

ASSUMPTION OF CARE OF ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN

PROCEDURE [®]

DOCUMENT SUMMARY/KEY POINTS

Staff must follow the procedures as stated in this document when managing assumptions of care of Aboriginal and Torres Strait Islander Children.

- The Sydney Children’s Hospitals Network acknowledges that the events of the past continue to cause pain and suffering for Aboriginal people and communities. SCHN acknowledge the legacy of trauma and grief and the role our hospitals have played in the Stolen Generations.
- SCHN respect the richness of Aboriginal and Torres Strait Islander cultures and the strength and resilience of families and communities.
- The safety and security of all patients, families, visitors, and patient information is paramount across the Sydney Children’s Hospitals Network (SCHN). Care should be taken at all times to ensure that any patient information is reasonably protected and if shared with any third party, including DCJ, is only shared with the necessary parties and with due regard to the rights of all patients and staff across SCHN.
- While SCHN staff are required to support DCJ staff to conduct assumptions of care, the primary focus for staff is always the medical and cultural safety and wellbeing of the patients. SCHN are expected to cooperate with and treat DCJ staff with a high level of respect.
- It is the responsibility of DCJ to inform the families and provide all relevant legal documentation around the assumption. It is not health staff’s responsibility to do so.
- We acknowledge that any assumption of an Aboriginal child is a difficult time for the family, and therefore the Aboriginal Health Worker is a key role in providing support to families during this time.
- Assumptions of an Aboriginal or Torres Strait Islander child may occur while the child is admitted to hospital. If this is the case, it is important that the assumption occurs in a culturally safe and appropriate manner.
- In an event of an assumption, the following must be considered:

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.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st October 2023	Review Period: 3 years
Team Leader:	Clinical Program Director	Area/Dept: Priority Populations

- A multidisciplinary case conference is to occur between DCJ, CPU, SW, and AHW to discuss the details and process of when and where the assumption is to take place; as well as key staff that will support in the process.
- Assumptions of Aboriginal and Torres Strait Islander children must take place with an AHW present.
- Assumptions of Aboriginal and Torres Strait Islander children must take place in-hours (between 08:00-17:00) as practicable as possible.
- Assumption outside of regular hours must be pre-arranged and all relevant parties (AHW, SW, CPU) will be onsite to support the family at the time of assumption.
- The assumption of an Aboriginal and/or Torres Strait Islander child must **not** occur if:
 - There is no prior notice that an assumption is planned
 - The AHW has not been consulted prior to the assumption
 - There is no AHW available to support the family
- A post assumption debrief is to take place between DCJ, CPU, SW, AHW, and the parents of child.

CHANGE SUMMARY

- N/A – New document.

READ ACKNOWLEDGEMENT

- All staff should read and acknowledge they understand the contents of this procedure.

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.

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1 Acknowledgement of Country

SCHN respectfully acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of the land on which the SCHN health facilities rest on. The SCHN lie on the traditional lands of the Gadigal and Bidjigal people of the Eora nation in Randwick, the Burramattagal people of the Dharug nation in Westmead, the Guringai people in Manly, and the Daruk nation in Bankstown.

The SCHN acknowledges the various lands from which our patients travel from and are spiritually connected to. We also acknowledge and recognize the strength, wisdom, compassion, and care that Aboriginal and Torres Strait Islander people have for their kinship, language, culture, and spiritual connection to country.

We pay our deepest respects to the Elders, community members, our Aboriginal and Torres Strait Islander staff, and the Aboriginal and Torres Strait Islander services and organisations who work closely with us to improve the health and wellbeing of Aboriginal and Torres Strait Islander children and young people.

