

Response to Supplementary Questions

Question

- 1. The 2020-21 biennial review of the deaths of children in NSW notes that increasing suicide deaths sits 'within a wider context of increasing hospitalisations due to intentional self-harm'. How does the CDRT determine what data to access in order to contextualise deaths, and are there any issues using section 34K requests to access this data?**

Answer

Data outside that which is contained in, or otherwise obtained for the purposes of, the CDRT's Register of Child Deaths (**RCD**) is obtained and used as relevant to inform and contextualise the CDRT's biennial report.

For example, data is routinely sought from the ABS about population levels through a user pays arrangement. That data enables the CDRT to report on mortality rates for different cohorts of children.

Where relevant to the topic being discussed, biennial reports may also include publicly available information, such as the NSW Health data on hospitalisations due to intentional self-harm available on [HealthStats NSW](#). They may also contain data, otherwise not publicly available, that is obtained with the consent of other external data holders.

Section 34K imposes a duty on certain persons to provide of records (either existing or compiled). The CDRT has not had to rely on that provision to obtain relevant data in respect of its recent biennial reports, noting that the data the CDRT identified as relevant and useful to include in the report has been able to be obtained either through existing arrangements (such as with ABS), from publicly-available sources, or with consent.

Question

- 2. Can you provide an update on the project to review the suicide deaths of LGBTIQ+ young people? How did you identify this topic, and what is the process for gaining project approval?**

Answer

The topic was identified particularly having regard to the higher risks for this cohort of young people highlighted in internal and external data, and *The National Mental Health and Suicide Prevention Agreement*.

The CDRT *Biennial report of the deaths of children in NSW: 2020-2021* reported that of the 58 young people who died by suicide in NSW in 2020 and 2021, 10 (17%) were identified as LGBTIQ+. ¹ It is highly likely that this under-represents the actual number of young people who were LGBTIQ+, as it relies on records collected as part of our review process.

¹ Biennial report of the deaths of children in New South Wales: 2020 and 2021 (2023). NSW Child Death Review Team, NSW Ombudsman. Available at: [Biennial report of the deaths of children in New South Wales: 2020 and 2021 \(nsw.gov.au\)](#)

Research from the Black Dog Institute found those who identified as LGBTQIA+ were four times more likely to report serious suicide ideation compared to non-LGBTQIA+ students.² International research shows LGBTQ+ young people are more at risk of acting on suicidal thoughts than their non-LGBTQ+ peers.^{3 4} Various Australian studies also show levels of depression, anxiety, self-harm and suicide behaviours are higher among young people who identify as LGBTQ+ compared to their non-LGBTQ+ peers.^{5 6 7}

LGBTQ+ communities have been identified as priority populations under *The National Mental Health and Suicide Prevention Agreement* (Cth of Australia, 2022) and for data development as part of the National Suicide and Self-harm Monitoring System. Under the agreement, governments have a responsibility to support priority populations, who may be at higher risk of mental ill health and suicide due to vulnerability caused by social, economic, and environmental circumstances.⁸

Consistent with NSW Ombudsman internal approval processes, a provisional project proposal and, once approved, a project plan were developed for the LGBTQ+ suicide research project. These provide for the project's objectives, methodology and scope. In line with the CDRT Research Framework,⁹ both these documents were reviewed by members of the CDRT suicide sub-committee, followed by formal approval by the CDRT Convenor.

NSW Ombudsman staff are currently completing the cohort review and an open tender process is on the buynsw supplier hub. This procurement process seeks to identify an external research organisation to undertake elements of the project, including a literature review of effective preventative measures and protective factors, and a desktop review of existing countermeasures to support LGBTQ+ young people in NSW.

Question

3. What is the CDRT's Research Framework, and how is it being used?

Answer

The CDRT Research Framework¹⁰ (September 2024) guides the CDRT's research functions to achieve the CDRT's purpose of preventing or reducing the deaths of children in NSW.

² The Black Dog Institute - Future Proofing Study: Summary of findings from Year 8 surveys (2019-2022). Available at:

<https://www.blackdoginstitute.org.au/wp-content/uploads/2020/05/Future-Proofing-Summary.pdf>

³ di Giacomo E, Krausz M, Colmegna F, Aspesi F, Clerici M, 'Estimating the Risk of Attempted Suicide Among Sexual Minority Youths: A Systematic Review and Meta-analysis' (2018) 172(12). JAMA Paediatrics p 1145–1152.

