

REPORT OF PROCEEDINGS BEFORE

COMMITTEE ON CHILDREN AND YOUNG PEOPLE

**Review of the 2006-2007 Annual Report of the Commission for Children
and Young People and the 2006 Annual Report of the Child Death
Review Team**

At Sydney on Friday 7 March 2008

The Committee met at 10.00 a.m.

PRESENT

The Hon C. M. Tebbutt MP(Chair)

Legislative Council

The Hon. C. E. Cusack MLC
The Hon. K. F. Griffin MLC
Reverend the Hon. F. J. Nile MLC

Legislative Assembly

Ms M. T. Andrews MP
Mr A. D. McDonald MP

GILLIAN CALVERT, Commissioner for Children and Young People, affirmed and examined:

CHAIR: It is a function of the Parliamentary Joint Committee on the Commission for Children and Young People to examine each annual report of the Commission and report to Parliament in accordance with part 6 section 28(1)(c) of the Commission for Children and Young People Act 1998. The Committee welcomes the Commission and also its senior officers for the purposes of giving evidence on matters relating to the 2006-07 Annual Report of the Commission for Children and Young People and the 2006 Annual Report of the Child Death Review Team. I convey the thanks of the Committee for your appearance today. I am advised that you have been issued with a copy of the Committee's terms of reference and also a copy of the Legislative Standing Orders 332, 333 and 334 that relate to the examination of witnesses, is that correct?

Ms CALVERT: Yes it is.

CHAIR: The Committee has received a detailed submission from the Commission for Children and Young People in response to a number of questions on notice relating to the 2006-07 annual report and the 2006 Annual Report of the Child Death Review Team. Commissioner, do you wish this submission to form part of your evidence today and be made public?

Ms CALVERT: I do.

CHAIR: I direct that these materials be attached to the evidence of the witness to form part of the evidence. Do Committee members concur with authorising the publication of the submission?

Dr ANDREW McDONALD: Yes.

CHAIR: Before moving to the formal part of the proceedings, first I thank the Commissioner for the comprehensive response to questions on notice. I also congratulate the Commission. I understand the Commission's website recently won an outstanding achievement award for a youth site in international interactive media. That is a significant achievement of the Commission. Well done to you Commissioner and your staff, that is wonderful.

Ms CALVERT: Thank you.

CHAIR: Before I ask you to make an opening statement, if you wish to do so, I want to check something with Committee members. A memorandum or email was sent from Mel Keenan with regards to the Commissioner's letter about being able to give some of her evidence, if necessary, in private that could relate to the Child Death Review Team and would be covered by the confidentiality provisions of part 7A of the Commission for Children and Young People Act. If Committee members feel we need to discuss this, then we need to clear the meeting room.

The Hon. CATHERINE CUSACK: No, I do not think that is necessary.

CHAIR: My suggestion would be that if there were any questions directed to the Commissioner that she believes she would need to give evidence in private because it is confidential with regards to the operation of the Child Death Review Team, we hold that to the end of the hearing and deal with it at that time. Is that satisfactory to Committee members?

The Hon. CATHERINE CUSACK: Yes.

CHAIR: Commissioner, would you like to make an opening statement?

Ms CALVERT: I would. Thank you for those kind words of congratulations. In 2006-07 the Commission continued to perform and build upon its role as the peak advocate for the children and young people of New South Wales. We also continued implementing the amendments arising from our five-year legislative review passed in Parliament with bipartisan support in November 2005. I welcome this opportunity to highlight some of the ways we have been working to make New South Wales a better place for children and young people. One of the key elements of the Commission's work from day one can be summed up in a single phrase—ask the children. This reporting year saw many strong gains based on what children have told us, how we understand children's lives and how we have used these understandings for the benefit of children.

In 2006-07 we completed research into children's understanding of wellbeing. This has gone a long way to filling a significant gap in our understanding of wellbeing from children's perspectives. Because of a focus on problems and crises, research on wellbeing has tended to focus on what can go wrong rather than what should be going right for our kids. An increasing body of evidence shows that promoting wellbeing throughout their lives is in fact one of the best ways to prevent negative outcomes for children. That is why the Commission's research into what helps make kids feel good, happy and well is so important. So, in promoting wellbeing we are in fact reducing negative outcomes for children.

Children tell us that one of the best ways of supporting their wellbeing is to give them time with their parents. They thrive with the love and tenderness of their parents. Science shows us that this contact is vital for how a baby develops. That is a key reason why the Commission is supporting an Australiawide system of paid maternity leave for all Australian babies. Australia lags behind most developed countries and, in fact, many developing countries in providing paid maternity leave. That is something that we as a country that values children should be looking to address. The Commonwealth Productivity Commission's new inquiry, "Improved Support for Parents with Newborn Children", presents an opportunity for the Commission for Children and Young People to put its case. We have already registered our interest in making a submission to the inquiry. I quite deliberately talk about paid maternity leave for babies because I think that is the key reason we need paid maternity leave.

The year 2006-07 also marked new developments in how we consult with children and bring their views to the attention of adult decision makers. That includes the establishment of our new Kids Advisory Panel and online discussion forums for kids. Our groundbreaking research into children at work has moved to a new level with the tabling in Parliament in 2006-07 of our recommendations based on research and also with the launching of our second wave of research, responding to the changing landscape in which kids are working.

Importantly, the changes to the Commission's own legislation came into effect in January 2007. We have been able to implement these changes which have had a positive impact by improving the Working With Children Check. We are now building towards making the Working With Children Check even easier for employers and employees by copying the process online. Another important development for Working With Children Program has been the implementation of AWARE, which is A Workplace and Applicant Risk Estimate. So far we have had very encouraging feedback from employers who have appreciated the speed and consistency of results under the new risk assessment process. Very pleasingly, many have remarked that it has helped them to make adjustments to their workplaces and procedures to improve child safety.

I will briefly turn to a few additional projects and new developments for the Committee's consideration. By researching and educating on children's issues, the Commission helps opinion leaders, organisations and the wider community to take action to support children and young people's development and wellbeing. Research projects commenced in the previous reporting period and that are currently underway include Mobile Me, which is investigating children and young people's use of mobile phones, and children's conceptualising of poverty. In our work we also make formal submissions to government and non-government inquiries. In the reporting period we made 16 submissions, including a

submission to the inquiry into voter enrolment, the inquiry into the Workplace Relations Amendment Bill, and the review of the New South Wales Mental Health Act.

