

# Privacy compliance project quarterly report – January to March 2026

**This project provides an opportunity to build and support a culture that prioritises appropriate management and protection of sensitive and personal information.**

## Project scope

To address the range of issues and the 19 actions that need to be taken to address them as provided for in the Privacy Commissioner's compliance notice dated 26 May.

Including identifying more long-term change management opportunities to affect the organisational culture shift required in relation to privacy.

Note: The notice was given in response to repeated notifiable privacy breach reports made under Part 6(1) of the Privacy Act 2020.

Project sponsor: Chief Privacy Officer, DCE System Leadership

Senior responsible owner: Privacy Manager.

## Overall project summary and plan for 2026

The project team has completed main part of its work, and ongoing activities and risks are now be managed by the Chief Privacy Officer and Privacy Manager.

This is done through a refreshed Privacy Improvement Plan, now extended to 30 June 2027 to:

- Implement consistent communication about privacy across the organisation.
- Address the remaining actions from the compliance notice.
- Continue post-project activities, primarily focused on monitoring privacy requirements and improving organisational processes.
- Develop and implement a framework and supporting technological tools for assurance activities.

## Action status



- 16 closed
- 2 extension discussed
- 1 closing proposed

## Overarching project updates

| Project objective  | Overarching project update   |
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| <p><b>i. Uplift staff skills and capability</b></p> <p><b>summary:</b> Actions 1, 2, 3 and 4</p> | <p>Actions 1, 2, 3 and 4 now closed.</p> <p>Action 1 - scheduled trainings at sites completed. Trainings at Youth Justice sites and Residences are completed. Trainings for pūāwai ongoing (scheduled). Follow up session for those who could not attend scheduled for April, Privacy Week (in May) and to pūāwai sessions.</p>  |
| <p><b>ii. Strengthen information access settings summary:</b> Actions 5, 6, 7, 8, 9 and 10</p>   | <p>Actions 5, 6, 8, 9 and 10 now closed. Action 7 is being discussed with the OPC. An extension for Action 7 has been discussed with OPC on 1 April</p> <ul style="list-style-type: none"> <li>• the closing of action does not require the existing backlog of requests to be cleared</li> <li>• the taskforce to clear the backlog of Customer Information Requests has been recruited and temporarily extended by 3 months by the end of September 2026.</li> <li>• additional funding to extend the taskforce and increase is further is being sought.</li> <li>• scanner procurement was completed in March 2026.</li> <li>• commissioned work to explore technological opportunities for increasing process efficiency has commenced.</li> </ul> <p>In this way, the processes are robust (6 Sigma reviewed) and the risk that information response times remain outside required limits is being addressed, but a permanent solution has yet to be found.</p> |



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|  | Action 8 – now closed. All additional role-based tasks will be delivered through the FTSU programme.   |
| <b>iii. Strengthen oversight of service providers summary: Actions 11, 12 and 13</b>             | <p>These actions are now closed. First 189 contracts renewed with strengthened privacy clauses. Contracts will be updated as they come up for renewal, and we will continue to report on this via the refreshed Privacy Improvement Plan.</p> <p>Action 13 – the auditing processes in place presented and discussed with the OPC.</p>   |
| <b>iv. Strengthen accountability and reporting of privacy incidents summary: Actions 14- 19.</b> | <p>Actions 14, 15, 16 and 17 are now closed.</p> <p>Actions 18 – technological elements supporting these actions are addressed in the refreshed Privacy Improvement Plan (see below). An extension for Action 18 has been discussed and, following the discussion with the OPC, an extension is sought.</p> <p>Action 19 – The Privacy Assurance Tool has been built and will be tested in April/May prior to rollout. An extension is sought.</p> |



