards (Recommendation 47) d. are consistent with best practice guidelines issued by the Care Safe Agency e. are tailored to the risks of the particular organisation and care provided f. are clearly written g. are published in a readily accessible format h. give effect to te Tiriti o Waitangi i. are culturally and linguistically appropriate 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 k. are regularly reviewed, including periodic external reviews l. are audited for compliance, including periodic external audits.	PSUSI accepts this recommendation and will continue to ensure that safeguarding policies and procedures are in place (see links below). PSUSI no longer provides residential care facilities; however, policies currently achieve this where relevant. All PSUSI policies are audited both internally (3 yearly, or as required) and externally, with the PSUSI Risk Register reviewed every six months at Senior Leadership Team meetings. PSUSI also has a Level 2 Social Service Accreditation Standard which is regularly reviewed and audited. Relevant PSUSI policy links: Child protection policy.docx Cultural policy.docx Cultural Safety for Pacific Peoples and their Families .docx Risk Management Framework 2024.docx Risk Management Policy 2023 .doc Service Delivery policy.docx PSUSI Strategic Plan (May 23) FINAL (002).pdf Kaimana - Ways of Working (Values) 2021.pdf Rainbow Initiative Strategy Document.pdf
Recommendation 56 All State and faith-based entities providing care directly or indirectly should have safeguarding policies and procedures that address, at a minimum: a. how the entity providing care directly or indirectly will protect children, young people and adults in care from harm b. how the entity providing care directly or indirectly will comply with the applicable standards and principles	PSUSI accepts this recommendation and will continue to ensure that safeguarding policies and procedures are in place (see links below). PSUSI no longer provides residential care facilities; however, policies currently achieve these recommendations where relevant. All PSUSI policies are audited both internally (3 yearly, or as required) and externally, with the PSUSI Risk Register reviewed every six months at Senior Leadership Team meetings. PSUSI also

c. how people can make complaints about abuse and neglect to the entity, the Care Safe Agency or independent monitoring entities (Recommendation 65) 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) e. the protections available to whistleblowers and those making good faith notifications of abuse and neglect f. how the entity providing care directly or indirectly will use applicable information-sharing tools. g. how the entity will publicly and regularly report on these matters.	has a Level 2 Social Service Accreditation Standard which is regularly reviewed and audited. Relevant PSUSI policy links (in addition to links already noted above, re: Recommendation 55): Complaints policy .docx 056 complaints form .doc Actions: Review Complaints form and process for inclusion regarding specific cases of abuse/neglect and protections for whistleblowers. Status: Completed Review process documents to include PSUSI's intention to publicly report on substantiated claims of abuse and neglect within PSUSI's Annual Report (consideration given to client privacy/confidentiality). Status: Completed Review Child Protection Policy and strengthen connection to National Policy. Status: Not completed
Recommendation 59 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.	PSUSI accepts this recommendation and have robust recruitment, training and development policies and processes, (see links below) to ensure staff and volunteers have the appropriate qualifications, skills, experience and registrations etc. required. All PSUSI staff have monthly 1-2-1 professional development & training meetings with their Team Leaders/Managers, clinical staff also complete monthly professional supervision. Through PSUSI's IntellHR system, managers can track staff performance, training and provide links to key resources, policies and procedures. PS National FamilyWorks practice leaders are currently considering safety screening for volunteer mentors. A

	new volunteer database is currently being developed to include volunteer details and training etc. Relevant PSUSI policy links: Recruitment policy & process.docx Orientation-Induction.doc professional development & training.docx Supervision.docx Volunteer Policy .docx Action: Review volunteer policy (and consider possible necessary amendments to new database) to ensure requirements are met above. Status: Completed
Recommendation 60 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: 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 b. employment interviews that focus on determining the applicant's suitability to work with children, young people or adults in care 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) d. verifying the applicant's identity, education and qualifications	PSUSI accepts this recommendation and has robust recruitment policies and processes in place, (in addition to the links listed in Recommendation 59) please see links below. a. See forms: 123 Referee Checks.docx, 123a Volunteer Referee Check .docx b. PSUSI have a standardised interview template which can be adjusted to focus questions on applicant's suitability to work with children, young people or adults, depending on the role they are applying for. See form: 435 Interview Guide.docx c. PSUSI Management team and Team Leaders are experienced in critically examining applicant's CVs and cover letters to identify possible cause for concern and will ask direct questions about these. PSUSI also have an Employment application form that must be completed prior to the interview and brought in with the candidate. See form: 051 Employment Application