Following the Commission's submission to the Parliamentary Joint Committee's Inquiry into Children and Young People and the Built Environment, we continue to develop ways to help government and communities include children and young people in local planning. For example, I delivered a keynote address at the Child Friendly Community's Conference co-hosted by the Australian Research Alliance for Children and Youth and the Urban Research Program at Griffith University. Important progress in this area is the development of child friendly community indicators to help local government assess how well they are doing in creating communities that enhance children's wellbeing. We are now trialling those indicators with some local councils to put these indicators through their paces in real situations.

We have also put in place new systems to track and report on the impact of our influencing work to try to measure the extent to which recommendations are agreed and implemented by target agencies.

We also have continued to fulfil our responsibility to monitor the wellbeing of children and young people by developing ways to present data on children's wellbeing according to age group—infancy, toddlerhood, early childhood, middle childhood and adolescence—and that information is now available on our website. It is now the third-most used option out of 10 for looking at children's wellbeing and monitoring children's wellbeing in our Kids Stats site. We developed our website in 2006-07 and it went live with a fresh new look and new features on 16 December. In the first full quarter of operation we recorded a 20 per cent increase in traffic compared to the same quarter in the previous year. As the Chair has already indicated, we have won an award in the youth category in which we were required to score an aggregate of 92 per cent or higher against five judging criteria, which were design, content, feature functionality, usability and standards compliance and cross-browser compatibility.

Some of our new developments include Kids Poll, where children and young people can vote on issues important to them, as well as Have Your Say, which gives kids' views on ways to get involved in their community. In a few weeks we will be launching an electronic version of Feedback, which will then become a quarterly web magazine called Feedback Mag.

We did again listen to children's views and spoke up for children when decisions affecting them were made. We certainly spoke with kids and put their views forward in the development of the New South Wales State Plan and in our submission to the Australian Law Reform Commission's review of the Privacy Act.

One of the ways of communicating with children has been a Young People's Reference Group which is made up of 12 young people aged 12 to 18 who are appointed annually. I thank everyone who has been a member of the reference group from its beginning in 2000 until its final meeting in 2006. I think they have made an outstanding contribution to the work of the Commission. I place on the record my appreciation of those young people. Interestingly the model which proved so successful in helping us get off the ground has been taken up internationally, including by the Children's Commissioner in England and the Ombudsman for Children in the Republic of Ireland. In 2005-06 we reviewed our participation and consultation mechanisms because we wanted to find a way of broadening and deepening our communication with children and in particular improve consultation with younger children. So in the reporting period we appointed the first of our two kids advisory panels. These panels consist of children who already know each other. We meet in their environment and their community rather than have them coming into our environment.

In relation to improving safety, we continue of course to operate the Working With Children Program. As part of the legislative changes that came into effect in 2007, we have published the revised *Working With Children Check Employer Guidelines* and we have also

revised our *Operator Guidelines for the Working With Children Check*. We continue to promote our three-pronged approach to child protection in the workplace—banning inappropriate people, conducting background checking, and encouraging child-related organisations to be child safe and child friendly. In relation to excluding inappropriate people, we received in the reporting period 48 new applications for review of their prohibited employment status, with an additional 14 pending from the previous year—so 14 were carried over. Of those, 13 applications were refused because applicants were not able to show us they were no longer a risk to children. Another five were either dismissed or withdrawn. Thirty-four applications were granted as the original incidents indicated a lack of sexual maturity in young offenders or reflected change in community standards. We found no indication these applications continue to pose a risk to children. Changes in the legislation from January 2007 mean that some people with more serious convictions are no longer able to seek a review of their prohibited status.

In relation to background checking, we conducted 75,592 background checks to help employers in selecting applicants out of a total of 226,212 checks conducted statewide by all of the Approved Screening Agencies. If a relevant record is identified then, as you know, we conduct an estimate of risk, and 207 were conducted by the Commission out of a total of 607 risk estimates conducted statewide. The annual report details the outcomes of these risk assessments. We provided further support to communities through our Child Safe, Child Friendly Program. As our annual report indicates we will be targeting family day care, local government and children's disability services in the 2007-08 period to help to build their capacity to manage risks around work with children and young people.

Finally our work also supports the Child Death Review Team. In the reporting period, we moved into the final stages of data collection for our 10-year study into trends in child deaths in New South Wales from 1996 to 2005 and we anticipate this being tabled in the 2008. I thank the many children and young people who contributed to the work of the Commission and their parents and family as well as the people who work with them and support them in getting involved in the work of the Commission. We at the Commission are looking forward to continuing our work with others to improve the lives and circumstances of children and young people in New South Wales.

CHAIR: I note that a number of other members of the Commission for Children and Young People are present: Virginia Neighbour, Trish Malins, Bruce Williams and Ashley Dixon. I also note an apology from Steve Cansdell. We put a number of questions on notice to the Commissioner, to which we have received comprehensive responses, and they will form part of our report. We are examining both the 2006-07 annual report of the Commission for Children and Young People and the Child Death Review Team report 2006. It may be useful if we direct our questions first to the Commission for Children and Young People annual report and then move on to the Child Death Review Team report 2006. I want to ask about the poverty research that the Commission has been involved in. You mentioned that in your opening statement. Can you tell us a little more about some of the themes that emerged from that research?

Ms CALVERT: Twelve per cent of Australian children face persistent poverty as opposed to moving in and out of poverty, and that is a very concerning figure. We know very little about children's experience of poverty, their insights into how they understand poverty. Because we do not have that understanding, we are not sure that the policies and services that are in place meet children's needs as opposed to perhaps family needs or adults' needs who are caring for those children. The research we conducted was preliminary research before putting in for a major research grant. The Australian Research Alliance for Children and Youth has a funding program that allows you to apply for seed funding. That seed funding is being used to develop a much more comprehensive grant application to the Australian Research Council [ARC].

We were granted a seed grant, in conjunction with Professor Catherine McDonald and the Benevolent Society. As part of that, we conducted a national roundtable of experts in poverty. We also undertook a literature review and we also had some preliminary conversations with children to test whether the approach we wanted to take for the major

research grant was viable and would give us what we wanted. Out of that activity we have produced four papers, three of which are on our web site and the fourth is shortly to be placed on our web site. One is an outcome of the round table; another is to do with the importance of identity; and another is a review of the literature; and then our consultations and conversations with children. Rather than me summarise those four comprehensive papers, I would be happy to table them or to refer the Committee to them.