## Update by action – January to March 2026

| Uplift staff skills and capability actions   | Update against actions - see page 5 for detail on closed actions   | Due date                                      |
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| <p>Item 1(a)(1-4): Provide direction to staff on the interaction of the Privacy Act with the Family Violence Act and the Oranga Tamariki Act and any associated regulations (Action 1)</p> <ul style="list-style-type: none"> <li>- tailored to both back-office enabling staff and frontline social workers. (Action 2)</li> <li>- provided to new staff as part of induction and prior to gaining system access to personal information. (Action 3)</li> <li>- repeated for all staff at appropriate intervals (e.g. annually), with additional refresher training required for specific groups and/or when privacy incidents occur. (Action 4)</li> </ul> | <p>Frontline training has been developed, and delivered. All 58 sites have received training, plus national office teams. Training at youth justice residences was delivered this quarter.</p> <p>Privacy training is now part of Puāwai (induction for new kaimahi) and will continue every 10 weeks within each new session. There will be additional make up sessions scheduled in April and May (Privacy Week) for those who could not come to the main sessions for different reasons.</p> <p>A memo has been approved to close Action 1 and provided to the OPC.</p> <p>Memos have already been provided to OPC with evidence for the closure of Actions 2, 3 and 4 of this section, along with training slides, and privacy certification and annual recertification information.</p> | <p>Actions 1, 2,3,4 closed</p>                |
| Strengthen information access settings   | Update against actions   |   |
| <p>Item ii(a)(1): Complete an assessment of the levels of sensitivity of all types of personal information held ('Privacy Classification System') which includes a record of the location or system where it is stored. (Action 5)</p>   | <p>Memo provided to OPC on 19 Nov with evidence for closure, referencing the assessment done to develop a Privacy Classification System.</p>   | <p>Action 5 closed</p>                        |
| <p>Items ii(a)(2) and ii(b)(1): Develop and deliver business rules/technical settings for role-based access (Annual privacy declaration; Automated removal of access; Business rules/resolution of existing inappropriate access to information). (Action 6/8)</p>   | <p>The CYRAS declaration process has been developed and is being embedded into business practices. The memo closing Action 6 has been provided as evidence to OPC. A memo has been written to close Action 8 and provided to the OPC.</p>  | <p>Action 6 closed</p> <p>Action 8 closed</p> |



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| <p>Item ii(a)(3): Responding to information disclosure requests – to be handled appropriately and within the required timeframes (potential efficiencies assessed, business case/memo for FTE increase required).(Action 7)</p>  | <p>Six Sigma review of Customer Information Request (CIR) process completed but did not identify major efficiencies. Investigation underway to see if new technologies / AI could help to streamline the CIR processes. Scanner procurement completed in March should address a bottleneck. The taskforce to clear the privacy request backlog has been approved and kaimahi have been onboarded since January. Approval to increase permanent headcount of CIR team has not been agreed yet, with further investigation required. A proposal to close the action and maintain the ongoing reporting has been sent to the OPC.</p> | <p>Action 7 – closing proposed</p> |
| <p>Items ii(b)(2) Implement an audit log and process for the proactive monitoring of IT security access controls (Action 9) and ii(b)(3) Develop and deliver a proactive monitoring schedule and reporting framework that includes adjusting and removing access as appropriate. (Action 10)</p> | <p>Memo provided to OPC on 19 Nov with evidence for closure. Automatic removal of access to CYRAS after three months of inactivity has been implemented, also a View History tab on CYRAS records, and removal of access as appropriate from HR report showing changing roles and kaimahi leaving the organisation. Work to embed new reports in business processes is underway.</p>   | <p>Actions 9 and 10 closed</p>     |