⁴ The Trevor Project, National Estimate of LGBTQ Youth Seriously Considering Suicide (Web Page, July 2019) <https://www.thetrevorproject.org/research-briefs/national-estimate-of-lgbtq-youth-seriously-considering-suicide/>.

⁵ The Black Dog Institute - Future Proofing Study: Summary of findings from Year 8 surveys (2019-2022). Available at:

<https://www.blackdoginstitute.org.au/wp-content/uploads/2020/05/Future-Proofing-Summary.pdf>

⁶ Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021) Writing Themselves In 4: The health and wellbeing of LGBTQ+ young people in Australia. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University. Available at: [Writing Themselves In 4: National Report \(latrobe.edu.au\)](https://www.latrobe.edu.au/writing-themselves-in-4)

⁷ Australian Institute of Health and Welfare, 'LGBTQ+ Australians: suicidal thoughts and behaviours and self-harm', *Suicide and self-harm monitoring* (Web page, 2023) <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicidal-and-self-harming-thoughts-and-behaviours>.

⁸ [LGBTQ+ Australians: suicidal thoughts and behaviours and self-harm - Australian Institute of Health and Welfare](https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicidal-and-self-harming-thoughts-and-behaviours)

⁹ Child Death Review Team (CDRT) Research Framework (2024). NSW Child Death Review Team, NSW Ombudsman. Available at: [CDRT Research Framework NSW Ombudsman August2024 - FINAL.PDF](#)

¹⁰ Child Death Review Team (CDRT) Research Framework (2024). NSW Child Death Review Team, NSW Ombudsman. Available at: [CDRT Research Framework NSW Ombudsman August2024 - FINAL.PDF](#)

The Research Framework:

- guides how the CDRT prioritises, delivers and communicates research projects
- ensures consistency in the CDRT's approach to research
- ensures the CDRT's approach to research is equitable and inclusive
- supports collaboration with stakeholders in research projects
- aligns CDRT research projects with both the CDRT and NSW Ombudsman strategic plans.¹¹

The CDRT Research Framework informed the research methodology and ongoing governance for the two CDRT research projects¹² commenced in 2024.

The CDRT Research Framework will be used to identify, prioritise and implement new research projects based on the agreed principles.

Question

- 4. The CDRT is required to provide reasons if a research project hasn't been tabled for three years. Does this reporting requirement have any impact on the way the CDRT plans and conducts its research work?**

Answer

Section 34F(2)(d) of the *Community Services (Complaints, Reviews and Monitoring) Act 1993* imposes an implicit statutory expectation on the minimum volume and frequency of research by the CDRT. In effect, there is an implicit requirement that the CDRT will complete at least 1 research project every 3 years.

Consistent with that, the CDRT Research Framework¹³ states that the CDRT is required to report on its research at least every 3 years (referring to section 34F(2)(d)).

To date, the CDRT has met this research requirement, and has not been required to make a report under section 34F(2)(d).

The CDRT also does not anticipate making such a report in the future, noting it is currently finalising a research project, about which it will report in the next few months,¹⁴ and has commenced two new research projects.¹⁵

¹¹ NSW Ombudsman Strategic Plan 2020-2025 – Mid-point Refresh, [Strategic Plan 2020-25 \(nsw.gov.au\)](https://www.nsw.gov.au/strategic-plan)

¹² The two current CDRT research projects are: A review of perinatal deaths from severe brain injury in NSW, and a review of suicide-related deaths among LGBTIQ+ young people in NSW

¹³ Child Death Review Team (CDRT) Research Framework (2024). NSW Child Death Review Team, NSW Ombudsman. Available at: [CDRT Research Framework NSW Ombudsman August2024 - FINAL.PDF](#), p 1

¹⁴ CDRT is finalising a research project relating to the suicide deaths of Aboriginal and Torres Strait Islander young people

¹⁵ See footnote 12.

Question

- 5. What changes have you made to the CDRT's stakeholder engagement processes? How will this improve the uptake and implementation of CDRT recommendations?**

Answer

Prior to 2023, the CDRT would write to agencies seeking a written response with information about their implementation of prior CDRT recommendations. These responses would be used to assess agency progress, and be reported in the subsequent CDRT annual report.

Since 2023, the CDRT now also meets face-to-face with agency officials about their implementation of the recommendations and uses information from these meetings both to inform the CDRT's subsequent written request for an update from the agency and to assess agency progress.

