

# MANAGING RISK OF YOUNG PERSON / PARENT / CARER ON NSW CHILD PROTECTION REGISTER FOR SEXUAL AND VIOLENT CRIMES

## PRACTICE GUIDELINE<sup>®</sup>

### DOCUMENT SUMMARY/KEY POINTS

- This guideline and flow chart have been developed to assist SCHN staff to provide an immediate response and manage risk when a young person / parent / carer is identified as being on the Child Protection Register for Sexual and Violent Crimes.
- The **flow chart on page 4** outlines the response required of SCHN staff following a disclosure that an individual is on the Register
- All staff must be aware that information in relation to a person on the Child Protection Register for Sexual and Violent Crimes is **highly confidential** under the Child Protection (Offenders Registration) Act 2000
- It is an offence to disclose this information and identify an individual on the Register unless it is related to safety of other children
- Within SCHN notification should only occur by following the process outlined in these guidelines, keeping the information discrete to the Department Manager, Child Protection Unit and SCHN Executive via the Clinical Program Director Priority Populations (or delegate)
- All other staff should only be informed that a 'safety plan is in place' without disclosing identifying details

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> September 2019	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Department Head	<b>Area/Dept:</b> Child Protection Unit

## CHANGE SUMMARY

Not applicable – new document

## READ ACKNOWLEDGEMENT

- Read Acknowledge Only – All Executive, Clinical Program Directors, clinical managers and frontline clinical staff are required to read and acknowledge the document

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# 1 Information – NSW Child Protection Register (for Sexual and Violent Crimes)

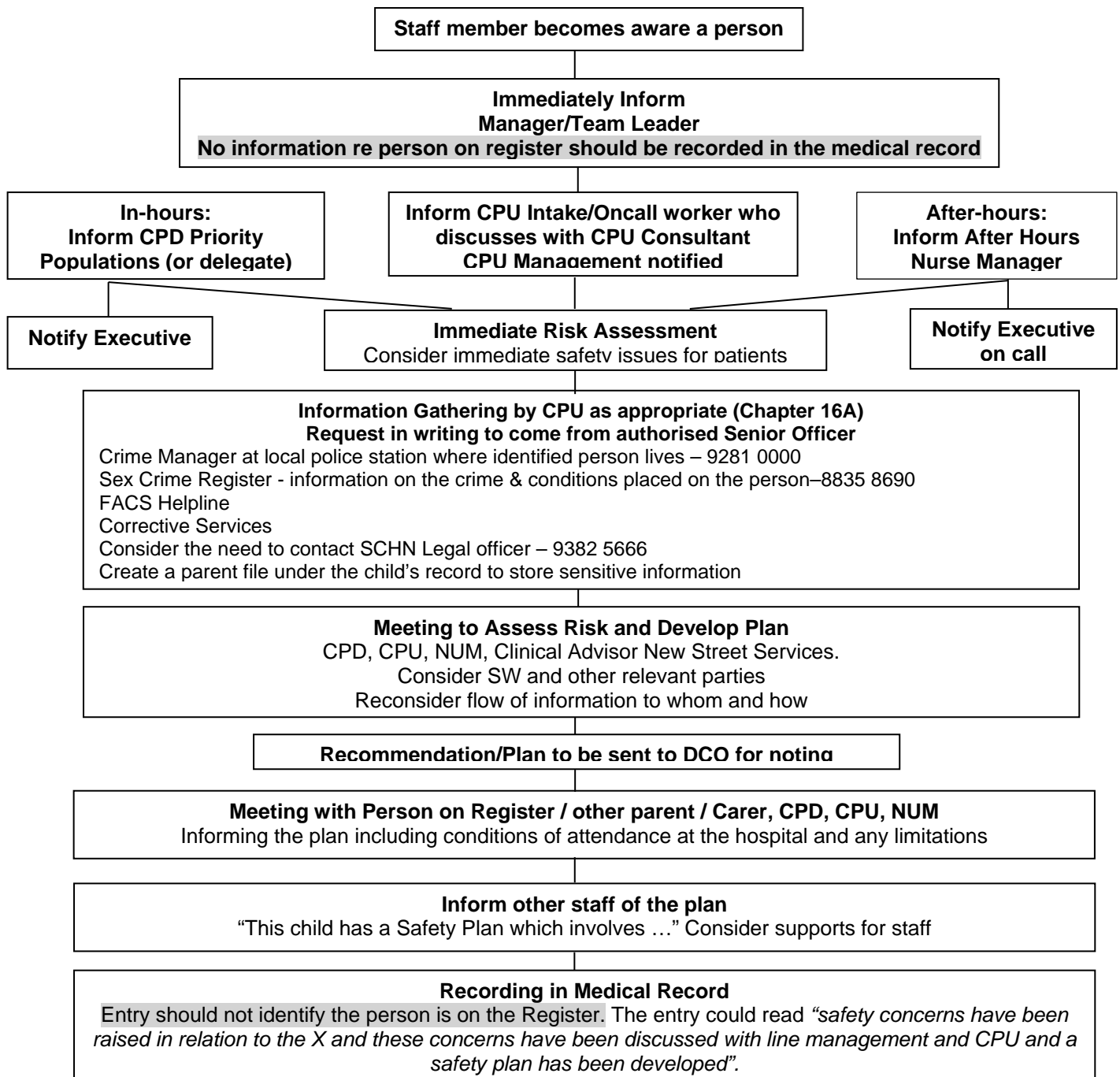
Detailed information about the NSW Child Protection Register can be found on the [Australian Government website for Offender Registration Legislation](#)