What we do know is that it is important. Our preliminary research found that, first, there was widespread support for us finding out about children's experience of poverty; secondly, the methodology that we are looking at using to do that will give us that information; and, thirdly, we have now been able to put in a very strong application to the ARC for a discovery grant to do a three-year study into children's poverty.

The Hon. CATHERINE CUSACK: It is unusual, is it not, for non-government organisations to be funding the Government on these matters? You said the seed grant came from the Benevolent Society.

Ms CALVERT: No. The seed grant came from the Australian Research Alliance for Children and Youth, which is actually funded by the Commonwealth Government and certainly under the previous Federal Government was given quite substantial funding to try to develop research into important areas of children and youth lives. So it is through a non-government organisation but the non-government organisation has been funded by the Australian Government to do it.

The Hon. KAYEE GRIFFIN: In the replies to questions, question 2 related to the Commission implementing children with disability programs. You spoke about the Commission's involvement in contributing to changes in the guidelines and forms regarding kids with disabilities so that they would not be wrongly labelled with a history of violence in schools. This may be something that needs to be taken on notice, but can you expand on what that work entailed and the outcome of it?

Ms CALVERT: The work entailed us looking at a number of versions of the guidelines and providing that feedback to the Department of Education and Training, both in a written form and also in conversation. So that process happened, I think, two or three times until we were satisfied with the guidelines and along with other people of course the guidelines were then issued. So it was about us advocating for children with disabilities to try to get the form set out to include questions that did not lead to them being labelled as kids with histories of violence. You might think that that is a behavioural issue but if you have a disability how you respond to that might be different to a kid who is violent because of family circumstances or something like that. It was important for us to get the Department of Education and Training to separate those two things out so that appropriate services and teaching methods and so on could be put in place for those children.

The Hon. KAYEE GRIFFIN: My next question relates to working with local government. Question 17 related to partnership building with local government. You mentioned that the Commission is working with Wollongong, Sydney City and Port Stephens Councils and that you are expecting two more councils to be part of that work, one in a rural area and one in outer Sydney. Because the city of Sydney Council is the one you are looking at in Sydney, will you also be looking at a smaller metropolitan council? In terms of the rural one, are you looking at a small rural one or would you also include one that is perhaps of regional significance in New South Wales? I use the examples of Orange, Bathurst, Armidale, Walgett or something like that?

Ms CALVERT: The rural area that I think we have picked up is Shellharbour. The reason we have picked that is because they have involved the community and it is a community led process of time to develop child friendly communities. The Council is very involved in that but we thought it was interesting to use Shellharbour because they had a different process than the other three Councils. We have not yet finalised the one from outer Sydney so we are still negotiating with that.

Dr ANDREW McDONALD: On page 50 of the annual report there is a graph trend line. Can you comment further on the two upgoing trends which appear to be domestic violence per 20,000 and child abuse per 1,000? Can you comment on your interpretation of that increasing trend?

Ms CALVERT: At this stage no, I prefer not to because two years a trend does not make.

Dr ANDREW McDONALD: The domestic violence one goes from 1996. It is the bottom one; it starts very low and goes up to near the end.

Ms CALVERT: And then it goes down.

Dr ANDREW McDONALD: It goes up, up, up, up and then down over the past few years.

Ms CALVERT: There was a significant increase from 1997 to 2000, and then it plateaus and goes down.

Dr ANDREW McDONALD: Child abuse figures start in about 2000.

Ms CALVERT: Yes, and it kicks up. Infant mortality also kicks up.

Dr ANDREW McDONALD: I was less worried about that because that is a steady downhill trend.

Ms CALVERT: Yes, over time. I am reluctant to talk about it, partly because we are in the process of looking at our child death data, and I think that is going to be a more robust view, in a sense, certainly what is happening with deaths of children. Apart from noting it we have done nothing more, except to look at these trends and ask what does that tell us? We are not sure what it tells us, is the bottom line: we do not know.

Dr ANDREW McDONALD: Is there a reporting bias because the 1996-97 figures are so low?

Ms CALVERT: With domestic violence?

Dr ANDREW McDONALD: Yes.

Ms CALVERT: There may well be a reporting bias in relation to the domestic violence increase from 1997 to 1999.

Dr ANDREW McDONALD: Would you please enlarge on the child-friendly community indicators which you talked about in your statement. What are they?

Ms CALVERT: I would be happy to give you a copy of the draft of our child-friendly indicators. It is a draft and we are not distributing it more widely than to those councils that are involved because we want them to try it out in real time, if you like. But they measure some of the things, such as the number of parks, playgrounds and those sorts of things. I am happy to table a copy.

Document tabled.

Reverend the Hon. FRED NILE: In your review you refer to paid maternity leave?

Ms CALVERT: Yes.

Reverend the Hon. FRED NILE: Have you developed a policy? Is that part of what you are doing? I know you say 12 months maternity leave.

Ms CALVERT: That is part of what we are preparing at the moment but we have previously released a document called "What about the kids?" It looked at parental leave and work-family balance and also early education and care. What we propose in that is 12 months paid maternity leave, with a further option of 12 months unpaid, and that there also be a mandatory period for paid father leave wrapped up into that mix.

Reverend the Hon. FRED NILE: I assume you will put in a submission to the Productivity Commission that is looking into that matter?

Ms CALVERT: We will be making a submission and we will arguing very strongly around children's development and the needs of children being the reason why we need to improve our paid parental leave system in Australia, particularly for children from poor families. Certainly a lot of babies from rich families currently have access to some form of paid maternity leave, which can then be combined with annual leave and long-service leave. But for babies born into poor families the provision of leave is very poor. Similarly, provision for self-employed women I think also needs to be addressed and how do we support them to take time out of their business to attend to the needs of their babies?

Reverend the Hon. FRED NILE: In relation to question 10, you refer to the average of 120 risks estimated for the 80,000 checks done. In what period are the 80,000 checks done?

Ms CALVERT: In one year. It fluctuates but on average the Commission does between 75,000 and 80,000 background checks a year. The State as a whole does between 200,000 and 250,000 checks a year. We currently have about 200 risk estimates, that is, 200 of the 80,000. If you look at the statewide figures it is about 500 or 600 for between 200,000 and 250,000 checks.

