

National Child Protection Alerts

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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^{i, ii, iii}.

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 Oranga Tamariki (OT)^{iv} 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 about children at risk, and how often this fails to happen^{v, vi}. Even when identified and notified to Oranga Tamariki, children may remain at risk for many years^{vii}.

Women may present in pregnancy in circumstances which will create high risk for the baby after delivery. Failure to recognise 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 Oranga Tamariki 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 child protection alert (CPA). Actions taken with regard to child protection should be in accordance with CDHB's child abuse and neglect policy and procedures.

Child protection alerts entered into the National Health Index Medical Warning System (MWS) will allow CDHB health professionals to see alerts lodged by other DHBs when they present to the CDHB. All DHBs can place and or access CPA's through the National Medical Warning System (MWS).

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

Purpose

The purpose of entering CPA's on the MWS is to make relevant health information available to other DHBs as a child moves around New Zealand.

To ensure that safe and consistent practices are followed by CDHB staff when placing, responding to and removing national CPA's on electronic clinical files.

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 national child protection alerts on electronic clinical records, National Health Index, National Medical Warning System and DHB internal systems.

Definitions

Admin Alert system: refers to the placement of a comment (please refer to eProsafe) on the local electronic Patient Management System which indicates that the Child and Family Safety Service have records documented in eProsafe that should be obtained when clinically indicated. These memos are unable to be seen by other DHBs.

Child: refers to any person 0-17 years of age up until their 18th birthday. It also includes the unborn child. Therefore, 'child' in this document refers to the unborn, baby, infant, child within this age range.

Roles and responsibilities

Refer to procedures outlined in this policy.

Associated documents

DHB policies within operational and clinical policy manual

- Child Abuse and Neglect Policy and Procedure
- VIP Intimate Partner Violence Intervention Policy and Procedure
- Computing and Information Services Policy
- Incident Management Policy
- Complaints Policy
- Maori Health Policy
- Tikanga Policy
- Informed Consent Policy

Legislation

- Health Act 1956 (and amendments)
- Oranga Tamariki Act 1989 (and amendments)
- Privacy Act 2020 (and Health Information Privacy Code)

Other

- Medical warning system within health, policy paper, Paediatric Society of New Zealand, February 2011.
- Final report on the investigation of James Whakaruru, Office of the Commissioner for Children, June 2000.
- Privacy Impact Assessment National Medical Warning System February 2011
- Memorandum of Agreement for National Medical Warning 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 an Admin Alert and/or national CPA 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 CPA on the MWS 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 CPA Multidisciplinary Team (MDT) may choose to maintain the alert on the women's file with a designated review date.
3. The CDHB Child Abuse and Neglect 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 CPA on the MWS 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 Oranga Tamariki.
5. Additionally a CPA will only be placed if the decision to do so has been formally reviewed by a MDT 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.

Criteria for placing a Child Protection Alert (CPA)

1.1 Making the decision

All children and young people referred to Oranga Tamariki should be notified to the Child and Family Safety Service for consideration of a CPA on the MWS. Most children and young people referred to Oranga Tamariki 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 medical warning may avert?

1.1.1 A CPA on the MWS 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 medical warning. For example a stranger sexual assault.

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

1.2 Minimum criteria

A child must be 0-17 years (up to 18th 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, MDT).

AND

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

OR

The child (or, in the case of an unborn child, the mother) is already an open case with Oranga Tamariki

