

Questions on Notice -

Child Death Review Team Annual Report 2005

1. The Annual Report of the Child Death Review Team [CDRT] notes that the CDRT has been undertaking a special research study on trends in the deaths of children and young people from 1996 to 2005 [p 1]. Can you advise of the progress of this study, and provide an indication of when the results will be made available?

The data collection and methodological issues involved in a study such as this have been resolved. This included:

- *developing consistent and tested coding for cause of death information over a 10 year period*
- *determining the best way of identifying Aboriginal and Torres Strait Islander children and young people*
- *identifying and developing appropriate population data for calculating mortality rates by our key socio-demographic characteristics*
- *identifying ways of measuring preventability for use in our analysis*
- *determining how to analyse the deaths of children who had a disability and the children who had been identified as vulnerable*
- *identifying appropriate statistical techniques for the analysis of rare events, which is often what child deaths are*
- *receiving population data and cause of death data for peri-natal deaths in late September 2007*

Analysis has now begun on the trends in death across this period, for causes of death considered amenable to further prevention. A report will then be drafted and considered by the Team. This can involve a number of meetings and rewrites. Following the Team's sign off, comments will be sought from the Minister and her comments considered by the Team as required by legislation. We anticipate the special report will be tabled in Parliament by mid 2008.

- 2. The Nowra-Bomaderry area has been identified in successive CDRT Annual Reports as having the highest death rate for children and young people in NSW. The 2005-2006 Report notes that this matter has been referred to the NSW Chief Health Officer for further investigation [p 79]. Does the CDRT intend to examine this in any further detail? Has the Chief Health Officer undertaken to report back any findings back for inclusion in the next Annual Report?**

The Chief Health Officer conducted a review of the deaths from 2001 to 2004 and reported back to the CDRT. The findings of the Chief Health Officer will be reported in the Annual Report 2006.

- 3. There was an increase in deaths of children and young people in house fires during 2005 [pp 64-67]. Does the CDRT believe that this warrants further investigation to establish the cause of this increase?**

At present the number of deaths is too small to draw any conclusions, so the CDRT does not intend to investigate this in more detail. It will continue to monitor deaths resulting from house fires to see if the increase is statistically significant.

New laws making it mandatory for all residential dwellings to be fitted with a smoke alarm took effect in May 2006. The aim of the legislation is to reduce the number of deaths in house fires.

- 4. The Annual Report noted that the Commission has convened a Roundtable on Adolescent Risk-Taking [p 10]. What, if any, significant trends in risk-taking behaviours have been identified by the Roundtable? What further action is to take place in relation to the Roundtable's findings?**

The Roundtable was convened by the Commission to bring together a multidisciplinary group that would help us understand risk-taking behaviours and ways of preventing harm from these behaviours, not to identify significant trends.

The CDRT has used advice from the Roundtable to inform its special report Trends in Child Deaths in NSW: 1996 to 2005 research study.

- 5. In last year's meeting the Committee was advised that the CDRT was delaying further examination of supervision issues in relation to child deaths until additional research on children and young people's risk taking had been conducted [Committee on Children and Young People Report: Review of the 2004 of the Child Death Review Team, p 9]. Could you advise of the progress of this research, and whether the CDRT has commenced any further examination?**

The Commission has not progressed separate research into this issue as the work involved with the special report Trends in Child Deaths in NSW: 1996 to 2005 research study, had higher priority. We have however undertaken some initial work on supervision issues as part of another project looking at ways to better coordinate strategies for preventing child injury.

- 6. Aboriginal and Torres Strait Islander children and young people remain over-represented in deaths in NSW [pp 32-39]. These numbers may actually be higher, given that the Annual Report notes the difficulty in determining Aboriginality in many cases. Has the CDRT taken any steps to improve the collation of Aboriginal and Torres Strait Islander statistics?**

The CDRT improved its identification of Aboriginal and Torres Strait Islander children and young people for the Annual Report 2006 by obtaining information from the NSW Registry of Births, Deaths and Marriages birth registration data for all children who die. This provides another place that might record Aboriginality.

This has increased the number of children identified as Aboriginal and Torres Strait Islander and will be reported for the first time in the Annual Report 2006.

The CDRT is exploring whether other records might also provide information on Aboriginality such as records from NSW Health, the Department of Disability, Ageing and Home Care and the Department of Community Services.

- 7. The Annual Report again notes the difficulty in the accurate reporting of cross-border deaths of children and young people [p 16]. The report also outlines statutory and administrative restrictions placed on the sharing of cross-border information, and how the CDRT is currently devising ways around these restrictions to create a national approach. Has the CDRT developed any solutions to the current limitations on cross-border reporting?**

In 2006, the CDRT requested information on children usually resident in NSW who died in other jurisdictions from child death review teams in all Australian states and territories and from New Zealand.

Information was received from the Australian Capital Territory, Victoria and Queensland. These are the states where most NSW resident children die across the border. This data will be presented in the Annual Report 2006 and will allow readers to see the number and nature of deaths of NSW resident children that occurred interstate.

The CDRT will continue to develop solutions that promote cross border reporting.

- 8. The Annual Report monitors the recommendations made by the CDRT to various agencies and organisations [pp 86-108]. Does the CDRT receive any formal feedback relating to the uptake of such recommendations? Are there any strategies employed by the CDRT to encourage agencies or departments to take up its recommendations?**

The CDRT writes to agencies that are the subject of a recommendation, seeking written advice on the progress made in implementing them. This written advice is used by the Team to report on the details of the extent to which previous recommendations have been accepted.

The CDRT encourages agencies to implement the recommendations by writing to the agency head, highlighting the recommendations and the research that sits

behind it. At times, the Commissioner as Convenor has met with relevant CEO's to discuss acceptance and implementation issues.

The Commission also accepts invitations to join committees that might be involved in implementing the CDRT recommendations such as the Sudden Infant Death Advisory Committee and the NSW Suicide Prevention Advisory Committee which can assist with uptake of CDRT recommendations.

9. Successive Annual Reports show that the number of traffic fatalities among children and young people has been decreasing. Does the CDRT have a view on the factors which may be contributing to this downward trend?

First the CDRT needs to determine whether the downward trend is statistically significant. To do this we need to monitor the rates over a number of years which the special report Trends in Child Deaths in NSW: 1996 to 2005 research study will do.

The CDRT have not tabled a view on factors which may contribute to a downward trend. However as Commissioner I would point to some of the factors probably playing a role. These would include technical improvements to motor vehicles and roads, the introduction of child restraints, seat belts and limitations, enforcement of drink driving restrictions and graduated licensing schemes.