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The Hon Catherine Cusack MP
Chair
Committee on the Office of the Ombudsman, Police Integrity Commission
and the Crime Commission
Parliament of NSW
Macquarie Street
SYDNEY NSW 2000

Dear Madam Chair

Answers to questions on notice – Child Death Review Team (CDRT)

I am writing in response to Mrs Carly Maxwell's letter of 28 February 2014 providing questions on notice following the CDRT meeting on 18 February 2014. Also included below are answers to questions taken on notice during the meeting.

Questions taken on notice during the meeting

1. **Last year you put out a paper on low-speed vehicle run-overs. Are you able to provide more information about who that paper was distributed to and if you have had any feedback?**

The Team's issues paper on *Child deaths: Low Speed Vehicle Run-Over fatalities of young children 2002 – 2011* was released in February 2013. The issues paper is available on the Ombudsman's website (www.ombo.nsw.gov.au), and was also distributed to a broad range of agencies and organisations, including:

- other agencies undertaking child death reviews
- key transport-related organisations, including the Centre for Road Safety, NRMA, Kids & Traffic, and the Motor Accidents Authority
- health agencies, including local health districts, and
- other key injury prevention agencies, including the NSW Centre for Injury Research, and Kidsafe NSW.

While the Team has not received specific feedback on the issues paper, we have received information from the Centre for Road Safety in response to our recommendations that indicates

that considerable work has been done, and is continuing, to prevent low speed vehicle run-over incidents. The Team is continuing to monitor the Centre for Road Safety's work in this area, including its actions to implement our recommendation to bring together the key injury prevention agencies to consider the Team's findings regarding low speed vehicle run-over fatalities.

More broadly, the *CDRT Strategic Plan 2013-2016* outlines relevant actions for improving how we communicate key prevention messages and assessing the effectiveness of our recommendations and other work.

2. The overall mortality rate of 2012 is substantially lower than 2011. Is that trend consistent in the Aboriginal community as well?

The mortality rate of Indigenous children in 2012 (73.04 per 100,000 children) was substantially lower than 2011 (105 per 100,000 children). However, it is important to note that the mortality rate of Indigenous children in 2012 was still more than 2.5 times that of non-Indigenous children.

In the Team's annual report last year, we noted the problems we have experienced in developing a consistent and comprehensive approach to identifying and reporting the Indigenous status of the children who have died. We indicated that the report did not provide trend information for Indigenous children due to the problems with data consistency and comparability.

In the past year, the Team has obtained expert advice from the Australian Institute of Health and Welfare on best practice in identifying and reporting the Aboriginal and Torres Strait Islander status of children who have died. The improvements we are making in accordance with the AIHW's advice will enable us to start reporting on trend information for Indigenous children (for deaths in 2005 onwards).

Additional questions on notice following the meeting

1. How does the Team determine priorities when deciding which areas to undertake research in?

The Team's prioritisation of areas for research or other focus is largely decided on the basis of:

- Analysis of trends and patterns in the data – the CDRT database now holds over 9,000 cases over 17 years, and we are improving our capacity to interrogate that information.
- The likelihood of impact – that is, whether a focus on a particular issue would add value. It includes consideration of whether other groups or agencies are already undertaking work in the area and, in that context, whether any further input by the Team would be useful. It may also include legislative or policy developments that provide an opportunity to advance an issue.
- Public interest.
- Resources.

For example:

- We focused on an analysis of swimming pool drowning deaths primarily because moves were afoot to amend swimming pool legislation to include a registration and compliance regime in relation to pool barriers.
- We focused on low speed vehicle run-over fatalities because there was public attention on the issue through media; there was a spike in these fatalities in one year; and we identified that no injury data was being systematically collected in NSW.
- The Team's decision to undertake research into the causes of death of children with a child protection history was informed by the consistent prevalence of children with a child protection history amongst child deaths; and the need to more clearly identify opportunities for targeted prevention activities.

2. What processes does the Team have in place to encourage agencies to implement the Team's recommendations?

The Team puts considerable effort into ensuring that its recommendations:

- are clearly linked to findings/evidence from our analysis of child deaths
- take into account previous and current work in relation to the issues, and
- are practical and achievable.

We provide agencies with draft recommendations (with the draft report), and take into account their feedback and additional relevant information. The Team's actions to consistently monitor and publicly report on agency progress also encourages agencies to implement the recommendations. Agencies are aware that they are publicly accountable for their actions (or lack thereof).

3. Does the Team provide deadlines by which time agencies are required to respond to the recommendations?

At the time of releasing the report, we write to each of the agencies that are subject to the recommendations and indicate when we will seek a response and a report on progress. To inform the Team's next annual report, agencies will be required to respond to the recommendations by May 2014.

One of the challenges associated with annual reporting is the short amount of time that agencies have to take action and demonstrate progress in implementing the recommendations (effectively seven months). Given that many of the recommendations are aimed at addressing significant issues and often involve work over an extended period, this timeframe tends to be insufficient. Consequently, the Team typically makes further recommendations on the same topic that take into account the progress at that point and track the work over a longer timeframe.

4. **Are you satisfied that the current levels of resourcing and staffing are adequate for the Team to effectively perform its functions?**

The current levels of resourcing and staffing enable the Team to effectively perform its functions. Wherever possible, we leverage off relevant work of the Ombudsman's office and look for opportunities to link with other agencies to progress work.

We are also meeting with other child death review bodies in NSW, including Community Services and the Domestic Violence Death Review Team, to look at how we can ensure that we minimise duplication and maximise value for money (and add value to the work).

The Team is also considering other options for strengthening its ability to effectively perform its functions, particularly in relation to its prevention activities. Part of the Team's consideration concerns the potential need for amendment to the legislated reporting requirements to move to biennial rather than annual reporting – to enable the Team greater capacity to undertake work, either alone or with others, in relation to the prevention of child deaths; and to provide agencies with sufficient time to demonstrate important progress in implementing the Team's recommendations and to report on the outcomes from the work.

I hope this information is of use to the Committee, and please do not hesitate to contact my office if you would like anything further.

Yours sincerely

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Bruce Barbour
Ombudsman