This approach has increased the depth and frequency of the CDRT's communication with agencies about recommendations. Agencies are provided with an enhanced understanding of the CDRT's intent and desired outcomes of the recommendations, and the CDRT gains a deeper understanding of agencies' implementation of the recommendation, as well as the overall context.

The CDRT is also seeking to engage earlier with agencies about various issues, including to seek information about any relevant current or proposed initiatives, even where no recommendation has been made or in advance of considering the making of a recommendation. This engagement informs the CDRT's decisions about which issues to consider and any possible recommendations, it also assists agencies to have an earlier awareness of possible prevention initiatives.

Question

- 6. In providing a status update on implementation of CDRT recommendations related to safe sleeping, NSW Health requested ongoing monitoring related to one recommendation. Is this a common request, and how do you respond? (Annual Report 2023-24, p 49, Appendix 3)**

Answer

The letter from NSW Health, which provides a status update on the implementation of this recommendation (reproduced on p 49 of the CDRT Annual Report 2023-24), did not request ongoing monitoring in relation to the SUDI safe sleeping recommendation. To the contrary, where the letter 'seeks your consideration of the need for ongoing monitoring with respect to Recommendation 1' NSW Health is suggesting that ongoing monitoring is no longer needed.

In its annual reports in 2021-22 and 2022-23, the CDRT had decided to continue to monitor this recommendation, because it had not yet been satisfactorily implemented by NSW Health. Following the CDRT's assessment of the actions taken by NSW Health in 2023-2024, the CDRT decided that the recommendation had been implemented.

Question

7. What changes were made to the format of the biennial report of the deaths of children in NSW, and why was this done?

Answer

Since the tabling of the *Biennial report of the deaths of children in NSW: 2020-2021* in November 2023, we have reviewed the report's format to improve its accessibility, efficiency and impact on prevention.

Future reports will maintain a similar structure and continue to include key findings for the 2-year period, key trends and observations for deaths over the 15-year period, demographic analysis, leading cause of death analysis, cause specific characteristics and factors discussion and access to appendix/supplementary information.

Key changes will include simpler chapter content, reduced descriptive text and higher-level discussion of factors and risks. The report will only include discussion on critical research and related work, and discussion of focus topics will be included within chapters or in a separate section of the report. This will enable more effective dissemination of the report and its contents to clearly target key stakeholders for these focus areas.

Question

8. How are results of the governance survey being actioned?

Answer

Results from the CDRT member survey for the 2022, 2023 and 2024 calendar years were substantively positive, and indicated that secretariat support from NSW Ombudsman staff is a continuing strength. Members not otherwise directly leading or contributing to a particular research project, have consistently expressed a desire to increase their contributions to those projects and for greater transparency about project updates. This feedback has been actioned through improved reporting about projects at CDRT meetings and increased opportunities for members to contribute earlier to draft reports and documents. Additional subject matter subcommittees with members with relevant interest and expertise have been established to facilitate the provision of guidance on specific topics.

The member survey results were also used in the preparation of the externally facilitated CDRT half day strategic planning workshop in February 2025. The external facilitators also interviewed several members and the themes from these interviews informed the strategic focus areas at the workshop.

The survey responses and feedback from the workshop will guide the content of the CDRT's strategic priorities plan for 2025-2030.

Question

9. What impact would a National Child Death Data Collection have on the work of the CDRT? Can you tell us more about the proposed Collection?

Answer

The NSW Ombudsman on behalf of the CDRT is currently:

- supporting the Australian Institute of Health and Welfare (AIHW) to test the feasibility of establishing a National Child Death Data Collection (the Collection)
- working with other states and territories to develop agreed national definitions to support the Collection.

In the event the Collection is established, the AIHW feasibility report (May 2024) stated that jurisdictions will be required to:

- work with AIHW and other states and territories to establish data governance arrangements and a national reporting framework
- source the agreed data on an annual basis at the end of each calendar year (following a quality assurance process) and submit a data file to AIHW for collation into the Collection.

The aim is for the proposed Collection to support:

- the examination of national trends over time and identification of emerging patterns that may not be visible at the jurisdictional level
- research to enhance understanding of protective and risk factors, and inform prevention and intervention strategies
- monitoring and evaluation of child death prevention policies and programs
- identification of possible 'best practices'
- an evidence base for relevant legislative changes
- raising community awareness of key protective and risk factors to prevent child deaths
- exploration of possible linkages with other related health, welfare, housing, and education data to obtain a more holistic view of children pathways.