Reverend the Hon. FRED NILE: Will it remain at that high figure? At some point will everyone have been checked or is it new people coming into the area?

Ms CALVERT: Yes, it is turnover in the work force. It seems to be pretty consistent between 200,000 and 250,000 checks a year. That is sort of where it is levelling off and we have now been going for eight years.

Reverend the Hon. FRED NILE: I know that you check with the police, but how much work does the Commission do in those checks?

Ms CALVERT: We have a very streamlined system, and a lot of it is based on information technology, and we have been increasing that. So where we can we do it electronically. The biggest level of work for us is probably answering and following up inquiries, and undertaking risk estimates, that is the bulk of the work where our staff is involved. Having said that, we also have to do quite a lot of work around developing and maintaining the system and working with the other Approved Screening Agencies as well. So they would be the areas where the work occurs.

Reverend the Hon. FRED NILE: Do you have an estimate how much time is spent on each check or does it vary on the work being done?

Ms CALVERT: No, it probably varies. We have both functions to do with actually conducting the checks for our clients and then we also have the responsibility for doing the statewide management and leadership of the Working With Children Check. No, I probably could not give an estimate of time spent on each check. I do know that it is less than it was when we first started because we have made things electronic. So whereas in the past we would manually send letters, we now electronically generate them which has been a saving in time.

Reverend the Hon. FRED NILE: Would it be an hour or a day?

Ms CALVERT: I really could not answer because not just one check is done, a number of checks are done at the same time. Certainly we know that the majority of checks get back to the employer within something like three days. So between 80 per cent and 90 per cent of checks get back to the employer within three days of their sending it to us and about 98-99 per cent of checks get back to the employer within 10 days of them sending it to us. By far and beyond we have the most rapid turn around of any of the checking processes in Australia.

Reverend the Hon. FRED NILE: The Commission seems to have a big workload. Does it have the resources to do it or is it just coping?

Ms CALVERT: Where we probably will be looking for new resources is in relation rebuilding our underlying information technology system. It was developed eight years ago and in information technology land that is an old, aged system. So we will be looking to rebuild that system so that we can ensure its integrity and to keep it robust. We always could do more with child-safe child-friendly. You could have a whole range of activity under way there but you coat to fit your cloth and so we do what we can within the resources we have but that is another area. Auditing prohibited employment would be the other area where we are hoping to have some resources made available once eCheck comes on line. We will divert that into auditing prohibited employment forms.

Ms MARIE ANDREWS: Has anything been shown in your research work that grandparents who are parenting are placed at a disadvantage as compared with other foster carers?

Ms CALVERT: My understanding is that if someone is an authorised carer they get paid the foster care allowance, and a lot of grandparents have been made authorised carers to care for their children. They receive the same level of financial support as stranger-authorised carers. Having just become a grandmother myself, the issue is that you just do not have the energy that younger parents have. It is in a sense a much harder task than for someone who is younger.

Ms MARIE ANDREWS: Perhaps there might be cause for some respite care for people in that position?

Ms CALVERT: Most of the non-government organisations and the department I think do try, certainly with the reforms under way in relation to out-of-home care, to put together the package that the child or the carer needs for them to be able to care for that child. The fact that you are a grandparent as opposed to a stranger carer should not make any difference, in a sense. Kinship carers who are authorised should be getting the same service as non-kinship carers. It is probably uneven at the moment and I would hope as some of the reforms are further rolled out we will start to see a bit of a change in that.

Ms MARIE ANDREWS: You mentioned, and we all understand, that the Commission has input into various inquiries regarding young people. Do you think from those inquiries that young people's comments are taken seriously and often go on to become policy?

Ms CALVERT: Yes I do. One example is the State Plan where there were clear changes as a result of consultation with young people, and we know what the changes were. The second thing I will share with you is a comment that the Deputy Ombudsman for Children in Ireland made after watching me appear before a parliamentary committee inquiring into young driver education. He commented to me at the end on how the members of Parliament were really interested in hearing what young people had to say and what young people's views were. He noted that because he said he had not seen that in his own Parliament. It struck him as something about my appearing before that committee. It was an unsolicited response. I said to him, "What did you notice?" or "What did you think about the process?" when we were talking about it. He said, "What really struck me was how interested all the parliamentarians were in young people's views and really what they wanted you to tell them was young people's views."

Ms MARIE ANDREWS: That is good.

CHAIR: I have one question. You mentioned in your opening comments the use of AWARE, which I think you said the Commission is now using with regard to screening, and that the Commission is working with the other approved screening agencies for them to implement the use of AWARE. How is that progressing and is that being embraced by the other screening agencies?

Ms CALVERT: Yes. Prior to us rolling out AWARE we met with unions and major employers to explain AWARE. We then developed and installed software to support AWARE in all the Approved Screening Agencies. We trained all of their staff—probably the equivalent of about two days' worth of training. We presented at client forums to explain AWARE from the employer's or the client's point of view and perspective. I released new guidelines for operating AWARE for all of the Approved Screening Agencies and that formed part of the training that they undertook. We started using AWARE in May 2007 and by December all of the Approved Screening Agencies were using it. We continue to support the Approved Screening Agencies by holding a monthly forum of all the risk assessors where we get feedback on our practice and on the system, and we will do that for six months and then review whether we need to continue to do it. We continue to meet clients, if that is needed, to give them information. As we conduct and use AWARE we are finding it is presenting—this is anecdotal, not measured—opportunities for us to engage with employers about the broader child safe, child friendly aspects of their work. From that we have been able to engage with a couple of employers to really look at the risk management strategies overall within their organisations.

Dr ANDREW McDONALD: Moving on from AWARE, 80,000 out of 250,000 are done by the CCYP. Who does the other 170,000?

Ms CALVERT: There are four Approved Screening Agencies: the Department of Health, the Department of Education and Training—it would be the other big agency—the Catholic Commission for Employment Relations and the Department of Arts, Sport and Recreation. We are the fifth.

Dr ANDREW McDONALD: Is the CCYP's responsibility to those agencies mainly based around AWARE?

