Protocol
National

Health New Zealand
Te Whatu Ora

National Child Protection Health Information Sharing System Protocol

Contents

Overview 2
Purpose 2
Application 3
Background 3
Definitions, translations and acronyms 4
Key Principles 4
Protocol 5
Roles and responsibilities 5
Support 7
Media enquiries 7
Non-compliance with protocol 7
Monitor and Review 7
Associated documents 8

National Child Protection Health Information Sharing System Protocol

Overview

1. Health New Zealand | Te Whatu Ora (Health NZ) is committed to ensuring everyone has access to timely, quality healthcare when and where they need it.
2. Transforming the health sector towards a more equitable, accessible, cohesive, and people-centred system requires us all to work together with heart, a strong sense of purpose, and a commitment to service to improve the health and well-being of all New Zealanders. Your contribution to this as part of our team will be key to our success.
3. We are committed to creating a safe, positive, and inclusive workplace for everyone at Health NZ.
4. This Protocol aligns to Te Mauri o Rongo I The New Zealand Health Charter, which is the overarching foundation for delivering our purpose and building a culture that cares. Its four pou, or values, support us in working with heart daily as we serve our communities. We can view Te Mauri o Rongo as a whare with four cornerstones—the whare needs all four to work well and together to keep it strong. All four pou guide how we work together, supporting and caring for each other so we can care for all New Zealanders.

Purpose

5. The purpose of this national protocol is to support the consistent and effective operationalisation of the supporting procedures and practices underlying the National Child Protection Health Information Sharing System (NCPHISS).
6. The desired outcome of this NCPHISS protocol is the maintenance of a nationally consistent NCPHISS that:
   6.1 facilitates standardised procedures and quality practices
   6.2 overcomes system variances and limitations; and
   6.3 improves child safety.
7. This protocol describes how the Health NZ districts will implement the NCPHISS in accordance with the national infrastructure.
8. This protocol also describes how Health NZ will maintain the National Health Index Medical Warning System.
9. This protocol has been guided by the health sector principles as set out in the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act) and enables Health NZ to support the Crown's responsibilities under the Treaty of Waitangi / Te Tiriti o Waitangi (Te Tiriti). The health sector principles underpin the transformation of our health system to create a more equitable, accessible, cohesive and people-centred system that will improve the health and wellbeing of all New Zealanders. This protocol supports the Health System Principles as set out in the Pae Ora (Healthy Futures) Act 2022.
10. The NCPHISS (formerly known as the National Child Protection Alert System) has been operational in all districts since 2016.
11. Quality and consistency of NCPHISS is of fundamental importance. The NCPHISS has robust quality improvement activities to ensure standardisation.

National Child Protection Health Information Sharing System Protocol

Application

12. This protocol applies to all Health NZ district employees, being all persons employed by Health NZ and those working at a Health NZ premises or remotely performing work for Health NZ, including (but not limited to) employees, sub/contractors (e.g. locums), and students.

Background

13. Addressing family violence is a priority health issue. The Ministry of Health's *Family Violence Assessment and Intervention Guideline: Child Abuse and Intimate Partner Violence (2016)* (the Guideline) provides a policy framework and best practice guidelines for the health sector to respond to family violence.

14. The Guideline recommends that healthcare providers routinely question all adult women about intimate partner violence and men based on the presence of indicators.

15. There is no validated screening tool for children. Therefore, in the absence of such a tool, healthcare providers must identify and respond to child abuse and neglect based on signs and symptoms.

16. Many children who are victims of child abuse have presented to health providers repeatedly before the diagnosis was made. One reason for this is the fact that these children may move around, and the history of previous health concerns is lost or unavailable to subsequent healthcare providers.

17. Since 2016, all Health NZ districts (previously District Health Boards) have been approved to use the National Child Protection Health Information Sharing System (previously known as the National Child Protection Alert System). This system enhances information sharing regarding child protection concerns by drawing clinicians' attention to documentation of previous child protection concerns for that individual. The system has robust processes that include standardised criteria for the placement of the child protection flag.

18. The National Health Index Medical Warning System (MWS) is used by all Health NZ districts to lodge child protection flags (CPF). The MWS provides a means for health information to be readily accessed by any clinician providing health care to a child, but does not ensure the quality of data entered on it. The quality and consistency of CPF entered on the MWS is ensured by NCPHISS protocol and processes.

19. Health NZ is the custodial body for the MWS, and Health NZ also provides oversight for the management of the NCPHISS. To ensure the integrity of the NCPHISS, all districts must operationalise the system in accordance with the national standards.

National Child Protection Health Information Sharing System Protocol

Definitions, translations and acronyms

20. The following definitions are used for the purposes of this protocol:

Word / Term	Definition
Child	Any person aged 0-17 years, up to their 18th 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.
CPC	Child Protection Coordinator
CPF	Child Protection Flag
Health NZ	Health New Zealand | Te Whatu Ora
MDT	Multidisciplinary Team
MWS	Medical Warning System
NCPHISS	National Child Protection Health Information Sharing System
Oranga Tamariki	Oranga Tamariki—Ministry for Children
VIP	Violence Intervention Programme
VIPC	Violence Intervention Programme Coordinator

Key Principles

21. Good child protection practice is much wider than the NCPHISS. Actions taken regarding child protection should be in accordance with the national Health NZ Child Protection Policy and each district's subsequent Child Protection Procedures.