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.	Form 2023.docx d. PSUSI's recruitment process requires referee checks (see link in response 60a.) and NZ Police vetting checks to be completed to help verify the applicant's identity. Risk assessments are also carried out. See forms: 426 new employee risk assessment.docx, 384 Police vetting 2023.docx, 396 CYRAS check.docx e. PSUSI has cultural policies to ensure staff and volunteers meet the cultural needs of the people they serve. PSUSI staff also undertake Cultural Accreditation. See policies: Cultural policy.docx, Cultural Safety for Pacific Peoples and their Families .docx, The Pathway To Cultural Accreditation final.pdf Action: Review interview templates and referee check processes to ensure they meet requirements above. Status: Completed
Recommendation 62 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.	PSUSI accepts this recommendation and proactively recruits for a diverse workforce that better reflects the community served. PSUSI is a Te Tiriti dynamic organisation that adopted a Co-Governance and Co-Leadership structure in July 2023 and has an internal Cultural Accreditation programme for all staff. PSUSI also has a Rainbow strategy and is a member of Safe Space Alliance. PSUSI's Kaimana Korowai (Values/Ways of Working) highlight the importance of embracing diversity for staff, clients and the community. Relevant PSUSI policy links: Co-Leadership - Becoming a Tiriti o Waitangi Dynamic Organisation.pdf Recruitment policy & process.docx Rainbow Initiative Strategy Document.pdf Kaimana - Ways of Working (Values) 2021.pdf
Recommendation 63	

All State and faith-based entities providing care directly or indirectly to children, young people and adults in care should ensure:

- a. they have a code of conduct in place, which requires those providing care to comply with applicable safeguarding policies and procedures
- 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
- c. supervisors and people leaders have a safeguarding focus
- 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
- e. all staff are trained and kept up to date in applicable safeguarding policies, procedures and practices
- f. all staff receive up to date training on how to identify and prevent abuse and neglect
- 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
- h. all staff are trained to identify and address (in themselves and others) prejudice and all forms of discrimination
- 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
- 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

PSUSI accepts this recommendation and has robust policies and processes in place, please see links below.

- a. See policy: [Code of conduct 2024.docx](#)
- b. See policy: [Orientation-Induction.doc](#), [Volunteer Policy .docx](#)
- c. All staff undertake 1-2-1 monthly training and professional development coaching with their managers. Clinical staff also receive clinical and cultural supervision in which safeguarding is a focus. See policies: [Supervision.docx](#), [professional development & training.docx](#)
- d. All clinical staff receive regular training and supervision applicable to their roles. Staff that must do so, have the appropriate Professional Registrations and these are monitored to ensure they do not expire through PSUSI’s IntelliHR cloud-based HR platform. See policies: [professional development & training.docx](#), [Enliven training plan 2025 - 2028](#), [Supervision.docx](#)
- e. See responses to c and d above.
- f. Staff are trained to identify abuse/neglect. See policy: [Abuse & neglect policy and guidelines.docx](#)
- g. Staff are trained in appropriate trauma informed practice, disability, neurodiversity, Te Tiriti, Māori and Pacific peoples culture, human rights and abuse/neglect – historic and present. See policies: [Cultural policy.docx](#), [Cultural Safety for Pacific Peoples and their Families .docx](#), [Mana enhancing behaviour - preventing bullying & harassment in the workplace.docx](#),
- h. Staff are trained to identify and address prejudice and discrimination
- i. Clinical staff are provided with support, clinical and cultural supervision, training and professional development on a regular basis. See links in response to 63c.
- j. Clinical staff receive professional development support – how to protect people from abuse, neglect and respond to disclosures.
- k. Staff are encouraged to disclose concerns of abuse and neglect and there are no adverse consequences for this.

Actions:

Review Code of Conduct policy regarding safeguarding policies & procedures, see note 63a.

k. there are no adverse employment or other consequences for those making good faith notifications or disclosures of abuse and neglect.	Status: Completed Review inclusion of safeguarding focus in professional supervision policies. Status: Completed
Recommendation 64 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.	PSUSI accepts this recommendation and has policies and procedures in place (see links below) to support volunteer vetting, training and working conditions, appropriate to volunteer role responsibilities. A new cloud-based volunteer database system (CMS) is in development which will help to improve reporting, training and communication with volunteers. All volunteers are vetted appropriately (including police checks), receive an induction and are regularly monitored and supported by supervisors. Relevant PSUSI policy links: 123a Volunteer Referee Check .docx 129 Mentor Recruitment Volunteer Checklist.doc Volunteer Policy .docx Enliven training plan 2025 - 2028 137 HomeShare Volunter Contract.doc 384 Police vetting 2023.docx Actions: Review volunteer mentor training, registration requirements. Status: Not completed Review FamilyWorks Training Plan for volunteer mentors. Status: Not completed

Recommendation 65

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:

- 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)
- 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
- 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
- d.** the policies set out how actual or perceived conflicts of interest will be addressed if they arise
- e.** there are clear protections in place for whistleblowers and those making good faith notifications
- f.** it is as easy as possible for people to make disclosures or complaints
- g.** complaints processes are appropriate for Māori, Pacific People, Deaf and disabled people, people who experience mental distress and Takatāpui, Rainbow and MVPFAFF+ people including ensuring there is access to appropriate support
- 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
- 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
- j.** complaints are responded to promptly and robustly, including:
 - 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

PSUSI accepts this recommendation and although PSUSI no longer has residential care facilities, there are robust policies and procedures in place to respond to complaints, disclosures or incidents of abuse and neglect, including:

- a.** See links: [Abuse & neglect policy and guidelines.docx](#), [Complaints policy .docx](#), [056 complaints form .doc](#), [Child protection policy.docx](#)
- b.** Complaint forms are displayed in all public areas across regions (e.g. reception spaces). Group programmes display complaint forms in meeting rooms. Client service agreement forms also include information regarding making complaints, see links: [408 Day prog service agreement.docx](#), [213 confidentiality & parental consent agreement.docx](#)
- c.** In addition to the complaints policy (see link above) all serious complaints are immediately escalated for investigation. See links: [Code of conduct 2024.docx](#)
- d.** All policies listed above include how actual/perceived conflicts of interest will be addressed. See link: [Conflict of Interest Policy.docx](#)
- e. and f.** See links to policies & procedures throughout response to recommendation 65.
- g.** PSUSI are currently investigating Te Reo Māori and Samoan translations of key policies and client forms, including complaints form/policy. PSUSI will also update the Rainbow Strategy to ensure complaints process is easily accessible. See policies: [Cultural policy.docx](#)
[Cultural Safety for Pacific Peoples and their Families .docx](#), [Rainbow Initiative Strategy Document.pdf](#)
- h.** PSUSI will ensure complainants are supported and kept informed as per the policies linked in response to Recommendation 65.
- i. and j.** See links to policies and procedures throughout response to recommendation 65. PSUSI is also reviewing current complaints policy to ensure all recommendations are met, where applicable/appropriate.
- k.** Not applicable to PSUSI as no longer operates residential care facilities.

and adults in care ii. mitigating identified risks while the complaint is being investigated, proportionate to the seriousness of the allegation iii. continuing to investigate and report on complaints even if the subject of the complaint voluntarily leaves employment and/or cancels their professional registration iv. carrying out a robust investigation at a level proportionate to the seriousness of the complaint 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 vi. using external investigators where appropriate for the most serious allegations vii. meeting all privacy and employment law obligations viii. ensuring appropriate accountability, including through reporting to NZ Police and relevant professional registration bodies if the complaint is substantiated (Recommendation 66) k. all complaints must be reported to the Care Safe Agency (Recommendation 41) regardless of the outcome of the investigation l. each complaint must be reviewed for lessons identified and possible improvements 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.	l. PSUSI will ensure serious complaints are reviewed for lessons and possible improvements via Senior Leadership Team meetings, in conjunction with H&S reviews. m. PSUSI agree to publicly acknowledge any substantiated abuse and neglect complaints in relevant annual reports. Actions: Review complaints policy to ensure all recommendations under 65 j, k, l . are met and add process/forms to the website. Status: Completed Add ‘serious complaints’ to Health & Safety six monthly reports for leadership team review to identify lessons/improvements. Status: Completed Review complaint forms are in everyday language, appropriate for all people (see note g.) and displayed in all public areas across region. Status: Completed Develop Te Reo Māori and Samoan translations of key policies and client forms Status: Te Reo Māori completed, Samoan in progress Review and update Rainbow Strategy to include complaints process. Status: Not completed Determine what type of complaints will be publicly reported in annual reports. See note m. Agreed to include substantiated complaints only.
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Recommendation 66 Where a complaint has been substantiated, State and faith-based entities providing care directly or indirectly and relevant professional bodies should take steps to ensure the person or people responsible are held accountable, including: a. professional disciplinary action b. reporting to the relevant professional registration body or bodies c. reporting to the Care Safe Agency d. reporting to NZ Police e. reporting in accordance with any other applicable information sharing or mandatory reporting obligations.	Status: Completed PSUSI accepts this recommendation and has policies and procedures in place (see links below) to ensure that the person/people responsible, in substantiated complaints, are held accountable. Relevant PSUSI policy links: Abuse & neglect policy and guidelines.docx Child protection policy.docx Code of conduct 2024.docx Complaints policy .docx Actions: Review complaints policy to ensure these recommendations are met, where applicable for current services. Status: Completed
Recommendation 67 All State and faith-based entities providing care directly or indirectly and relevant professional registration bodies should report all complaints, disclosures, or incidents to the Care Safe Agency, whether substantiated or not substantiated following investigation.	PSUSI accepts this recommendation in principle; however, as it no longer provides residential care facilities, this recommendation is not applicable.
Recommendation 75 All State and faith-based entities providing direct or indirect care to children, young people and adults should review physical building and design features to identify and address elements that may place children, young people and adults in care at risk of abuse and neglect. This should include: a. consideration of how best to use technology such as CCTV cameras and body cameras without unduly infringing personal privacy, including taking into account any applicable guidance documents and the legal requirements for the collection of personal information under the Privacy Act 2020	PSUSI accepts this recommendation and although it no longer provides residential care facilities, ensures the buildings services operate from, are safe for clients, staff and volunteers. Te Korowai (PSUSI's Christchurch site) was purpose built to consider the safety of all who utilise the building. Glass offices were created, with frosted panels, to help staff/clients feel safe, whilst also maintaining their privacy. At all PSUSI sites, CCTV cameras are located at the entry/exit of the building. PSUSI reception areas also have an 'alert' button to immediately notify staff that an incident is occurring, and support is required. PSUSI have lockdown policies for all sites All new buildings are developed with

