

## Child Protection Alerts Management

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### Comments

Acts of child abuse or neglect are frequently not single events. Many children diagnosed with abuse or neglect have previous child protection concerns, evidence of old injury, or a history of being seen by health professionals with vague symptoms that in retrospect could have been indicators of abuse<sup>i, ii,iii</sup>.

Most cases of serious abuse occur in infants and pre-verbal children, who are unable to tell others. Such abuse is under-diagnosed, in part because signs and symptoms are missed due to a lack of diagnostic suspicion.

Many children who die from abuse in New Zealand are unknown to the Child Youth and Family (CYF)<sup>iv</sup> but most are known to healthcare providers. Many families at risk are highly mobile. Many reports highlight how important it is for health services to share information

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about children at risk, and how often this fails to happen<sup>v,vi</sup>. Even when identified and notified to Child Youth and Family (CYF), children may remain at risk for many years<sup>vii</sup>.

Women may present in pregnancy in circumstances which will create high risk for the baby after delivery. Failure to recognize and respond to these women appropriately may result in poor outcomes.

Alerts draw the attention of clinical staff to serious child protection concerns already known within the health system, so they can decide its relevance to the latest presentation. This information must be readily available. Police and CYF data is not readily accessible to health providers, who will only contact them if already concerned.

Good child protection practice is much wider than a CPA. Actions taken with regard to child protection should be in accordance with CDHB's child protection policy and procedures.

The National Child Protection Alert system will allow CDHB health professionals to see an alert lodged by other DHBs when they present to the CDHB. However, at present some DHBs are yet to be approved and are working towards using this system, therefore if you know that a child at risk is moving into an area covered by another DHB, it is still best to communicate that information directly to appropriate staff in that DHB.

If other factors for concern about child protection exist, the absence of a Child Protection Alert should not be regarded as evidence that a child or young person is not at risk.

## Purpose

To ensure that safe and consistent practices are followed by CDHB staff when placing, responding to and removing child protection alerts on electronic clinical files.

The purpose of entering alerts on the National Health Index Medical Warning System is to make relevant health information available to other DHBs as a child moves around New Zealand.

Outlines the process for placing an alert and releasing information to other DHBs.

This policy also describes the process for removing an alert.

## Scope/Audience

This policy applies to all staff within the CDHB who have the authority to place Child Protection Alerts on electronic clinical records, National Health Index, Medical Warning System and DHB internal systems.

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## Definitions

**Local Memo system:** refers to the placement of a comment (CAFSS SCAN notes (MM/Yr), CAFSS SCAN notes (MM/Yr) Mothers name, NHI, MHS SCAN notes (MM/Yr) ) on the local electronic Patient Management System which indicates that the Child and Family Safety Service have records that should be obtained when clinically indicated. These memos are unable to be seen by other DHBs.

**Child:** refers to any person 0-16 years of age up until their 17<sup>th</sup> birthday. It also includes the unborn child. Therefore, 'child' in this document refers to the unborn, baby, infant, child and young person within this age range.

## Roles and Responsibilities

Refer to procedures outlined in this policy.

## Associated Documents

Type	Document title
<b>DHB policies within operational and clinical policy manual</b>	<ul style="list-style-type: none"><li>• Child Protection Policy and Procedure</li><li>• Family Violence Policy and Procedure</li><li>• Computing and Information Services Policy</li><li>• Incident Management Policy</li><li>• Complaints Policy</li><li>• Maori Health Policy</li><li>• Tikanga Policy</li><li>• Informed Consent Policy</li></ul>
<b>Legislation</b>	<ul style="list-style-type: none"><li>• Health Act 1956 (and amendments 1993)</li><li>• Children Young Persons and their Families Act 1989 (and Amendments 1994)</li><li>• Privacy Act 1993 (and Health Information Privacy Code 1994)</li></ul>
<b>Other</b>	<ul style="list-style-type: none"><li>• Child protection alert system within health, policy paper, Paediatric Society of New Zealand, February 2011.</li><li>• Final report on the investigation of James Whakaruru, Office of the Commissioner for Children, June 2000.</li><li>• Privacy Impact Assessment National Child Protection Alert System February 2011</li></ul>

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- Memorandum of Memorandum of Agreement for National Child Protection Alert System between CDHB, Ministry of Health and Paediatric Society of New Zealand
- Better Public Service Plan
- Ministry of Health Statement of Intent 2013-2016

## Policy Statements

1. When a child / pregnant women is admitted to a DHB facility or as a patient of the DHB, staff shall review the electronic Patient Management System to ascertain if a local memo and/or national alert has been placed.