Ms CALVERT: No, our responsibility to those other Approved Screening Agencies is quite broad and they are set out in the Working With Children Check operator guidelines. Basically they involve us leading the Working With Children Program; maintaining the program, guidelines and tools they use; liaising and consulting with them as key stakeholders; managing disputes and complaints; managing the IT systems that underpin the Working With Children Check; and auditing the Approved Screening Agencies. So we have quite a lot of interaction. We have a quarterly managers meeting where all the managers of the Approved Screening Agencies get together. That is chaired by the Commission's Director of Operations, Virginia Neighbour. We also meet quarterly with the senior officers in those agencies, or Virginia meets quarterly with those officers on a one-to-one basis to brief them on any issues that are emerging. We also run training programs, provide feedback to questions they have, and disseminate guidelines, procedures and standard letters and tools for them to use. We also conduct audits of their performance and we are in the process of developing the specifications for the audits for this reporting period. So we have a very strong relationship with those Approved Screening Agencies because in a sense they are our agents in the field.

CHAIR: Thanks, Commissioner. If there are no further questions on the Children and Young People report we will move on to the 2006 annual report of the New South Wales Child Death Review Team. Again I note that the Commissioner has provided quite comprehensive responses to our questions on notice and that will form part of the publication of the report that arises from this hearing. We will now move to questions. I note in your report you talk about the Australian and New Zealand Child Death Review Teams and the

fact there has been a second meeting—maybe there has been a subsequent meeting since the publication of the report. Is there value in the child death review teams across jurisdictions coming together to increase our understanding of what contributes to child deaths?

Ms CALVERT: Yes, I think there is value in the teams coming together. An example is that the New Zealand Child Death Review Team has been looking at trying to develop a system for understanding errors or commonly made errors that might contribute to children's deaths or be present when you review child deaths, and the Australian and New Zealand Child Death Review Team group is helping them with that work. If they can complete that work then that will be a very valuable tool for reviewing deaths of children. That probably would not have happened where we had everybody contributing to it and a range of perspectives; that would not have happened if we did not have the Australian and New Zealand Child Death Review Team group coming together. One of the challenges facing the group is that it has no independent resourcing, so it is beholden on us to do that within our existing resources. That is proving to be challenging, so we have been talking with the Commonwealth Government—both former and current Commonwealth Governments—to see if there is any opportunity for some funding to help us progress that work somewhat more quickly.

The Hon. CATHERINE CUSACK: We have talked about data collection in a range of contexts and the issue of under-reporting, and I notice that you say in one of the responses that it is also a problem for investigations into maternal deaths?

Ms CALVERT: Yes.

The Hon. CATHERINE CUSACK: When a child dies there is a whole range of agencies that then have to start documenting what happened, of which the Child Death Review Team is one, the Coroner, the hospital, the Department of Community Services, and the Registry of Births, Deaths and Marriages. Is it possible that, if everyone has their own forms, the worker or the nurse or whoever is suddenly being overwhelmed by the reporting requirements and, as a result, those requirements are not being complied with very effectively?

Ms CALVERT: There are a number of forms, but multiple people use those forms, so we do not generate our own forms. For example, what we do is rely on the Births, Deaths and Marriages form and we rely on the National Coroner's Information System. We are not adding forms, we are using other people's forms, and the Coroner also uses other people's forms as well. Similarly with Police and Health. There are a number of forms, but there is only one of them, so there is only one police report, but multiple people use that police report—for example, the Coroner uses it, we use it, and so on. I think the problem with data collection is that it is human error because what someone might see as a question meaning X, someone else will see as a question actually meaning X plus Y. The other thing is that the death of a child is traumatic for the workers as well as, of course, the parents, so they are often filling out forms when they are in a distressed state. For example, an ambulance officer who has had to pick up a child who has died of Sudden Unexpected Death of an Infant, that is a distressing experience for them. The filling out of their form therefore may not be good, or as good as it is if they are not in a distressed state. So I think a number of things contribute to problems with form-filling, if you like. If I could find a solution to it, I would be really happy.

The Hon. CATHERINE CUSACK: New South Wales Health notes in the Mothers and Babies report 2005 that due to under-reporting in the midwives data collection the true number of Aboriginal babies is about one and one-third times higher than shown. I find that extraordinary because that is not a confusing question. That is information that is on every form that everyone fills out: "Are you Aboriginal?" How can that information not be captured, given the incredible significance of the issue? If that cannot be relied upon, what else can be relied upon in these data collection processes? You are relying on that as well for your report.

Ms CALVERT: We are. Completeness around indigenous reporting is something that is not just restricted to New South Wales, it is certainly the same in other parts of Australia and it has been reported in New Zealand as well. The reasons that people put forward for that is that sometimes people do not self-identify as being indigenous, therefore it is incomplete or it is inaccurate. Secondly, the people who are filling out the form may not have the information and they will make assumptions that are incorrect and say someone is indigenous or is not indigenous when in fact they are or they are not. For example, even though the form may be required to be filled out by the person, because the person who is the subject of the form is distressed, someone else will fill it out for them and they will fill it out inaccurately. So there are reasons why. They are the sorts of reasons that people give me as to why there is under-reporting of indigenous status. That is also why the Team has moved in a way that tries to capture that data. Whereas before we only relied on calling someone Aboriginal if it was on their death certificate, what we now do is, if there is any mention in any of the records that they are indigenous, we then record that person as an indigenous person. That is a practice that is being used in a number of child death review teams now—certainly Western Australia and New Zealand—and that appears to have improved our capture of indigenous status.

The Hon. CATHERINE CUSACK: So it is not necessarily on the death certificate, but you will have searched further. With child deaths that you are investigating, that you are matching up with a death certificate, do all of those children have birth certificates or are you finding that there is a gap there?

Ms CALVERT: Can I take that on notice? I will need to check that because we probably only look at the death certificate. I will take that on notice.

The Hon. CATHERINE CUSACK: I understand that there is a problem of—

Ms CALVERT: Birth certificates or registering births?

The Hon. CATHERINE CUSACK: Yes, registering births, so I thought that would be quite an interesting thing to know.

Ms CALVERT: Yes.

The Hon. CATHERINE CUSACK: Is Aboriginality recorded on a birth certificate?

Ms CALVERT: Yes, it is.

The Hon. CATHERINE CUSACK: So that would be one of the documents you would be looking at?

Ms CALVERT: Yes. Is it okay if I consult?

CHAIR: Yes, of course.

Ms CALVERT: I have just been informed that we do collect information on the birth certificate and it does contain indigenous status. There is discrepancy between the birth certificate and the death certificate, but that discrepancy is lessening over time.

The Hon. CATHERINE CUSACK: Would you mind taking on notice the extent of the discrepancy and how it is lessening, because that would be very interesting, and also how many death certificates you are finding where there is not a birth certificate?