2 Related Legislation and Policies

- [Child Wellbeing and Child Protection Policies and Procedures for NSW Health](#)
 - Assumption of Care section 9.9
- NSW Health [Integrated Trauma-Informed Care Framework: My story, my health, my future](#)
- [SCHN Aboriginal Health Strategic Plan 2018-2021](#)
- SCHN Child Protection Strategic Plan 2021-2026
- NSW Health [The Family is Culture, Independent Review of Aboriginal Children and Young People in Out of Home Care](#)
- [National Agreement on Closing the Gap](#)

3 Abbreviations

The following abbreviations are used in this document:

AHU	Aboriginal Health Unit
AHW	Aboriginal Health Worker
CHW	The Children's Hospital at Westmead
CPU	Child Protection Unit
CYP	Child or Young Person (anyone under the age of 18 years)
CWU	Child Wellbeing Unit
DCJ	Department of Communities and Justice

HC	Hospital Coordinator (previously known as AHNM – After Hours Nurse Manager)
JCPRP	Joint Child Protection Response Program
MDT	Multidisciplinary Team
NM	Nurse Manager
NUM	Nursing Unit Manager
OOC	Out of Home Care
OCCC	Out of Home Care Coordinator
SCH	Sydney Children’s Hospital, Randwick
SW	Social Worker
SCHN	The Sydney Children’s Hospitals Network
Staff	Includes all SCHN Employees, VMO’s, Contractors & Volunteers covered by TMF Insurance at the relevant time
TMF	Treasury Managed Fund

4 Introduction

This document describes the procedures that staff must follow when an assumption of care of an Aboriginal or Torres Strait Islander child is expected to occur.

The safety and security of all patients, families, visitors, and patient information is paramount across the Sydney Children’s Hospitals Network (SCHN). Care should be taken at all times to ensure that any patient information is reasonably protected and if shared with any third party, including DCJ, is only shared with the necessary parties and with due regard to the rights of all patients and staff across SCHN.

While SCHN staff are required to support DCJ staff to conduct assumptions of care, the primary focus for staff is always the medical and cultural safety and wellbeing of the patients and families.

This procedure/policy has been developed in conjunction with DCJ staff. As a result, SCHN and DCJ will strive to work collaboratively with a high level of respect and cooperate with this procedure when conducting assumptions of care of any child that falls within a priority population at SCHN facilities.

5 Assumptions of Care of Aboriginal and Torres Strait Islander Children

The process outlined below for the Assumption of Care of an Aboriginal and/or Torres Strait Islander Child is demonstrated in the [Flowchart](#).

Assumptions of an Aboriginal or Torres Strait Islander child may occur while the child is admitted to hospital. If this is the case, it is important that the assumption occurs in a culturally safe and appropriate manner.

1. SCHN staff need to be consulted of DCJ's intent to assume care of an Aboriginal or Torres Strait Islander child.
 - DCJ staff to contact SCHN staff when they are considering assumption of a child.
 - This is as per the Memorandum of Understanding between SCHN and DCJ.
2. A multidisciplinary case conference is to occur between DCJ, CPU, SW, and AHW.
 - The purpose of this case conference is to determine the following:
 - When the assumption is going to take place (date and time)
 - Why the assumption is taking place
 - Where the assumption will take place – ensuring a culturally safe space is selected
 - Who will be present when the assumption takes place
 - Confirmation of who and when DCJ will speak to the family about the meeting and intent (Note: this is not the role of health clinicians)
 - Important information and support required for the parents of the child
 - AHW to organise referrals and escalation of support to families after this meeting.
3. Assumption to take place.
 - Assumptions of Aboriginal and Torres Strait Islander children **must take place with an AHW present to be able to provide cultural support to both the child and the family.**
 - Assumptions of Aboriginal and Torres Strait Islander children **must take place in-hours (between 08:00-17:00).**
 - The only exception to this is where an assumption outside of regular hours has been pre-arranged and all relevant parties (AHW, SW, CPU) will be onsite to support the family at the time of assumption.
 - Assumptions of Aboriginal and Torres Strait Islander children must have a **pre-arranged time, date, and location.**
 - The assumption of an Aboriginal and/or Torres Strait Islander child must not occur if:
 - There is no prior notice that an assumption is planned
 - The AHU has not been consulted prior to the assumption
 - There is no AHW available to support the family
4. A post assumption debrief is to take place between DCJ, CPU, SW, AHW, and the parents of child.
 - This is optional for all stakeholders.