22. The following principles are fundamental to the NCPHISS

- Consistent minimum criteria. A CPF will only be placed if the level of risk is such that the child has been referred to Oranga Tamariki — Ministry for Children.
- Consistent process. A CPF will only be placed if the decision to do so has been formally reviewed by a multi-disciplinary team with expertise in child protection.
- Consistent health information. A CPF must be supported by enough information to inform subsequent clinical decision-making by other health professionals.

National Child Protection Health Information Sharing System Protocol

Protocol

23. The protocol details the following:
    - Roles and responsibilities for Health NZ staff at national and district levels.

Roles and responsibilities

Role	Responsibilities
Business Owner	Health NZ will provide governance for the system and maintain oversight.
Governance	The Health NZ NCPHISS Oversight Group will govern the NCPHISS Have an accessible and responsive complaints process using the Health NZ Complaints Policy and procedures
Health NZ Data and Digital	Maintain the national MWS and ensure the security of data once it has been entered onto that system Hold responsibility for the national MWS and for the use of that information by Health NZ employees
District Executive Manager / Group Director of Operations	Each district will be responsible for the child protection information loaded onto the MWS, and for its use by district employees. Each district will maintain the NCPHISS infrastructure as identified in items 1-10 below 1. Will maintain district endorsed procedures, which are consistent with NPCHISS Protocol and guidelines for the: a. placement of CPF; b. removal of CPF (as indicated); c. appropriate clinician response to CPF; and d. response of health record departments to a request for the information supporting a CPF 2. A Multi-disciplinary Team (MDT) to review CPF applications, which includes at a minimum*: a. a paediatrician b. a nurse c. a social worker d. Māori Health representative. *The NCPHISS MDT facilitator (usually the child protection or violence intervention programme coordinator) may, if they hold the respective qualification, be the nurse or social work representative.* 3. An internally approved standardised documentation process for recording CPF information.

National Child Protection Health Information Sharing System Protocol

	4. Internal Information technology systems that: a. display the MWS CPF on patient information screens routinely used by clinicians; and b. allow for easy access to the CPF information. 5. Health record systems which enable 24-hour, seven-day-per-week access to health record services in accordance with health record access policies (required response is within one hour during office hours and three hours after hours/weekends). 6. Training on the NCPHISS which is incorporated into standard internal Violence Intervention Programme training (as per Health NZ Child Protection Policy and district Child Protection Procedures). 7. Standard access privileges for CPF, with security similar to those applying to all electronic clinical record systems. The Health NZ district will maintain their own mechanisms for routine audit and management of any breaches of access privileges. 8. Internal procedures to manage non-compliance with protocol and procedures related to the NCPHISS in accordance with standard operating procedures. 9. An accessible and responsive complaints process, for staff and or health consumers, through the utilisation of the Health NZ Policy and district complaints procedures. 10. Process to monitor the individuals considered for CPF, cases requiring review and cases due to have CPF removed due to age. Each district will participate in the biennial NCPHISS review process. Actions within the process include: • completion of the self-assessment • participation in the review meeting • actioning any recommendations made in a timely manner • implementing any remedial actions within the required timeframe. *Under urgency CPF can be placed if a paediatrician and one other health professional (HP) agree. This is presented to the next full NCPHISS MDT for review/decision ratification
People Managers	Ensuring direct reports are familiar with this protocol Ensuring direct reports have access (and attend) training as indicated for the service Respond to quality improvement initiatives as requested
NCPHISS MDT	Operate the NCPHISS MDT in accordance with the Terms of Reference and in accordance with this protocol Attend to any NCPHISS workforce development as indicated

National Child Protection Health Information Sharing System Protocol

Support

24. All HP engaged in child protection should have access to regular professional supervision. It is important that members of NCPHISS teams provide support to one another both within and outside team meetings and seek (or assist one another to seek) further support or additional professional assistance as required e.g. Employee Assistance Programme.

Media enquiries

25. Any media enquiries will be directed to the respective Health NZ communications staff in the first instance and the NCPHISS Oversight Group will be notified.

Non-compliance with protocol

26. Failure by Health NZ staff to comply with this protocol may result in Health NZ taking disciplinary action in accordance with the Code of Conduct.

Monitor and Review

27. Key performance indicators that measure the effectiveness of this protocol are incorporated into routine internal audit undertaken by, or on behalf of, the Protocol Owner.

28. Each Health NZ district will participate in the Health NZ-endorsed external NCPHISS Biennial Review process.

National Child Protection Health Information Sharing System Protocol

Associated documents

Associated policies, procedures and resources
National Child Protection Policy
Fanslow, J., Kelly, P., & Ministry of Health Family Violence Assessment and Intervention Guideline; child abuse and intimate partner violence (and associated VIP policies/procedures)
Health Information and Records Policy (HNZ 6001)
Serious Adverse Event Reviews
Te Mauri o Rongo | The New Zealand Health Charter
Privacy Impact Assessment; National Child Protection Health Information Sharing System 2025
Code of Conduct
National Consent Policy– pending
Privacy Policy
Investigation and Discipline Policy
District procedures for child protection
The United Nations Convention on the Rights of the Child (UNCROC)
Victims' Rights Act 2002 and Informed consent
Office of the Children's Commissioner

Associated Legislation
Oranga Tamariki Act 1989
Children's Act 2014

National Child Protection Health Information Sharing System Protocol

The Family Violence Act 2018
Privacy Act 2020 (and Health Information Privacy Code 2020)
Pae Ora (Healthy Futures) Act 2022
The Care of Children Act 2004
Health Act 1956 (and amendments 1993)