Ms CALVERT: Yes. I know that when I have asked that question in the past—why is it that you have a death certificate without a birth certificate—one of the explanations that people have put forward is that for parents whose baby dies on the day that it is born, they are in such a distressed state that they just do not get around to registering the birth, it is too painful for them, whereas the death certificate is filled out by the doctor and so that gets

done. That is certainly one explanation that I have been given when I have asked why is there this discrepancy.

The Hon. CATHERINE CUSACK: Can I then clarify my question by saying other than children who are stillborn or—

Ms CALVERT: Yes, if I can break that down. We will try to break it down.

The Hon. CATHERINE CUSACK: That would be more useful. What I am looking for is a useful indicator of how big the problem is of birth certificates not being issued. The legal age at which you can issue a birth certificate I understand is 20 weeks for a child who is stillborn. Do you think that 20 weeks is an adequate point in time? I say that because many members have probably been asked that same question by a woman whose baby was stillborn at nine weeks and she desperately wanted a birth certificate. When this came about I researched it as being 20 weeks, but I do not really know why it is 20 weeks. Is a baby born at 20 weeks issued with a birth and a death certificate and are those statistics all put in this report? Are they treated the same as a baby?

Ms CALVERT: The Team has a definition of "death" which is that the baby has to have taken a breath and have a heartbeat. Interestingly, we have been in discussions with the British Columbian Child Death Review Team, which is coming out to visit us. It has a slightly different definition of death, which is that the baby has to be a certain number of weeks, plus take a breath, plus have a heartbeat. That is something that the Team will be looking to establish whether the New South Wales Team needs to modify its definition of "death". Referring to when birth certificates are issued, I imagine it is when life is considered viable. That is a medical or a legal—

Dr ANDREW McDONALD: Historical.

Ms CALVERT: It is an historical thing. The Deputy Chair might be able to answer that question more effectively than I can, but I am happy to take it on notice and to provide an answer to you.

The Hon. CATHERINE CUSACK: My understanding is that the main motivation behind it is to have consideration for the feelings of the parents. But, equally, when you decide the age I suppose a whole lot of legal consequences flow from that as well. It is quite a tricky matter.

CHAIR: Commissioner, will you take that question on notice?

Ms CALVERT: I will, and I will provide a response.

CHAIR: It is probably outside your direct area of responsibility as convenor of the team.

The Hon. KAYEE GRIFFIN: I refer to question No. 3 which relates to transport and to the inappropriate use of restraints being identified as a contributing factor to a number of deaths in 2006. In your response you state:

The Child Death Review Team needs to monitor this for a longer period before such a claim can be made.

What would be a longer period? Do you have any idea about what would be a longer period when you are looking at that issue?

Ms CALVERT: It is not just a question of how long; it is a question of how long for a particular trendline. We need to have had the trendline consistently going up for about three to five years before we can say that it is a trend. If it goes up and down over that three-year to five-year period we cannot draw a conclusion from it, so it has to either go up or go down. It has to show the trend for about three to five years before we can say that it is a trend. That is the issue.

The Hon. KAYEE GRIFFIN: At the moment it is an issue that you are continuing to monitor?

Ms CALVERT: Yes. If it continues in that direction in three to five years we will be able to say, "Yes, it is a trend." But if it starts to jump all over the place again we will not be able to say that it is a trend.

The Hon. KAYEE GRIFFIN: Part of the answer to that question confirms a comment that you made earlier about the way that people fill in the forms. You note that the police as opposed to other groups are better at recording restraint use in their reports because it is difficult for people to fill in forms when a tragedy or serious incident occurs.

Ms CALVERT: Yes.

The Hon. KAYEE GRIFFIN: You spoke about a campaign specifically targeting young males.

Ms CALVERT: Yes.

The Hon. KAYEE GRIFFIN: You differentiated between young males and young children when referring to this restraint issue. Are there any plans at the moment to design a campaign around that target group, or to involve that target group?

Ms CALVERT: Around young males?

The Hon. KAYEE GRIFFIN: Yes.

Ms CALVERT: The "No belt no brains" billboards are aimed specifically at young people. I do not know whether they are aimed specifically at young men, but they are certainly aimed at young people. I am not aware of any proposed campaign, but that does not mean that the Roads and Traffic Authority [RTA] does not have one on the drawing board, so to speak. I am just not aware of it.

Dr ANDREW McDONALD: I have only one question that may be outside your brief. I refer to the 12 recommendations of the Child Death Review Team for preventing further deaths. The 2002 annual report of the Child Death Review Team recommended:

That Families First be enhanced to enable the provision of sustained home visiting for all high risk families for up to two years.

Do you know much about the current status of that recommendation? To what extent has it been implemented statewide?

Ms CALVERT: It has not been implemented statewide. I know that, for example, the Aboriginal and Infant Maternal Health Strategy includes sustained nurse home visiting as part of that. The Aboriginal community would be the primary target group that you would be wanting to look at in relation to sustained nurse home visiting. On a more personal note I can say that it operates for the under twenties in the areas serviced by Royal Prince Alfred Hospital, and it has been very successful.

Reverend the Hon. FRED NILE: My questions relate to earlier questions that were asked about transport. I gather that a new decision has been made that children can only sit in the rear seats of cars. Are you following that up at all?

Ms CALVERT: No, but I am happy to follow that up. I think it is best practice for young children to sit in the rear seats of cars.

The Hon. CATHERINE CUSACK: That will not be a trendline because all the laws will change next year. It will be compulsory to have booster seats in the rear of the car.

Ms CALVERT: Yes.

Reverend the Hon. FRED NILE: Hopefully that development will help to reduce some of the deaths?

Ms CALVERT: Yes.

Reverend the Hon. FRED NILE: As you would know there have been a number of reports about four-wheel drive vehicles reversing over children. There is talk about putting rear cameras into those vehicles. Do you make submissions on those sorts of things to the Roads and Traffic Authority?

Ms CALVERT: The Team identified as a problem deaths that are caused by vehicles reversing down driveways. We referred it to the Motor Accidents Authority, to the RTA and to the NRMA, which set up a working group that has done a lot of work in trying to find ways to minimise and reduce those deaths. Cameras are certainly one option, but supervision is another option. You should put a child in the car if you know that you are going to be reversing, or make sure that someone is holding the child's hand. I know that the working group has been promoting all those sensible strategies. There are also urban design issues. You can fence off the shared driveway space in flats from playground areas or areas where children might play.