Both the above systems should be used in conjunction with each other to identify if there has been a child protection concern documented relating to a child.

2. A child protection alert lodged on the file of a pregnant woman is often referred to as an “Antenatal Alert”. This alert is to be transferred onto the child’s file after birth if there is ongoing risk. In cases where high risk is likely to remain in future pregnancies, the Multi-disciplinary Team may choose to maintain the alert on the women’s file with a designated review date.
3. The CDHB Child Protection policy should always be followed where there are care and protection concerns identified.  
[An Alert merely draws our attention to past history. If other current factors for concern about child protection exist, the absence of a Child Protection Alert (CPA) should not be regarded as evidence that a child or young person is not now at risk.]
4. A CPA will only be placed if the level of risk is such that the child has been referred to CYF.
5. Additionally a CPA will only be placed if the decision to do so has been formally reviewed by a multi-disciplinary team with expertise in child protection.
6. Any CPA placed must be supported by enough health information to inform subsequent clinical decision-making by other health professionals.

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## Criteria for Placing a Child Protection Alert

### 1.1 Making the decision

All children and young people referred to CYF should be notified to the Child and Family Safety Service for consideration of a Child Protection Alert (CPA). Most children and young people referred to CYF will merit a CPA, but some cases may not. The key question is: is there a potential future risk to this child or young person's health that placing a CPA may avert?

1.1.1 A CPA is not indicated in circumstances where there is no ongoing risk of abuse and there is an unnecessary risk to the victim's privacy from placing a CPA. For example a stranger sexual assault.

1.1.2 Each decision must be considered on a case-by-case basis, by a multidisciplinary team with experience in child protection.

### 1.2 Minimum Criteria

A child or young person must be 0 – 16 years (up to 17<sup>th</sup> birthday). This includes unborn children (The alert is placed on the mother's file until birth when the case will be reviewed by the CPA multidisciplinary team (MDT)).

AND

The child or young person (or, in the case of an unborn child, the mother) has been notified to CYF by health professional employed by CDHB.

OR

The child or young person (or, in the case of an unborn child, the mother) is already an open case

AND

A CPA MDT determines that the potential future risk to the unborn child, child or young person's health is sufficient that an alert is warranted.

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## Process for Placing a Child Protection Alert

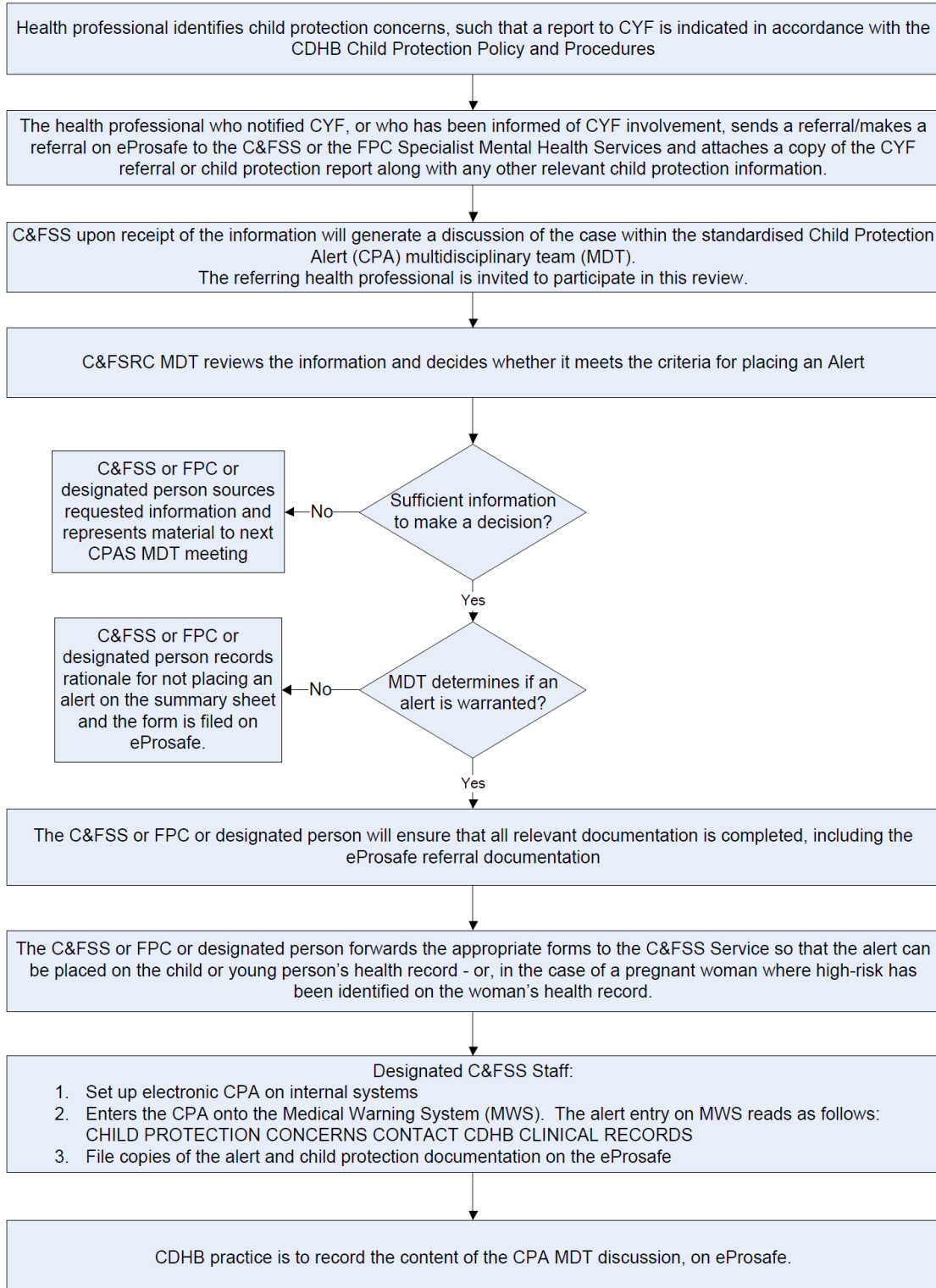
The following steps are taken when placing a Child Protection Alert (flowchart figure 1)

