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Your reference: LAC 12/397

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

Dear Madam Chair

Additional question on notice

I refer to Ms Matthews' letter of 30 August requesting additional information as to the types of programs and services Community Services provides with respect to sudden unexpected death in infancy (SUDI) to both indigenous and non-indigenous communities. I am providing the following information as the convenor of the Child Death Review Team ('the Team'). If the Committee has a particular interest in this area, it may also choose to seek additional information from Community Services directly.

There are a number of modifiable risk factors for SUDI, including:

- exposure to tobacco smoke
- infants sharing a sleep surface (particularly when co-sleeping adults are affected by drugs or alcohol)
- not placing infants on their back to sleep
- loose bedding, and
- placing infants for sleep in bedding that is not infant-specific.

In this context, prevention strategies are best addressed across a number of relevant agencies, including NSW Health, Community Services, and non-government agencies such as SiDS and Kids.

In 2010 a significant number of SUDI were from families with a child protection history (23 of the 50 children). Work completed in relation to the Team's 2011 report indicates a similar proportion for this year. Deaths of children known to Community Services are reviewed internally by that agency's Child Deaths and Critical Reports Unit (CDCRU). The Team is likely to recommend this year that the CDCRU conduct a cohort review of SUDI where the children who died were living in a family with a child protection history.

In 2007/2008, the CDCRU conducted a co-sleeping project which focused on parental substance abuse and co-sleeping. The project was action based, with a focus on increasing awareness of staff about the dangers of parental substance abuse and co-sleeping, increasing the confidence and skills of workers to impact positively on the practice of co-sleeping, and the development of resources (posters, magnets etc) that could be used by caseworkers and community agencies to provide clear advice to parents about the risks of co-sleeping while substance affected. The CDCRU has also focused specific work around Aboriginal families and co-sleeping, including production of specific resources and guidance targeted to Aboriginal families.

These concerted efforts in modelling and promoting safe sleep practices and environments are very important, but the Team also believe there is a need to improve the multi-agency response to SUDI. This may include creating a specialist team to manage SUDI investigations.

This and other issues relating to child deaths in NSW will be discussed in the next annual report of the Team, which is scheduled to be tabled at the end of October this year.

Yours sincerely

A handwritten signature in black ink, appearing to read 'B. Barbour', with a stylized flourish at the end.

Bruce Barbour
Ombudsman

4/9/12