So those sorts of strategies are in place as well. In fact, that group found that four-wheel drive vehicles are not always the problem; visibility can be as big a problem in certain types of sedans. The NRMA now gives a visibility rating to all vehicles. If people are interested in getting a vehicle that has good visibility, they can find out that information from the NRMA. So there have been a number of changes to try to raise awareness and to put in place things that will reduce the likelihood of driveway deaths. Since that occurred the number of deaths has reduced. We are talking about a small number so we have to be very cautious, but we can see that it has reduced.

Reverend the Hon. FRED NILE: Another problem relates to a high number of children with asthma, which is linked with smoking in vehicles. Parents might be unable to stop smoking, so they smoke when their children are in the car, which could lead to health problems. Do you make any submissions on that issue?

Ms CALVERT: No, we have not made any submissions on that issue although the issue of asthma—trends in asthma, deaths from asthma—will be looked at in our 10-year data study that we are tabling in the middle of the year. You will be able at least to get information on the trends around asthma in that study.

Reverend the Hon. FRED NILE: And whether that could be related back?

Ms CALVERT: It will not be able to do that, but it will be at least some information on asthma.

Ms MARIE ANDREWS: Under the heading "drowning" I noticed the Child Death Review Team was doing a special study examining trends in drowning deaths. From your experience, was any investigation undertaken into the number of drownings in dams on properties and has any consideration been given perhaps to fencing—similar to pool fencing—around the main residence to reduce the number of drownings on properties?

Ms CALVERT: In our report we break down the place of drowning—whether it is a swimming pool, natural body of water or a dam. Our data study will look at that trend line over the 10 years to see what has happened. Certainly I know that the Team has been very supportive of the work of Farmsafe, which really focused on deaths from drowning in natural bodies of water and dams. One of the things it certainly is arguing for and suggests people do is to have a physical barrier between natural bodies of water and children's play areas. Our understanding from Farmsafe is that that is being taken up quite actively by rural

people—people in the country. There is now much more actual physical barrier and it is being accepted as one of the important things you do in country life.

Ms MARIE ANDREWS: Further in relation to drownings, I refer to local governments and the number of ponds, duck ponds and what have you in parks. I suppose this is a personal interest because years ago a nephew of mine nearly drowned in one of the city's big parks. Has anything been recommended in that respect?

Ms CALVERT: I am not aware of that, but I think that under the pool fencing legislation if your pond is a certain size or depth it has to be fenced. I can confirm that for you. I do not know if that applies to public parks. I am not sure also that drowning deaths in public parks, ponds and things, is something that has emerged from the research. We can look at that.

Ms MARIE ANDREWS: Under the heading "suicide" I notice the annual report states that a number of young people who committed suicide had access to some form of counselling prior to their deaths. It makes one think, they have gone to get counselling and afterwards taken their lives, it is such a tragedy. I notice further in the report you speak about the expansion of the Inspire Foundation. Can you elaborate a little on Inspire and how you think that type of foundation would be instrumental or helpful in preventing young people taking their lives?

Ms CALVERT: Inspire is an organisation that essentially is an online organisation. It uses information technology to access and enter young people's worlds and space. It does it in a really engaging and very successful way. Its focus is to try to build up the mental health and wellbeing of young people as a strategy to reduce self-harm, suicide, risk-taking behaviour and so on. It does that by also bringing young people into the organisation as ambassadors. It has a very active participation program. It writes and produces a lot of the material. It engages directly with kids face to face. We really like it because it is using information technology and through that it is reaching large numbers of kids. It is very participatory and owned in a sense by young people, but it has also a very strong professional input, and uses and relies on evidence—it is evidence informed. For that reason we think it is leading in many ways around reaching young people and helping to build young people's wellbeing.

Ms MARIE ANDREWS: Would that sort of information be available to students at school?

Ms CALVERT: Yes, because it is on the web. So, everybody can access it.

Ms MARIE ANDREWS: I was interested to note in the transport issue that two of the three initial priorities concerned supervision-related incidents, falling from buildings et cetera. The third one involves young people's use of unsafe transport options. Would that include bicycles?

Ms CALVERT: I think what we are meaning are things like sitting in the backs of utes and so on. We are talking about those sorts of unsafe transport options. Bicycles probably are not necessarily unsafe, although they can be used in an unsafe way—failing to use helmets, for example. But we know that kids model from what adults do. Unless all adults wear helmets, kids will not wear their helmets either. It is unsafe transport like sitting in the backs of utes or in unregistered vehicles or with unlicensed people, those sorts of things.

The Hon. CATHERINE CUSACK: On the issue of strategies to prevent sudden infant death syndrome [SIDS] there was concern the plateau had increased little. The advertising and public awareness campaigns seemed to have ceased. I am not aware of them any more. Do you see any connection between that and mothers not being as well informed about the strategies to prevent SIDS?

Ms CALVERT: When we undertook the study we found there were particular groups of people who were not informed and who were missing out on the public awareness message. We do not think the public awareness message was getting to them. So, continuing to do the public awareness message is not going to help us. What we said to the health department was to go and look at what it could do, what methods it could use, to reach those groups who are not being picked up.

The Hon. CATHERINE CUSACK: Which groups were they?

Ms CALVERT: Low education and Aboriginal groups were two that were not getting the message. I know that the Department of Health and the Department of Community Services then introduced a program where they gave Aboriginal new mums singlets for their babies in Aboriginal colours. On the front was a message saying, "This side up" as a way of encouraging them to put their babies to sleep on their back rather than on their tummy or on their side. So, they are trying to explore those sorts of ways of getting the message out to vulnerable families to engage in safe sleeping practices. For example, when the Department of Community Services would visit Aboriginal young women they would take out the singlets and give them some singlets.

The Hon. CATHERINE CUSACK: That was really the main group where the figures were so disappointing, was it?

Ms CALVERT: Yes. Poor and low education seem to be the most critical. These things often go together.

The Hon. CATHERINE CUSACK: But it is a socioeconomic kind of thing.

Ms CALVERT: Yes, socioeconomic, yes.