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| <b>Strengthen oversight of service providers</b>   | <b>Update against actions</b>  | <b>Due date</b>  |
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| Item iii(a)(1): Developing and maintaining an inventory of the allocation and use of devices to non-Oranga Tamariki personnel which also records the information access settings for each person. (Action 11)              | Memo provided to OPC on 19 Nov with evidence for closure, including summary of information available in the inventory. Further work is planned to provide assurance over the end-to-end process for third-party access to sensitive information.   | Action 11 closed |
| Item iii(a)(2): review and strengthen contractual requirements for non-Oranga Tamariki staff, including secure information management and disposal practices and prompt privacy breach reporting requirements. (Action 12) | Memo provided to OPC on 19 Nov with evidence for closure and discussing extension, including updated pro forma contract with strengthened privacy clauses, and schedule for contract updates. First 189 contract renewed with strengthened privacy clauses.  | Action 12 closed |
| Item iii (b) 1): Developing a schedule of regular audits of the privacy policies and practices of those providers to ensure the required privacy standards are maintained. (Action 13)                                     | Memo provided to OPC with evidence for closure. Previous memo provided on 19 November included details of the privacy requirements providers need to meet to get accreditation, and the process for following up Te Kāhui Kāhu audits where issues are identified. The audit process was further discussed during the December and April conversations with the OPC. | Action 13 closed |
| <b>Strengthen accountability and reporting of privacy incidents</b>  | <b>Update against actions</b>  |                  |
| Item iv(a)(1): Progress with the Privacy Improvement Plan (PIP) delivery until June 2025, and Oranga Tamariki longer-term responses to the Privacy Review findings post June 2025. (Action 14)                             | Memo provided to OPC on 19 Nov with evidence for closure of action 14. A new Privacy Improvement Plan is now being developed following the completion of the majority of compliance notice requirements/actions and will also include some longer-term responses to the Privacy Review findings.   | Action 14 closed |



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| <p>Item iv(a)(2): A documented explicit requirement for all staff and non-Oranga Tamariki personnel with access to Oranga Tamariki personal information to report privacy incidents promptly to the privacy team. (Action 15)</p> | <p>Memo provided to OPC on 19 Nov with evidence for closure of action 15. The Privacy Policy has been updated. New Standard Operating Procedure will replace current Privacy Guidelines.</p> <p>A new privacy training module explaining the need to report privacy breaches to the Privacy Team was rolled out in June 2025. This module is compulsory for all staff and is part of the Privacy Certification requirement for access to personal information. A copy of the training module was provided on 15 August as evidence of completion.</p>  | <p>Action 15 closed</p>                |
| <p>Item iv(a)(3): Privacy incidents (breaches and near-miss) occurring, as well as insights and trend analysis. (Action 16)</p>   | <p>Memo provided to OPC on 19 Nov with evidence for closure of action 16. Counts of privacy incidents, including both breaches and near-misses are reported to the Risk and Assurance Committee and the OPC. Trend analysis is included in the cover letter.</p>   | <p>Action 16 closed</p>                |
| <p>Item iv(a)(4): Completion rates for training uptake by all staff and contractors, aligned to an identified completion target for all personnel. (Action 17)</p>  | <p>Memo provided to OPC on 19 Nov with evidence for closure of action 17. The target for completion of mandatory privacy training is 100%. A checklist and the privacy declaration links this learning to relevant content in the Acceptable Use of Oranga Tamariki Technology and Services and the Code of Conduct. Managers have access to training records and are responsible for following up with team members who have not completed their training. Automated reminders are also sent by the myLearn system.</p>   | <p>Action 17 closed</p>                |
| <p>Item iv(a)(5): Develop and deliver a privacy reporting performance framework that includes implementation of controls and recommendations identified in Privacy Impact Assessments. (Action 18)</p>                            | <p>The memo seeking the approval/funding to stand up a privacy assurance function, uplifting information sharing advice function and the Privacy operations team to cover the increased amount of operational work has been submitted and is currently under consideration. The work to build GRC tools for assurance started.</p> <p>Extension to Action 18 is being sought. This would allow time to build the necessary tools and to bring onboard resources to monitor risks and recommendations identified through Privacy Impact Assessments. In the interim, the plan is to bridge the gap and initiate this work with the support of temporary resourcing (contractor). Ongoing discussion with the OPC.</p> | <p>Action 18 – extension requested</p> |



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Item iv(a)(6) Develop and deliver a privacy reporting performance framework that includes the effectiveness of the information access control settings. (Action 19)

Privacy Assurance Tool provides assurance over information access control settings in CYRAS. Staffing has been provided by National Support Service. Tool has been built and will be tested in second half of April and May. Roll-out after implementing learnings from the tests. Extension for this action is sought.

Action 19 – extension requested