b. reviewing any policies or processes that place children, young people, or adults in care with c others who may put them at risk (for example, children and young people in care and protection being placed together with children, young people, or adults in the justice system) c. if care settings include physically isolated spaces, for example private offices or a confessional box, ensuring there are tailored measures in place to address the risks arising, including the risk of undetected abuse and neglect d. if care is to be delivered in a geographically isolated or remote area, ensuring there are tailored measures in place to address the risks arising from the geographical setting, including the risk of undetected abuse and neglect.	client and staff safety in mind. Staff are trained and qualified professionals who often work in teams to cohesively manage risk. All staff receive professional supervision and training/development coaching via monthly 1-2-1 meetings. To help protect staff and clients, PSUSI use Damstra Solo (emergency phone alert APP) to help monitor and communicate with staff when they are delivering services off-site, where they are more at risk, e.g. visiting client homes. Many staff also work with clients in schools and other public places. Staff always inform team leaders/managers if they are working off-site and utilise the Damstra Solo App. Other relevant PSUSI policy links: Lockdown policy Lock down process- template.docx Child protection policy.docx Code of conduct 2024.docx Action: Review placement of security cameras for all key sites. Status: Completed
Recommendation 78 All State and faith-based entities providing care directly or indirectly should seek the best possible understanding of the background, culture, needs and vulnerabilities of every child, young person, and adult in their care, and should include the protection and enhancement of the mana and mauri of Māori in care.	PSUSI accepts this recommendation; however, as it no longer provides residential care facilities, this recommendation is not applicable. For PSUSI's non-residential services, the following policies/systems are in place to support and enhance the mana of Māori staff and clients (see links below). Relevant PSUSI policy links: Cultural policy.docx Kaimana - Ways of Working (Values) 2021.pdf Mana enhancing behaviour - preventing bullying & harassment in the workplace.docx Co-Leadership - Becoming a Tiriti o Waitangi Dynamic Organisation.pdf

Recommendation 79 The government and all relevant decision-makers should review existing policy, standards, and practice to ensure that all involuntary care placements are suitable and support connection to whānau and community. This includes placements being located as close as reasonably practicable to the family or whānau of the children, young person, or adult in care	PSUSI accepts this recommendation in principle; however, as it no longer provides residential care facilities, this recommendation is not applicable.
Recommendation 80 All State and faith-based entities providing care directly or indirectly should review existing policies and practice to ensure they promote and support the maintenance of connections and attachment to family and whānau wherever possible and appropriate.	PSUSI accepts this recommendation in principle; however, as it no longer provides residential care facilities, this recommendation is not applicable.
Recommendation 81 All State and faith-based entities directly or indirectly providing care to children, young people, Deaf people, disabled people, and people who experience mental distress should adopt and comply with best practice guidelines for record keeping and data sovereignty, including the following principles: a. Record-keeping Principle 1: To create and keep full and accurate records. Creating and keeping full and accurate records relevant to safety and wellbeing is in the best interests of children, young people or adults in care and should be an integral part of institutional leadership, governance, and culture. Institutions that care for or provide services to children, young people or adults in care must keep the best interests of the child uppermost in all aspects of their conduct, including recordkeeping. It is in the best interest of children, young people, or adults in care that institutions foster a culture in which the creation and management of accurate records, including detailed information about ethnicity and impairments, are integral parts of the institution's operations and governance. b. Record-keeping Principle 2: Records to include all incidents and responses.	PSUSI accepts this recommendation and although PSUSI no longer has residential care facilities, there are robust policies and procedures in place to comply with best practice guidelines for record keeping and data sovereignty. a.) PSUSI uses web-based CMS, Puaa, to maintain full/accurate client records, as able/necessary. Some PSUSI services require staff to use other secure online database systems to maintain client records, as per funder requirements. See links: Client sessions.DOC, Control & storage of documents.docx b.) All incidents and responses are recorded within the client record via the appropriate secure database, e.g. Puaa, other secure cloud-based systems. c.) All records are maintained and secure within the secure cloud-based software – Puaa and/or other secure systems. d.) See policy links previously noted in response to recommendation 81, re: document control and storage. e.) PSUSI will allow individuals rights to access, amend or annotate records about themselves. This includes the right to access records without redaction.

Full and accurate records should be created about all incidents, responses and decisions affecting the safety and wellbeing, including abuse and neglect in care, of children, young people, or adults in care. Institutions should ensure that records are created to document any identified incidents of grooming, inappropriate behaviour (including breaches of institutional codes of conduct) or abuse and neglect in care and all responses to such incidents. Records created by institutions should be clear, objective, and thorough. They should be created at, or as close as possible to, the time the incidents occurred, and clearly show the author (whether individual or institutional) and the date created.

c. Record-keeping Principle 3: Records to be maintained in an indexed, logical and secure manner.