Step	Action
1	The health professional who notified CYF, or who has been informed of CYF involvement, sends referral/makes a referral on eProsafte to the Child and Family Safety Service or the Family Protection Coordinator Specialist Mental Health Services and attaches a copy of the CYF referral along with any other relevant child protection information.
2	Receipt of this information by above parties will generate a discussion of the case within the Child and Family Safety Review Committee.
3	The MDT reviews the information and decides whether it meets the criteria for placing an Alert. The referring health professional is invited to participate in this review.
4	If insufficient information is available to decide if an alert is warranted, the request may be returned to the clinician/C&FSS or FPC for further information.
5	If an alert is warranted, the C&FSS or the MH FPC will provide the eProsafte referral and relevant attachments (CYF ROC) to the C&FSRC.
6	The C&FSS will place a record of the MDT decision on the child or young person's– or, in the case of a pregnant woman where high-risk has been identified (“Antenatal Alert”), on the woman's eProsafte clinical record.  The alert entry reads as follows: CHILD PROTECTION CONCERNS CONTACT CDHB CLINICAL RECORDS
7	Designated C&FSS staff set up electronic CPA on internal systems.
8	Designated C&FSS staff enters the CPA onto the Medical Warning System (MWS). The alert entry on MWS reads as follows: CHILD PROTECTION CONCERNS CONTACT CDHB CLINICAL RECORDS
9	Designated health records staff will file copies of the alert and child protection documentation on the electronic eProsafte system.
10	CDHB C&FSRC reviews “Antenatal Alerts” after the baby has been born, and decides whether the alert should be transferred to the newborn baby's file. This review will occur as soon as possible after delivery and before six weeks postpartum. The referring health professional is invited to participate in this review.
11	Standard practice is for CDHB staff to inform the family that a referral to CYF has been made, and the reasons for that referral. Exceptions apply where there are safety concerns for the child, referrer or any other person.
12	The MDT considers whether or not to tell the family that a CPA exists. Generally, clinicians will reasonably conclude that telling the family about the Alert will probably not be in the best interests of the child. (See Privacy Impact Assessment for further information).
13	In the event that the CPA MDT determine an alert is not warranted the rationale will be detailed on the summary sheet and will be recorded on eProsafte.
14	CDHB practice is to record the content of the CPA MDT discussion, on eProsafte

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## Flowchart for Placing Child Protection Alert



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## Information to Endorse the Child Protection Alert

### Process

The following steps must be taken to provide adequate information to make a CPA useful to other clinicians.

Minimum information includes:

- The nature of the care and protection concerns.
- If an “Antenatal Alert”, the Estimated Date of Delivery.
- The relationship and name of the alleged offender (if known) to the child or young person.
- The date of the referral to CYF.
- Where the Alert is placed for a child already under investigation by CYF, what the active concerns are.
- The name of a CDHB clinician familiar with the child protection concerns.

