

Creating Care Records

Understand the Value of the Record

My Experiences Matter

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Understand the Value of the Record

Care records are taonga for the individual; they hold memories, track connections, and explain life-altering decisions. Creating them in a person-centred way provides meaningful answers to life questions.

When done well:

The record is a person-centred record that acts as a meaningful bridge to their past, with the ability to answer deep lifelong questions.

If done poorly:

A person opening a file only to find thousands of pages of cold, duplicate bureaucratic jargon and administrative clutter, with their actual humanity buried underneath.

Creating Care Records

Know your Legal Obligations

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Know your Legal Obligations

You are legally required to create full and accurate records of all services provided. This is not optional, it is a professional and legal obligation.

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Create Records Collaboratively

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Create Records Collaboratively

Write records with disabled people rather than just about them. Maintain their autonomy and use respectful, plain language throughout.

When done well:

The person feels seen, heard, and respected. Their voice is present in their own record.

If done poorly:

Records are written from an organisational perspective only, leaving the person feeling like a ghost in their own story.

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Reflect their
Voice and Needs

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Reflect their Voice and Needs

Explain what is being recorded and why. Capture the person's views in their own words wherever possible, using their preferred communication tools.

When done well:

The record reads as a true account of the person's experience, in language they recognise as their own.

If done poorly:

The record contains only clinical or organisational language, with no trace of the person's own perspective.

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Capture a Balanced Support Journey

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Capture a Balanced Support Journey

Record positive moments alongside full details of incidents, safety decisions, and transition points.
A person's story is not only their hardest days.

When done well:

The record reflects a full, human journey; triumphs, goals reached, and moments of joy sit alongside necessary safety reporting.

If done poorly:

The record reads like a rap sheet; a catalogue of crises that leaves the person with a painful, one-sided account of their time in care.

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Record Cultural Identity with Care

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Record Cultural Identity with Care

Record ethnicity, iwi, and community identifiers accurately to preserve cultural identity and connection to whakapapa. This is not a field to skip.

When done well:

Accurate cultural records allow a person to maintain an unbroken connection to their whānau, hapū, and iwi throughout their life.

If done poorly:

Missing or inaccurate cultural data can leave Māori and Pacific Peoples disconnected from their whakapapa for decades.

Managing Care Records

Uphold your
Security Obligation

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Uphold your Security Obligation

You must store personal information securely to protect it against loss, misuse, modification, damage, or destruction for as long as necessary. This is a legal requirement.

Managing Care Records

Maintain Physical and Digital Safeguards

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Maintain Physical and Digital Safeguards

Physical files must be kept in fire-safe, mould-free, flood-protected, and restricted spaces. Digital files must align with Archives NZ's preservation standards.

When done well:

Records are preserved intact and accessible, ready for the person whenever they need them.

If done poorly:

Files are damaged, degraded, or lost; leaving people without any trace of their own history.

Managing Care Records

Protect Care Records

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Protect Care Records

Providers must protect records in accordance with the Temporary Care Records Protection Instruction issued by NZ's Chief Archivist. While the protection instruction is in place, the destruction of care records is legally prohibited.

Managing Care Records

Handle Disclosures and Transfers with Care

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Handle Disclosures and Transfers with Care

Before transferring information to another provider, ensure disclosure aligns with the original collection purpose, shares only the minimum necessary details, has explicit permission, or satisfies Rule 11 of the Health Information Privacy Code (HIPC).

Managing Care Records

Be Transparent About Lost or Destroyed Records

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Be Transparent About Lost or Destroyed Records

If records are lost or destroyed, be transparent and proactive with the individual rather than hiding the issue. They deserve to know and to hear it from you first.

When done well:

The person is informed promptly, with honesty and support offered alongside the difficult news.

If done poorly:

The loss is concealed or minimised, compounding the trauma and eroding trust irreparably.

Providing Access to Care Records

Respond to Requests within Required Timeframes

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Respond to Requests within Required Timeframes

Treat requests promptly. You must respond to confirm or deny access as soon as possible, and strictly within 20 working days. Transfers to other agencies must happen within 10 working days.

Providing Access to Care Records

Empower Choice in How People Request Access

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Empower Choice in How People Request Access

Avoid a one-size-fits-all model. Offer flexible request avenues and do not force complex form filling. Provide communication frequency options and preferred formats such as paper or digital delivery.

When done well:

The process feels accessible and respectful, meeting people where they are.

If done poorly:

Bureaucratic barriers prevent people from accessing their own records, adding unnecessary stress to an already difficult process.

Providing Access to Care Records

Apply Redactions Case by Case

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Apply Redactions Case by Case

Every redaction decision should be considered individually. Never apply blanket redactions to specific categories of personal information. Consider the value of each piece of information to the person's identity when weighing up the third party privacy risks.

When done well:

People receive as full a picture of their history as possible, with redactions explained clearly and applied only where genuinely necessary.

If done poorly:

Blanket redactions leave people with pages of blacked-out text, reinforcing a sense of powerlessness and erasing chunks of their own story.

Providing Access to Care Records

Prepare People Before they Receive their Records

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Prepare People Before they Receive their Records

Care records can contain historic, offensive, or traumatic language. Warn individuals about missing gaps or distressing content upfront, and offer to connect them with support services before handing over difficult information.

When done well:

The person feels supported and informed going in. The process restores dignity rather than causing fresh trauma.

If done poorly:

People are handed files without warning; confronted by triggering, devastating or offensive content completely alone and unprepared.

Providing Access to Care Records

Support Whānau with Empathy and Guidance

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Support Whānau with Empathy and Guidance

If the law prevents you from releasing someone else's personal information to a whānau member, don't just turn them away. Gently explain the legal barriers and guide them on how they can support their whānau member to make the request themselves.

When done well:

Whānau leave feeling respected and equipped to help, rather than shut out by the process.

If done poorly:

Whānau are turned away with no explanation or guidance, deepening distress and damaging trust in the organisation.