Records relevant to the safety and wellbeing of children, young people or adults in care, including abuse and neglect in care, should be maintained appropriately and in an indexed, logical and secure manner. Associated records should be co-located or cross-referenced to ensure that people using those records are aware of all relevant information.

d. Record-keeping Principle 4: Records only be disposed of in accordance with law or policy.

Records relevant to the safety and wellbeing, including abuse and neglect in care, of children, young people or adults in care should only be disposed of in accordance with law or policy. Records relevant to the safety and wellbeing, including abuse and neglect in care, of children, young people or adults in care must only be destroyed in accordance with records disposal schedules or published institutional policies. Records relevant to abuse and neglect in care should be subject to minimum retention periods that allow for delayed disclosure of abuse and neglect by victims and survivors and take account of limitation periods for civil actions for abuse and neglect in care.

e. Record-keeping Principle 5: Individuals' rights to access, amend or annotate records about themselves to be recognised to the fullest extent
Individuals' existing rights to access, amend or annotate records about themselves should be recognised to the fullest extent including in a way that

is compliant with the Convention on the Rights of Persons with Disabilities. Individuals whose childhoods are documented in records held by all entities providing care directly or indirectly should have a right to access records made about them. Full access should be given unless contrary to law. This includes the right to access records without redaction. Specific, not generic, explanations should be provided in any case where a record, or part of a record, is withheld or redacted. Consent of the person who is currently or was previously in care should be proactively sought if information needs to be shared with family members.	
Recommendation 82 All State and faith-based entities providing care directly or indirectly to children, young people or adults should, together with the person in care, document an account of their life during their time in care.	PSUSI accepts this recommendation in principle, however, it no longer provides residential care facilities.
Recommendation 83 All State and faith-based entities providing care directly or indirectly to children, young people or adults should be required to retain records relating to alleged abuse and neglect in care for at least 75 years in a separate central register, to allow for delayed disclosure and redress claims or civil litigation.	PSUSI accepts this recommendation, and although no longer provides residential care facilities, PSUSI will keep all records relating to abuse and neglect in care as per policy: Control & storage of documents.docx
Recommendation 89 All faith-based entities that provide activities or services of any kind, under the auspices of a particular religious denomination or faith, through which adults have contact with children, young people or adults in care, should comply with the Care Safety Principles (Recommendation 39), the National Care Safety Strategy (Recommendation 40) and all statutory requirements under the Care Safety Act (Recommendation 41), including care standards, accreditation and vetting. Faith-based entities in highly regulated sectors, such as schools and out-of-home care service providers, should also report their compliance to the religious organisation to which they are affiliated.	PSUSI supports this recommendation in [principle, however, no longer provides residential care facilities, and is a separate legal entity to the Presbyterian Church.

Recommendation 90 All faith-based entities should adopt the Care Safety Principles (Recommendation 39), the National Care Safety Strategy (Recommendation 40) and all statutory requirements under the Care Safety Act (Recommendation 41), including care standards, accreditation, and vetting, for each of their affiliated institutions.	PSUSI supports this recommendation in principle, however, no longer provides residential care facilities, and is a separate legal entity to the Presbyterian Church.
Recommendation 91 All faith-based entities should drive a consistent approach to the implementation of the Care Safety Principles (Recommendation 39), the National Care Safety Strategy (Recommendation 40) and all statutory requirements under the Care Safety Act (Recommendation 41), including care standards, accreditation, and vetting, in each of their affiliated institutions.	PSUSI supports this recommendation in principle, however, no longer provides residential care facilities, and is a separate legal entity to the Presbyterian Church.
Recommendation 92 All faith-based entities should work closely with the independent Care Safe Agency and independent oversight bodies to support the implementation of and compliance with the Care Safety Principles (Recommendation 39), the National Care Safety Strategy (Recommendation 40), and all statutory requirements under the Care Safety Act (Recommendation 41), including care standards, accreditation, and vetting, in each of their affiliated institutions.	PSUSI supports this recommendation in principle, however, no longer provides residential care facilities, and is a separate legal entity to the Presbyterian Church.
Recommendation 93 All faith-based entities should ensure their religious leaders are provided with leadership training both pre- and post-appointment, including identifying, preventing, and responding to abuse and neglect in care, cultural awareness, and addressing prejudice and all forms of discrimination.	PSUSI supports this recommendation in principle, however, does not have religious leaders and is a separate legal entity to the Presbyterian Church.