AND

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

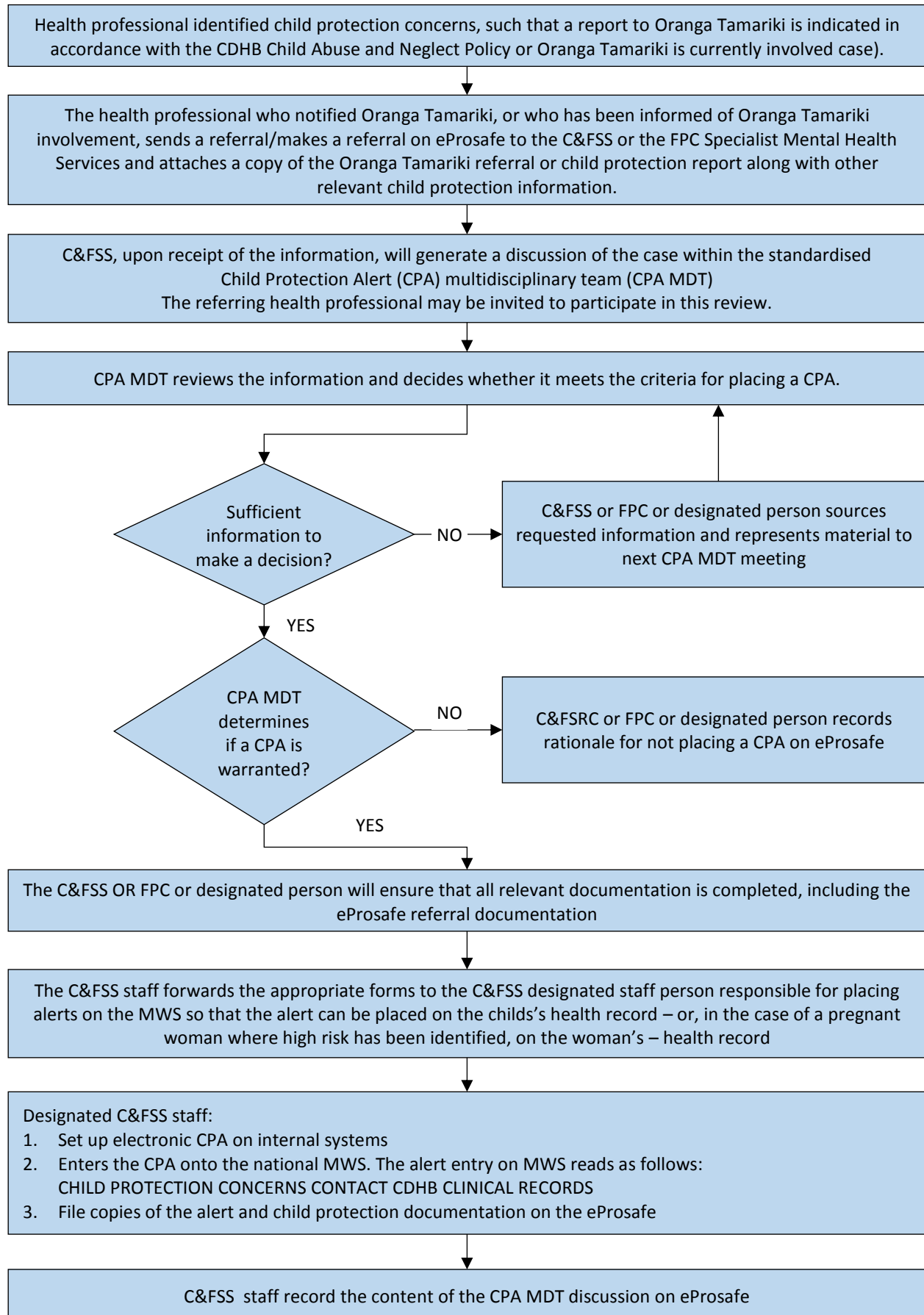
Process for placing a CPA on the National Medical Warning System

The following steps are taken when placing a CPA on the National Medical Warning System (flowchart figure 1).