Legislation	<i>Child Protection (Offenders Registration) Act 2000</i>
Purpose of registry	<ul style="list-style-type: none"> <li>• Increase and improve the accuracy of child sex offenders intelligence held by police</li> <li>• Assist in the investigation and prosecution of child sex offences committed by recidivist offenders</li> <li>• Provide a deterrent to re-offending</li> <li>• Assist in the monitoring and management of child sex offenders in the community</li> <li>• Provide child abuse victims and their families with an increase sense of security</li> </ul>
Who is subject to being put on the registry?	Person whom a court has at any time (whether before, on, or after the commencement of the section) sentenced in respect of a registrable offence
Definition of registrable offence	A class 1 or class 2 offence, or an offence that results in the making of a child protection registration order
Who can access registry information?	<p>The Commissioner of Police must ensure that any information in the Register about a person to whom Division 5 applies, whose identity is apparent or can reasonably be ascertained from that information, cannot be accessed other than by a person authorised by the officer responsible for the day to day operation of the witness protection program</p> <p>A person must not disclose any information relating to a registrable person obtained in connection with the administration or execution of this Act, unless the disclosure:</p> <ul style="list-style-type: none"> <li>• Is made in connection with the administration or execution of this Act or a corresponding Act or for law enforcement purposes; or</li> <li>• Is made with the consent of the person to whom the information relates; or</li> <li>• Is ordered by a court, or any other body or person exercising judicial functions, for the purposes of the hearing or determination by the court, body or person of any matter; or</li> <li>• Is made with the consent of the Commissioner of Police given (either generally or in a particular case) for the purposes of ensuring the safety or protection of a child or of children generally; or</li> <li>• Is made to the Minister or with the consent of the Minister (given in a particular case); or</li> <li>• Is authorised or required by or under this Act or any other law</li> </ul>

## 2 Process for managing risk of young person/parent/carer on the Child Protection Register for Sexual and Violent Crimes

If a staff member becomes aware of a person (visitor or admitted young person) who is on the Child Protection Register for Sexual and Violent Crimes, the following process must be followed immediately in order to initiate a Safety Plan.

**A person must not disclose any information relating to a person on the Child Protection Register (other than to staff listed in this flow chart), nor record details about the person in the medical record**



## 2.1 Identification of a person on the Register

- This information may come from a range of sources such as the person disclosing they are on the Register, a relative, other health facility or another organisation such as the Police, FACS, Juvenile Justice
- **This information is highly confidential under the Child Protection (Offenders Registration) Act 2000.** It is an offence to pass information on unless it is related to safety of other children and in SCHN only through these Guidelines. Thus the flow of information should be strictly limited to those who need to know to ensure the safety of the patients and other children and young people attending SCHN. There should be limited information about the disclosure recorded in the medical record (e.g. safety issue identified and referred to manager). It should not identify the “registered person or that they are on the Register.
- The Flow Chart identifies the initial procedure for informing the Manager of the department/ward, the Child Protection Unit (CPU) and the SCHN Executive via the Clinical Program Director (CPD), Priority Populations
- Support for staff should be considered as this information is highly sensitive and can be traumatic for staff both personally and professionally

## 2.2 Immediate Risk Assessment

- Once a person on the Register is identified an immediate Risk Assessment should be undertaken by the Manager of the department/ward, CPU and the CPD
- This should include current information available, any acts of violence within SCHN, weapons and should inform the necessary steps to be put in place to secure safety for other patients and visitors
- It may also be necessary to consider the age and acuity of the medical condition of the patient and whether this may influence the parent/guardian's rights to see the patient and be updated on their condition.
- The SCHN Executive on-call should also be informed by the CPD

## 2.3 Information gathering

- It will be necessary to obtain information on the registered person, the nature and date of the offence and any restrictions that are in place in relation to contact with children
- This is important for the risk assessment and decision-making in relation to the Safety Plan to protect the safety of the patient and other children within the facility
- There may be multiple points of information including:
  - The Crime Manager at the local police station where the identified person resides
  - NSW Child Protection Register for Sexual and Violent Crimes for information on the crime and conditions placed on the person
  - FACS Helpline, Corrective Services and/or Juvenile Justice