Recommendation 94 All faith-based entities should ensure that religious leaders are accountable to an appropriate authority or body, such as a board of management or council, for the decisions they make with respect to preventing and responding to abuse and neglect in care.	PSUSI supports this recommendation in principle, however, does not have religious leaders and is a separate legal entity to the Presbyterian Church.
Recommendation 95 All faith-based entities should ensure that all people in religious or pastoral ministry, including religious leaders, are subject to effective management and oversight and undertake annual performance appraisals.	PSUSI supports this recommendation in principle, however, does not have religious leaders and is a separate legal entity to the Presbyterian Church.
Recommendation 96 All faith-based entities should ensure that all people in religious or pastoral ministry, including religious leaders, have professional supervision with a trained professional or pastoral supervisor who has a degree of independence from the institution within which the person is in ministry.	PSUSI supports this recommendation in principle, however, does not have religious leaders and is a separate legal entity to the Presbyterian Church.
Recommendation 97 Each faith-based entity should have a policy relating to the management of actual or perceived conflicts of interest that may arise in relation to allegations of abuse and neglect in care. The policy should cover all individuals who have a role in responding to complaints of abuse and neglect in care.	PSUSI accepts this recommendation. PSUSI no longer provides residential care facilities; however, for PSUSI's non-residential services, there are policies/systems in place regarding conflicts of interest in relation to allegations of abuse and neglect in care. Relevant PSUSI policy links: Complaints policy .docx 056 complaints form .doc Conflict of Interest Policy.docx
Recommendation 98	PSUSI supports this recommendation in principle, however, does not have religious leaders and is a separate legal entity to the Presbyterian Church.

Each faith-based entity should ensure that candidates for religious ministry undertake minimum training on preventing and responding to abuse and neglect in care and related matters, including training that: a. equips candidates with an understanding of 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 b. educates candidates on: i. professional responsibility, boundaries and ethics in ministry ii. identifying and preventing abuse and neglect in care iii. cultural awareness iv. addressing prejudice and all forms of discrimination v. policies regarding appropriate responses to allegations or complaints of abuse and neglect in care, and how to implement these policies vi. how to work with children, young people, and adults in care.	
Recommendation 99 Each faith-based entity should require that all people in religious or pastoral ministry, including religious leaders, undertake regular training on the institution's safeguarding policies and procedures. They should also be provided with opportunities for external training on best practice approaches to people safety.	PSUSI supports this recommendation in principle, however, does not have religious leaders and is a separate legal entity to the Presbyterian Church.
Recommendation 100 Wherever a faith-based entity has children, young people, or adults in its care, they should be provided with age-appropriate prevention education that aims to increase their knowledge of abuse and neglect and build practical skills to assist in strengthening self-protective skills and strategies. Prevention education in religious institutions should specifically address the power and status of people in religious ministry and educate children, young people, and adults in care that no one has a right to invade their privacy and make them feel unsafe.	PSUSI supports this recommendation in principle, however, does not have religious leaders and is a separate legal entity to the Presbyterian Church. PSUSI staff will continue to support clients to increase their resilience and empowerment, to ensure they understand that no one has the right to invade their privacy and make them feel unsafe.

Recommendation 101 All faith-based entities should revise their policies to reduce high barriers to disclosure including through flexibility for disclosures of abuse.	PSUSI accepts this recommendation and as a provider that is independent of residential care services, we are well positioned to accept and action on disclosures of abuse and neglect. Relevant PSUSI policy links: Complaints policy .docx 056 complaints form .doc Conflict of Interest Policy.docx Abuse & neglect policy and guidelines.docx Child protection policy.docx Service Delivery policy.docx
Recommendation 102 Each faith-based entity should make provision for family and community involvement by publishing all policies relevant to preventing and responding to abuse and neglect in care on its website, providing opportunities for comment, and seeking periodic feedback about the effectiveness of its approach to preventing and responding to abuse and neglect in care.	PSUSI accepts this recommendation and, although it no longer provides residential care facilities, will develop new webpages dedicated to highlighting policies relevant to preventing and responding to abuse and neglect. Members of the public will be able to comment via the 'contact us' section of the PSUSI website. Action: Update PSUSI website to include relevant policies regarding abuse and neglect with a link to 'contact us'. Status: Completed and ongoing
Recommendation 103 All faith-based entities' complaint handling policies should require that, upon receiving a complaint of abuse and neglect in care, an initial risk assessment is conducted to identify and minimise any risks to children, young people, and adults in care.	PSUSI accepts this recommendation and has policies and procedures in place (see links below) to ensure that upon receiving a complaint of abuse and neglect in care, an initial risk assessment is conducted to identify and minimise risk to people in care. Relevant PSUSI policy links:

	Abuse & neglect policy and guidelines.docx Child protection policy.docx Code of conduct 2024.docx Complaints policy .docx Risk Management Framework 2024.docx Risk Management Policy 2023 .doc Service Delivery policy.docx Enliven training plan 2025 - 2028 Action: Review complaints policy to ensure these recommendations are met, where applicable for current services. Status: Completed
Recommendation 104 All faith-based entities' complaint handling policies should require that, if a complaint of abuse and neglect in care against a person in religious ministry is credible, and there is a risk that person may encounter children in the course of their ministry, the person be stood down from ministry while the complaint is investigated.	PSUSI supports this recommendation in principle, however, does not have religious leaders and is a separate legal entity to the Presbyterian Church.
Recommendation 105 All faith-based entities should, when deciding whether a complaint of abuse and neglect in care has been substantiated, consider the principles set out by the courts in applicable case law in accordance with the seriousness of the allegation.	PSUSI accepts this recommendation and has policies and procedures in place (see links below): Relevant PSUSI policy links: Child protection policy.docx Abuse & neglect policy and guidelines.docx
Recommendation 106	