STEP ACTION

- 1 The health professional who notified Oranga Tamariki, or who has been informed of Oranga Tamariki involvement, sends referral/makes a referral on eProsafé to the Child and Family Safety Service (C&FSS) or the Family Protection Coordinator Specialist Mental Health Services and attaches a copy of the Oranga Tamariki referral along with any other relevant child protection information.
- 2 Receipt of this information by above parties will be reviewed by the Child Protection Specialist/Family Protection Coordinator Specialist Mental Health Services (MH FPC) and will generate a discussion of the case within the Child Protection Alert Multidisciplinary Team (CPA MDT).
- 3 The CPA MDT reviews the information and decides whether it meets the criteria for placing a CPA. The referring health professional may be invited to participate in this review. This meeting is either face to face or virtual and therefore completed electronically. If the meeting is virtual the individual CPA MDT members are all required to provide a written response (reply email) indicating their decision to approve or decline the individuals listed as cases presented for consideration of an alert. The members send their response by email to the Child Protection Specialist after each meeting. If there is any disagreement in the decision regarding an individual being considered for an alert, the case must be discussed face to face at the next CPA MDT. The CPA MDT must have of a Paediatrician attend all CPA MDTs. Refer to the Terms of Reference for the CPT MDT for more details.
- 4 If insufficient information is available to decide if a CPA is warranted, the request may be returned to the clinician/C&FSS staff or MH FPC for further information.
- 5 The C&FSS will place a record of the CPA MDT decision on the child's – or, in the case of a pregnant woman where high-risk has been identified ('Antenatal Alert'), on the woman's – eProsafé clinical record.
- 6 Designated C&FSS staff set up electronic CPA on internal systems.
- 7 Designated C&FSS staff enters the CPA onto the National Medical Warning System. The alert entry on MWS reads as follows: CHILD PROTECTION CONCERNS CONTACT CDHB CLINICAL RECORDS.
- 8 Designated C&FSS staff will file copies of the alert and child protection documentation on the electronic eProsafé system.
- 9 The CPA MDT will review the '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.
- 10 Standard practice is for CDHB staff to inform the family that a referral to Oranga Tamariki has been made, and the reasons for that referral. Exceptions apply where there are safety concerns for the child, referrer or any other person.
- 11 The CPA MDT considers whether or not to tell the family that a CPA exists. Generally, clinicians will reasonably conclude that telling the family about the CPA will probably not be in the best interests of the child. (See Privacy Impact Assessment for further information).
- 12 In the event that the CPA MDT determine an alert is not warranted the rationale will be detailed and recorded on eProsafé.
- 13 CDHB practice is to record the content of the CPA MDT discussion, on eProsafé.

Flowchart for placing medical warning



Information to endorse CPA's on the National Medical Warnings System

Process

The following steps must be taken to provide adequate information to make a medical warning 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.
- The date of the referral to Oranga Tamariki.
- Where the Alert is placed for a child already under investigation by Oranga Tamariki, 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 Oranga Tamariki, or senior clinician who has been informed of Oranga Tamariki involvement, provides the backing information.

- 2 Acceptable backing information is the following:
 - An Oranga Tamariki referral ROC or child protection report, eg. gateway report
 - eProsafte referral documentation

- 3 The designated C&FSS staff file these documents on the eProsafte system.

What to do when you see a CPA on the National Medical Warning System

Overview

A CPA on the national medical warning system (MWS) 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 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 Abuse and Neglect Policy.

If other factors for concern about child protection exist, the absence of a CPA 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 CPA exists. Appendix 1 provides a flowchart of this process.

STEP ACTION

- 1 A CDHB health professional notices a CPA exists for a child receiving clinical services.

- 2 The health professional identifies the source of the CPA, 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 clinical records department the CPA information from the respective DHB in accordance with their health records information policy.

- 3 If there is insufficient information available, eg. 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 abuse and neglect policy.

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:

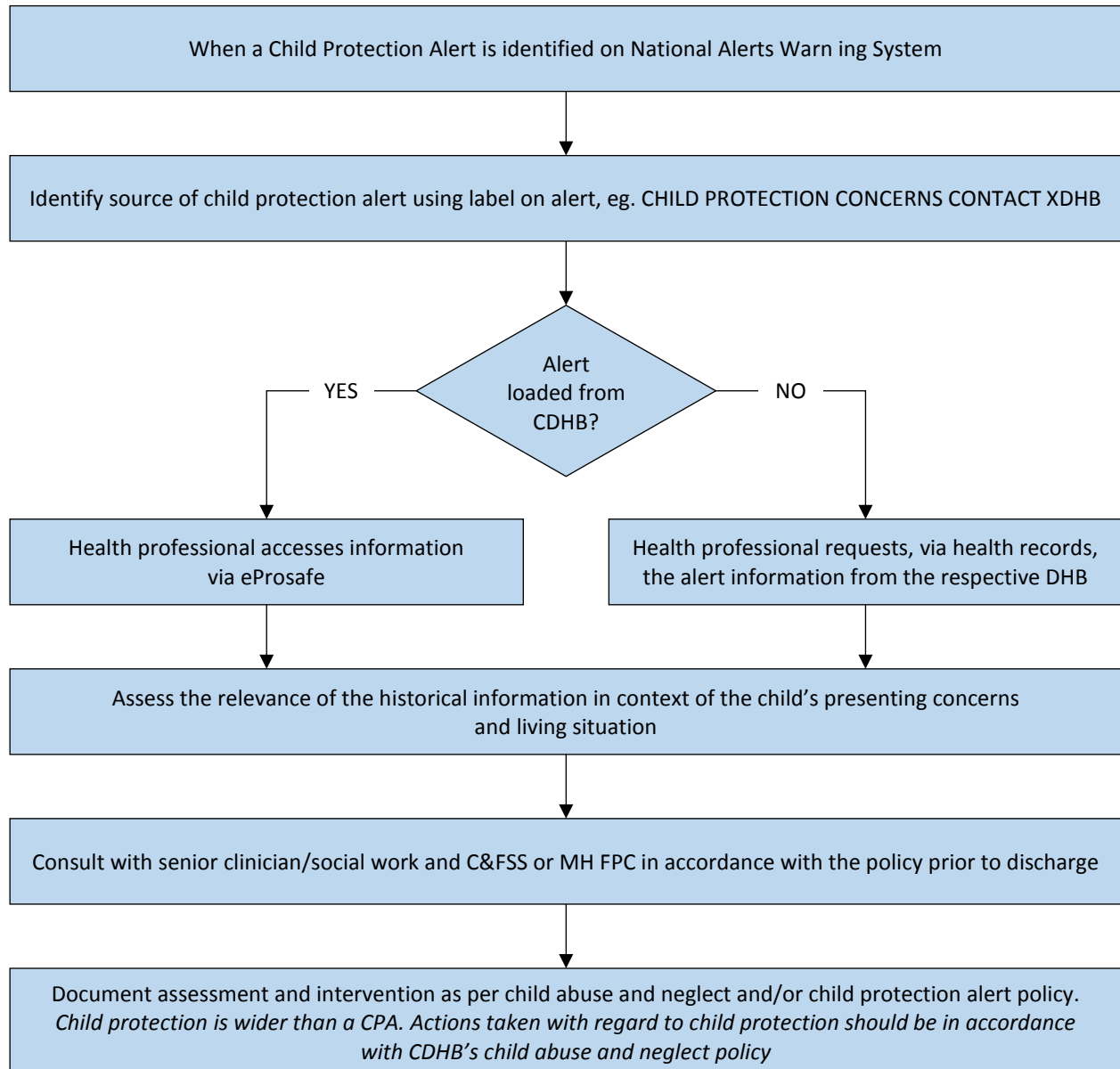
- An Oranga Tamariki referral ROC or child protection report, eg. gateway report
- eProsafe referral documentation

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

Responding to a CPA

A CPA indicates there have been child protection concerns about an unborn baby or child (0-17 years)

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



Removing a CPA

Overview

The CDHB will remove all CPA's from the National Medical Warning System within a month of the child's 18th birthday.

CPA's 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.

CPA's may also be removed at the specific request of the child or their representative (including from the MWS), if the CPA MDT 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

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1. The C&FSS designated person will generate a list of the CPA's in persons 18 years or older at monthly intervals from eProsafe.

 2. The C&FSS designated person will record in the Actions Taken 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 17th birthday, must be approved by the CPA MDT and recorded as above. The C&FSS designated person will record in the Action Taken section the outcome of the alert review in the CP notes section.

 3. The C&FSS designated person will be responsible for removing the alert from the MWS for those who have been approved to have their alert removed, including those who have turned 18 who are not a current antenatal alert.
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Measurement/Evaluation

Quality and consistency of CPA's is of fundamental importance. CPA's are audited regularly by the MoH and the Child and Family Safety Service.

References

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