This information should be provided in a format detailed below:

Step	Action
1	The health professional who notified CYF, or senior clinician who has been informed of CYF involvement, provides the backing information.
2	Acceptable backing information is the following: <ul style="list-style-type: none"><li>• A CYF referral Report of Concern or child protection report e.g. gateway report</li><li>• eProsafef referral documentation</li></ul>
3	These documents are on the eProsafef system.

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## What to Do When You See a Child Protection Alert

### Overview

A CPA merely draws attention to health information recorded in the past that may or may not be relevant to current health.

Past information should always be interpreted in the context of the current presentation. The presence of a CPA does not necessarily mean that the child or young person is still at risk. If you are uncertain, always seek advice.

If in the course of assessment a current child protection concern is identified, staff should follow CDHB Child Protection Policy.

**If other factors for concern about child protection exist, the absence of a Child Protection Alert should not be regarded as evidence that the child or young person is not at risk.**

This page outlines the steps to be followed when a CDHB health professional notices that a Child Protection Alert exists. Appendix 1 provides a flowchart of this process.

Step	Action
1	A CDHB health professional notices a Child Protection Alert exists for a child receiving clinical services.
2	The health professional identifies the source of the alert, based on the alert information, CHILD PROTECTION CONCERNS CONTACT XDHB. If the alert was initiated from within the CDHB, the health professional will access information via eProsafe  If the alert was lodged by another DHB, the health professional should request via the health records department the alert information from the respective DHB in accordance with their health records information policy
3	If there is insufficient information available e.g. no child protection report available then the health professional should contact the clinician who lodged the CPA.
4	Upon receipt of the CPA information, the health professional will assess the relevance of the historical information in context of the child's presenting concerns and current living situation.
5	Consult with senior clinician, social work and or C&FSS or MH FPC prior to discharge as per policy.
6	Document assessment and intervention (including details of consultation) within the health record in accordance with child protection policy and procedure.

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## Health Record Department Response to Requests for CPA Information

Any CPA placed must be supported by enough health information to inform subsequent clinical decision-making by other health professionals. This information should be available in a timely manner.

In the event the alert is lodged by another DHB, as per entry CHILD PROTECTION CONCERNS CONTACT XDHB the health professional should request the health information using their usual clinical record request process.

In accordance with the clinical records standards the respective DHB to whom the request has been made should be able to respond within the following timeframes

- within 1 hour during normal business hours or
- within 3 hours during weekends/after hours.

The alert information that should be available from CDHB and can be provided will include:

- A CYF referral Report of Concern or child protection report e.g. gateway report
- E Prosafe referral

In the event that the information is not available, an event report will be completed and forwarded in accordance with the clinical incident management policy