All faith-based entities should apply the same standards for investigating complaints of abuse and neglect in care, whether or not the subject of the complaint is a person in religious ministry.	PSUSI accepts this recommendation and has policies and procedures in place (see links below). PSUSI does not employ staff in religious ministry. Relevant PSUSI policy links: Child protection policy.docx Abuse & neglect policy and guidelines.docx
Recommendation 107 Any person in religious ministry who is the subject of a complaint of abuse and neglect in care which is substantiated on the balance of probabilities, applied flexibly according to the seriousness of the allegation in accordance with the principles set out by the courts in applicable caselaw, or who is convicted of an offence relating to abuse and neglect in care, should be permanently removed from ministry. Members of the Church should be notified of the persons permanent removal from ministry. Faith-based entities should also take all necessary steps to effectively prohibit the person from in any way holding himself or herself out as being a person with religious authority.	PSUSI supports this recommendation in principle, however, does not have religious leaders/staff and is a separate legal entity to the Presbyterian Church.
Recommendation 108 Any person in religious ministry who is convicted of an offence relating to abuse and neglect in care should: a. in the case of Catholic priests and religious, be dismissed from the priesthood and/or dispensed from his or her vows as a religious b. in the case of Anglican clergy, be deposed from holy orders c. in the case of an ordained person in any other religious denomination that has a concept of ordination, holy orders and/or vows, be dismissed, deposed, or otherwise effectively have their religious status removed.	PSUSI supports this recommendation in principle, however, does not have religious leaders or staff in religious ministry and is a separate legal entity to the Presbyterian Church.
Recommendation 109 Where a faith-based entity becomes aware that any person attending any of its religious services or activities is the subject of a substantiated	

complaint of abuse and neglect in care, or has been convicted of an offence relating to abuse and neglect in care, the faith-based entity should: a. assess the level of risk posed to children, young people, and adults in care by that perpetrator's ongoing involvement in the religious community b. take appropriate steps to manage that risk.	PSUSI supports this recommendation in principle, however, does not have religious services/activities and is a separate legal entity to the Presbyterian Church.
Recommendation 110 Each faith-based entity should consider establishing a national register which records limited but sufficient information to assist affiliated institutions to identify and respond to any risks to children, young people and adults in care that may be posed by people in religious or pastoral ministry.	PSUSI supports this recommendation in principle, however, does not have religious leaders/staff in pastoral ministry and is a separate legal entity to the Presbyterian Church.
Recommendation 113 The government and faith-based entities should disseminate and publicise the findings and Recommendations of this Inquiry in the widest and most transparent manner possible.	PSUSI accepts this recommendation and, although it no longer provides residential care facilities, will publicise the findings and recommendations of this inquiry. The webpages will include; Links to the RCI Inquiry and findings, PSUSI's public apology, follow up statements and learnings/RCI response, policies relevant to preventing and responding to abuse and neglect, and educational tools to help support the wider community to recognise and prevent abuse and neglect. Action: Maintain and develop webpages on PSUSI's website, to help promote the findings of the Inquiry, highlight PSUSI's apology and updates/response to RCI, policies relating to abuse and neglect, and education tools to help support the prevention of abuse and neglect in the community. Status: Completed and ongoing
Recommendation 125 The government and faith-based institutions should take any and all actions required to give effect to the Inquiry's Recommendations set out in this report and the Holistic Redress Recommendations in He Purapura Ora,	PSUSI accepts this recommendation and wholeheartedly supports the establishment of the Pūretumu Torowhānui redress scheme.

he Māra Tipu: From Redress to Pūretumu Torowhānui, including changes to investment, public policy, legislation or regulations, operational practice or guidelines.	PSUSI would also like to remain available to listen to and support survivors, their whānau and support networks, should they wish to contact the organisation directly.
Recommendation 126 The State and faith-based entities should partner with iwi to give effect to te Tiriti o Waitangi and the United Nations Declaration on the Rights of Indigenous Peoples in relation to researching, designing, piloting, implementing and evaluating the Inquiry's Recommendations to ensure that the Recommendations are implemented in a manner that: a. reflects the rights, experiences and needs of Māori in care b. embeds the right to tino rangatiratanga over their kāinga guaranteed to Māori in te Tiriti o Waitangi c. empowers hapū, iwi and Māori organisations to care for their whānau and implement solutions.	PSUSI accepts this recommendation and is guided by several policies and procedures (see links), to give effect to Te Tiriti o Waitangi and enable Māori to exercise tino rangatiratanga. These policies are audited both internally and externally. PSUSI also has a Level 2 Social Service Accreditation Standard. Relevant PSUSI policy links: PSUSI Strategic Plan (May 23) FINAL (002).pdf Kaimana - Ways of Working (Values) 2021.pdf Cultural policy.docx Cultural Safety for Pacific Peoples and their Families .docx
Recommendation 127 Government and faith-based entities should research, design, pilot, implement and evaluate the Inquiry's Recommendations through co-design with communities, including children, young people and adults in care, survivors, Māori, Pacific Peoples, culturally and linguistically diverse communities, Deaf and disabled people, people who experience mental distress, and Takatāpui, Rainbow and MVPFAFF+ people, to ensure that reforms: a. reflect the rights, experiences and needs of people in care b. reflect the diversity of affected communities c. are tailored to reach, engage and provide access to all communities.	PSUSI accepts this recommendation and will action this through continuous improvement, in addition to co-design. PSUSI has robust reporting and survey systems in place which provides valuable client and staff feedback, allowing to continuously evaluate and improve services. PSUSI has established an innovation group which regularly considers new ideas and services that may best support the community. PSUSI has also nurtured strong relationships with other community organisations and supports collaborative partnerships to help maximise the support provided to diverse communities throughout the region. Relevant PSUSI policy links: Client and Referrer Evaluations.docx PSUSI Strategic Plan (May 23) FINAL (002).pdf Kaimana - Ways of Working (Values) 2021.pdf