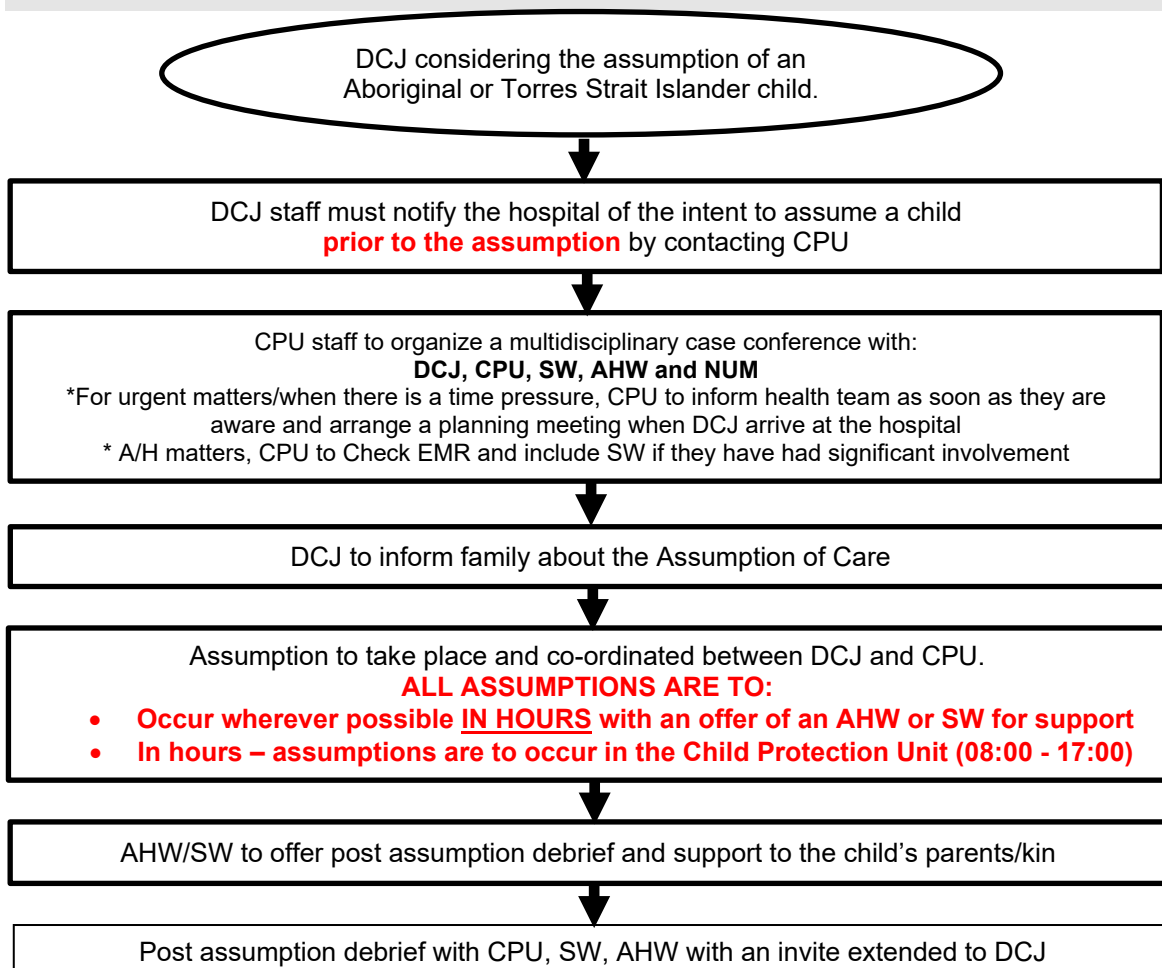
6 Support for staff

SCHN recognizes that any assumption of a child can have an impact on staff that are involved in the process. It is important for direct line managers to check in with their staff to support their wellbeing. Additional supports should be made available including:

- Access to clinical supervision
- Access to Cultural Support (for Aboriginal staff)
- Access to the Employee Assistance Program
- Being afforded to take leave if required

Staff are encouraged to approach their line managers if further support is required, to ensure that their health and wellbeing is maintained

Flowchart: Assumption of Care - Aboriginal and/or Torres Strait Islander Child



If AoC are unable to occur in hours please contact:

- Hospital Co-ordinator to liaise with clinicians and DCJ on the best and safe approach for assumption to occur
- Aboriginal Health Unit Manager: 0418 908 437 and CPU on call though switch for a huddle to make a plan.

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