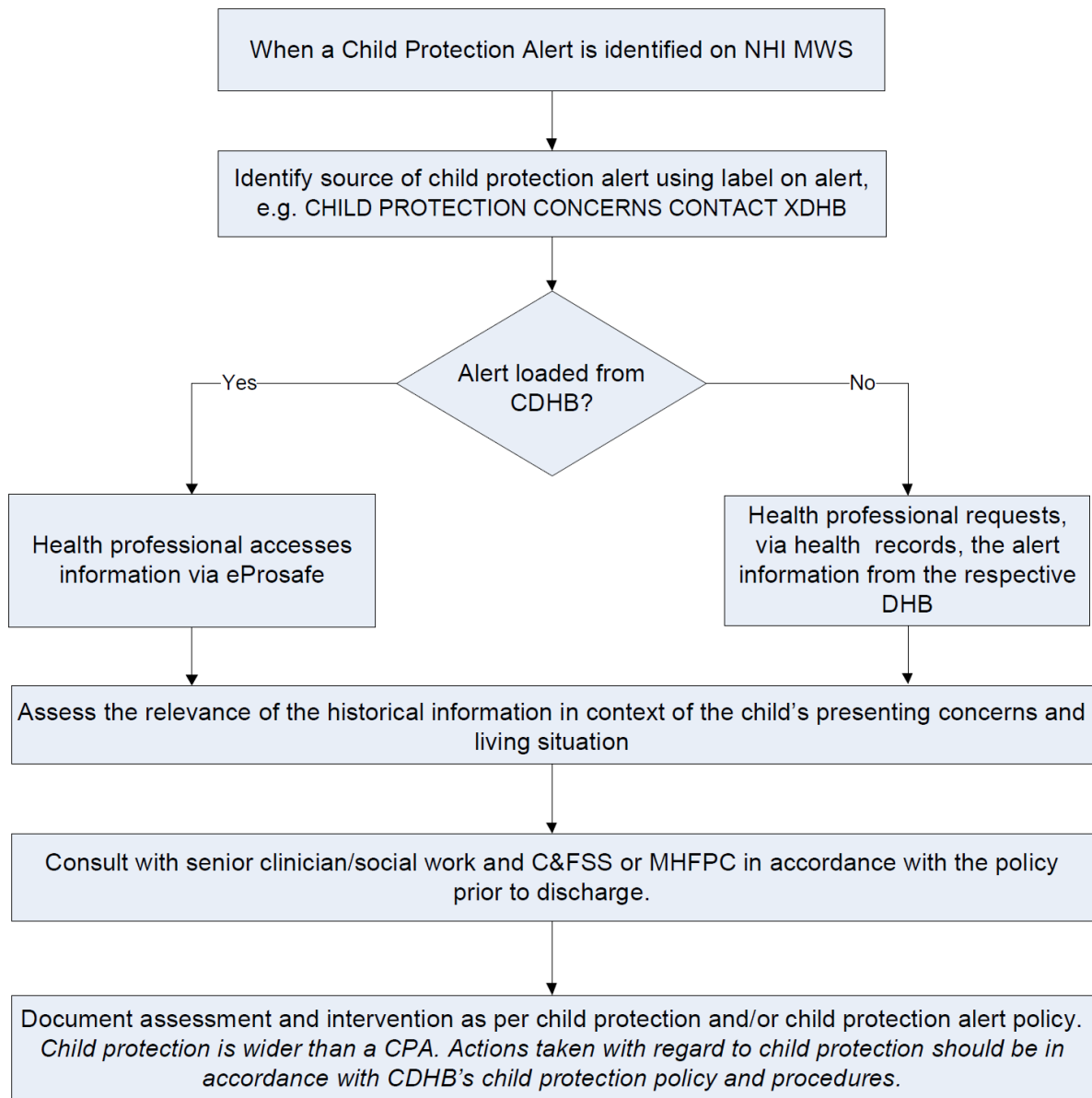
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## Responding to a Child Protection Alert

An alert indicates there have been child protection concerns about an unborn baby, child or young person (0-17 years).

It is vital that a thorough assessment is undertaken at each presentation.



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## Removing a Child Protection Alert

### Overview

The CDHB will remove all Child Protection Alerts from the national MWS database, within a month of the child / young person's 17<sup>th</sup> birthday.

CPAs loaded on the file of women during pregnancy, because of risk to their unborn child ("Antenatal Alerts") are usually removed after the baby is born and transferred to the baby's file if there is ongoing risk. In cases where high risk is likely to remain in future pregnancies, the MDT may choose to maintain the alert on the women's file with a designated review date.

The CPA may also be removed at the specific request of the child or their representative (including from the MWS), if the multidisciplinary child protection team agrees that the risk has been eliminated.

This page outlines the steps followed in these procedures.

**Removal of the CPA does not remove the child protection information from the clinical record -eProsafe.** Management of a requested amendment to health information in the clinical record is governed by the health information policies and procedures of the CDHB.

Step	Action
1	C&FSS or other designated individual will generate a list of the CPA in persons 17 years or older at monthly intervals.
2	The C&FSS will record in the CP notes section the reason for the alert being removed for 17 years and over, who are not identified as an "Antenatal Alert".
3	Any request to remove or alter a CPA prior to the 17 <sup>th</sup> birthday, must be approved by the multidisciplinary team and completion recorded as above.

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## Measurement/Evaluation

Quality and consistency of Child Protection Alerts is of fundamental importance. These Alerts are audited regularly by the MoH and the Child and Family Safety Service.

## References

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- <sup>1</sup> Doolan, M. (2004). *Child Death by Homicide: An examination of incidence in New Zealand 1991-2000*. Te Awatea Review, 2 (1), 7-10
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- <sup>1</sup> Office of the Commissioner for Children. (2003). *Report of the Investigation into the Deaths of Saliel Jalessa Aplin & Olympia Marisa Aplin*. Wellington
- <sup>1</sup> Kelly P, MacCormick J, & Strange R. Non-accidental head injury in New Zealand: the outcome of referral to statutory authorities. *Child Abuse & Neglect*, 2009; 33 (6) 393-401.

<b>Policy Owner</b>	Child Protection Co-Ordinator
<b>Policy Authoriser</b>	General Manager Christchurch Hospital Campus
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