Recommendation 128 In implementing all Recommendations relating to public awareness and training and education programmes, the government and faith-based entities should ensure that these programmes include: a. preventing, identifying and responding to abuse and neglect, including: i. challenging myths and stereotypes about abusers, bystanders and survivors of abuse and neglect in care ii. helping victims and survivors of abuse and/or neglect, and their whānau and support networks, to minimise shame and self-stigma, and recognise the abuse and/or neglect was not their fault and to safely disclose and report as soon as possible iii. understanding what constitutes abuse and neglect iv. recognising the signs of abuse and neglect v. recognising grooming and other inappropriate behaviours vi. how to respond appropriately to abuse and neglect, including complaints, reports and disclosures b. addressing prejudice and all forms of discrimination, including: i. racism ii. ableism and disablism iii. sexism iv. homophobia and transphobia v. negative attitudes towards children and young people.	PSUSI accepts this recommendation and will review and develop policies relevant to preventing and responding to abuse and neglect, and educational tools to help support the wider community to recognise and prevent abuse and neglect. Action: Maintain and develop webpages on PSUSI's website, to help promote policies relating to abuse and neglect, and education tools to help support the prevention of abuse and neglect in the community. Status: In progress, ongoing
Recommendation 130 The government and faith-based institutions should publish their responses to this report and the Inquiry's interim reports on whether they accept each of the Inquiry's findings in whole or in part, and the reasons for any disagreement. The responses should be published within two months of this report being tabled in the House of Representatives.	PSUSI public apology was published on PSUSI's website on 25 July 2024 and this included the organisation's response and support of the Inquiry's findings.
Recommendation 131 The government and faith-based institutions should issue formal public responses to this report about whether each Recommendation is accepted,	

accepted in principle, rejected or subject to further consideration. Each response should include a plan for how the accepted Recommendations will be implemented, the reasons for rejecting any Recommendations, and a timeframe for any further consideration required. Each response should be published within four months of this report being tabled in the House of Representatives.	This document forms the response regarding acceptance of the recommendations and an action plan for how recommendations will be implemented where appropriate.
Recommendation 133 The government, faith-based institutions and any other agencies that implement the Inquiry's Recommendations should: a. publicly report on the implementation of the Inquiry's Recommendations contained in the final report and all previous interim reports, including the implementation status of each Recommendation and any identified issues and risks b. publish the implementation report annually for at least 9 years, commencing 12 months after the tabling of this report in the House of Representatives and provide a copy to the Care System Office and Care Safe Agency.	PSUSI accepts this recommendation and will develop new webpages dedicated to publicising the findings and recommendations of this inquiry. The webpages will include; Links to the RCI Inquiry and findings, PSUSI's public apology, follow up statements and learnings/RCI response (which will be updated regularly), policies relevant to preventing and responding to abuse and neglect, and educational tools to help support the wider community to recognise and prevent abuse and neglect. In addition, RCI updates will also be included in Annual Reports. Action: Maintain and develop webpages on PSUSI's website, to help promote the findings of the Inquiry, highlight PSUSI's apology and updates/response to RCI, policies relating to abuse and neglect, and education tools to help support the prevention of abuse and neglect in the community. Status: Completed and ongoing.
Recommendation 135 The government and faith-based entities should implement the Inquiry's Recommendations within the timeframes described in this report, whilst ensuring there is open and transparent communication with communities with whom they are co-designing the future arrangements for care.	PSUSI accepts this recommendation.
Recommendation 138 The government and faith-based institutions should publish formal responses to the independent 9-year review, indicating whether its advice	PSUSI accepts this recommendation.

on further steps is accepted, accepted in principle, rejected or subject to further consideration. Each response should include a plan for how the accepted Recommendations will be implemented, the reasons for rejecting any Recommendations, and a timeframe for any further consideration required. Each response should be published by 31 December 2033.	
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