- Information from Police requires written authorisation by a **senior officer** of SCHN who has been nominated by the Chief Executive. The authorisation will be provided by a Manager in the Child Protection Units SCHN. It would be most appropriate for information requested and supplied to be in a written format. Information available may be limited after-hours, increasing the importance of the immediate risk assessment until further information is available.
- It should be noted that under the *Child Protection Offenders Registration Act 2000 Sect 19BA* there is an exemption of certain agencies from privacy protection legislation (Appendix 1). A '**Scheduled Agency**' may collect and use personal information about a registrable person, and/or may disclose personal information about a registrable person to another scheduled agency. A **senior officer** of a scheduled agency may give an authorisation for information under this section only if the officer is satisfied that; there are reasonable grounds to suspect that there is a **risk of substantial adverse impact** on the registrable person, or some other person or class of persons (including children). (*Note: SCHN is deemed a 'scheduled agency'*)

## 2.4 Meeting to Assess Risk and Develop Recommendations and Plan

A meeting should be convened as early as possible to assess risk and determine a plan. The meeting should include the CPD Priority Populations, CPU Representative, NUM/department manager, and Clinical Advisor New Street Services. Consideration should be given to including Social Work and any other relevant parties. The Clinical Advisor New Street Services has particular expertise in understanding risk in this population. This skill and knowledge should be utilised in the formation of the recommendation and plan. The plan should include regular review dates and consequences if the plan is not followed. Review dates will be determined on the acuity of the situation. An escalation plan should be clearly identified. Consideration should be given to limiting ward movements of the patient.

The recommendations may consider;

- Restricted visiting hours, not staying overnight
- Informing NUM of arrival and departure to the Ward
- No contact with other patients
- Role of security in escorting the person through the Hospital and record keeping of visitations
- Ward lock down
- A report to FACS of children in the hospital regarding risk to a class of children
- Discussing restrictions with Crime Manager
- The flow of information within SCHN

The Plan should be in written form and forwarded to the Chief Executive (or delegate) for sign off before a meeting is held with the registered person.

## 2.5 Meeting with Person on Register

- A meeting will be held with the registered person if they are a parent / guardian / visitor to discuss recommendations and the plan; a partner or support person may attend
- A meeting will be held with the registered young person who is a patient of the hospital as determined appropriate by the treating team, and the safety plan (as in the above section)
- A written copy of the plan and review dates will be given to the registered person and placed in the parent file
- A summary will be placed on the child's record indicating that a safety plan has been developed for this child and what to do if concerns arise. The entry could read "*safety concerns have been raised in relation to the (person); these concerns have been discussed with line management and CPU and a safety plan has been developed*".
- The summary may also be forwarded to Security where appropriate.

## 2.6 Informing other staff

- Only senior staff (as outlined in the flow chart on page 5) should be informed of the concern that this person is on the Register
- Other staff should know there is a safety plan in place that includes certain conditions
- Staff should be encouraged to talk with their team leader or manager if they have concerns
- Other support processes for staff, such as the [Employee Assistance Program](#) may also be required to assist staff as required

## Appendix

### CHILD PROTECTION (OFFENDERS REGISTRATION) ACT 2000 - SECT 19BA

#### Exemption of certain agencies from privacy protection legislation

19BA Exemption of certain agencies from privacy protection legislation

(1) A [scheduled agency](#):

(a) may collect and use [personal information](#) about a [registrable person](#), and

(b) may disclose [personal information](#) about a [registrable person](#) to another [scheduled agency](#),

if the collection, use or disclosure accords with a written authorisation given by a [senior officer](#) of the agency.

(2) An authorisation under this section must specify:

(a) the period (maximum 12 months) for which it has effect, and

(b) the agencies to which the [personal information](#) may be disclosed.

(3) A [senior officer](#) of a [scheduled agency](#) may give an authorisation under this section only if the officer is satisfied that:

(a) there are reasonable grounds to suspect that there is a risk of substantial adverse impact on:

(i) the [registrable person](#), or

(ii) some other person or class of persons,

if the collection or use of the [personal information](#), or the disclosure of the [personal information](#) to one or more of the agencies specified in the authorisation, does not occur, or

(b) the collection or use of the [personal information](#), or the disclosure of the [personal information](#) to one or more of the agencies specified in the authorisation, is likely to assist in developing or giving effect to a case management plan for the [registrable person](#).

(3A) For the purposes of avoiding an adverse impact or for developing or giving effect to a case management plan for a [registrable person](#) as referred to in subsection (3), the Commissioner of Police may, by written notice served on a [scheduled agency](#), direct the [scheduled agency](#) to provide to the Commissioner [personal information](#) about the [registrable person](#) collected or used by the [scheduled agency](#) of the kind described in the notice.

(3B) The [scheduled agency](#) is authorised to disclose, and must disclose, the [personal information](#) about the [registrable person](#) to the Commissioner of Police.

(3C) The provision of information under this section in good faith:

(a) does not give rise to any liability to civil, criminal or disciplinary action, and

(b) is not a breach of professional etiquette or ethics or a departure from accepted standards of professional conduct.

(4) This section has effect despite anything to the contrary in the [Privacy and Personal Information Protection Act 1998](#) or the [Health Records and Information Privacy Act 2002](#) .