The Hon. CATHERINE CUSACK: Thank you for that. In relation to transport, I know you have answered a few questions about this. It is of interest to me because the Government has announced new regulations which will come into force next year and I suppose the police will have to enforce them. The reason I am interested in it is that I recall a safety measure for cab drivers years ago which was a policy method with the best of intentions to put a protective shield around them. I think we all felt that was just a terrible waste of money and the cab drivers hated it. I think it is important that policy be properly researched and we know where we are going with it. Are you familiar with the new regulations that will come into force next year?

Ms CALVERT: I'm probably not familiar enough to answer your question.

The Hon. CATHERINE CUSACK: My first question is: were you consulted about them?

Ms CALVERT: Unless I see what they are, I probably cannot answer that question. Can you briefly outline what the regulations are?

The Hon. CATHERINE CUSACK: I do not have the Minister's media release here. I suppose the figure that surprised me was that he indicated or some media reports suggested that there had been 500 deaths of children per annum in motor vehicle accidents. Later statements seem to talk about substantial numbers of injuries. These figures were not matching the figures I was reading in the child deaths report. Basically I think there were going to be a number of different sizes of booster seats. Now it is coming back. First of all, children aged 0 to 6 months need to be placed in the rear seat in a capsule, and then after that I think it is up to the age of 7, booster seats are compulsory.

CHAIR: I might just add that it is my understanding that these are part of the national agreement between transport Ministers across Australia that we are coming in with.

The Hon. CATHERINE CUSACK: And these regulations go beyond what was recommended by that.

CHAIR: That committee?

The Hon. CATHERINE CUSACK: Yes.

CHAIR: I do not know about that. I just know that it is part of a national process.

The Hon. CATHERINE CUSACK: Okay, and they are additional. One thing that is of particular interest is the booster seat. Is that necessarily going to solve the problem 100 per cent? I thought the booster seat was good at giving the child visibility, but the actual seat belt issues—there are different solutions for seatbelts—do not seem to have been considered in the new regulations to come into force: for example, a four-point seat belt for children aged under eight. What is the problem? Is the problem that children are escaping? I notice that you refer to a child killed who had freed themselves from their restraint. I guess my concern is: Has there been adequate study into the problem so that the policies that will be implemented end up being successful and not being another well-intentioned thing that imposes a burden on families and does not actually work.

Ms CALVERT: So you are interested in what is the nature the problem?

The Hon. CATHERINE CUSACK: Exactly.

Ms CALVERT: And have we got the right solution for the problem.

The Hon. CATHERINE CUSACK: Yes.

Ms CALVERT: I will have to take that on notice because I will have to consult with some other people, such as the Injury Risk Management Research Centre which has a bit more information about that, to see whether I can help you with an answer.

The Hon. CATHERINE CUSACK: Hopefully the Roads and Traffic Authority [RTA] has undertaken some research of its own before proposing those regulations.

CHAIR: With regards to the RTA, it might be appropriate that this Committee separately makes an approach to the RTA to ask for advice about what processes they have gone through before they made the announcement. I think that is probably not a role that the Commissioner can undertake. The Commissioner can talk in her capacity as the convenor of the Child Death Review Team but that direct approach to the RTA might more appropriately come from this Committee. We should undertake to do that as well.

The Hon. CATHERINE CUSACK: Sure, okay. On the issue of drowning, I record my disappointment that North Coast drownings substantially will not be included in your study. We had a very notorious drowning near Kyogle. Chloe—I remember the child's first name. It is not captured by your data because the child was taken to Brisbane and her death certificate was issued there. It is also a substantial issue in relation to the beaches. I wish there was a way that North Coast drownings of children could be incorporated into a study of New South Wales drownings of children.

Ms CALVERT: Can I say that from 2006 on, or 2007 on, they will be incorporated because of changes to the legislation and the fact that we can now get this information from the other States. The next five-year trend data will include that information. Certainly the 2006 report lists in the appendix the children who were normally resident in New South Wales but who died interstate. I understand what you are saying.

The Hon. CATHERINE CUSACK: It is just that that will not be in the study, and I can tell you now that the study will understate beach drownings and drownings on private land.

Ms CALVERT: I appreciate that.

The Hon. CATHERINE CUSACK: This is an anecdotal question about youth suicides. From talking to mothers of teenage boys and being involved in conversations where they talk about their son, they speak of any boy who is very engaged at school, playing football, is going really well, and has a great group of friends, but who comes to his mother and says, "I am so depressed and I just don't know why I'm depressed." She is wanting to work out how she can help him and he just cannot seem to come to grips about why he is feeling so bad. If you look at his life, he is completely succeeding on all fronts. Is there any kind of study of what is causing that? I hear that is a very common experience that people are having. They are very engaged with their children. They want to know what they can do to help or how they can support their son, but they do not understand the problem and the boys do not understand the problem themselves.

Ms CALVERT: I will take the question on notice—because there are others on the Child Death Review Team who would be better able to answer that question—and I will provide the answer.

The Hon. CATHERINE CUSACK: Thank you very much. In relation to question 11, it refers to the disproportionate number of male deaths recorded. There are two things that jump out in your report. One is the disproportionate number of children notified to the Department of Community Services [DOCS]. We had a special process to investigate all of that, which was overseen by the Ombudsman. But in relation to the disproportionate number of males compared to females, there is actually no follow-up of that issue, which is one of the reasons for asking this question. In the last paragraph of your answer you make the comment, which I did not really feel was a good answer, to be perfectly honest, that "Humans are like almost all other mammal species in this regard: more male than female children are born and they die at a higher rate from infancy to early adulthood." That does not really shed any light on strategies that we might be able to pursue in terms of whether there are gender-specific issues for policy and, I suppose, for parenting that perhaps should be looked at to try to reduce the number of male deaths because they are so disproportionately high.

Ms CALVERT: A quick answer to that is yes, there are. If you look, for example, at transport accidents, we do say that it is important to have public awareness that is focused directly on males, like the Little Pinkie campaign. The much longer answer to that is that I suspect that that might well be a good inquiry for the Committee because it is a huge topic and really would take an enormous amount—well, for me to do justice to answering your question would really require me to spend quite a lot of time to do that.

The Hon. CATHERINE CUSACK: Okay.

Ms CALVERT: I am happy to consider that as part of our ongoing work, but it is not something that has come up in other settings as being a priority.

The Hon. CATHERINE CUSACK: I understand that, and that is my concern. You would have to agree that if we did tackle that difficult question and if we were able to make progress on this matter, more lives could be saved than tackling perhaps any other question raised by the report.

Ms CALVERT: It depends how much you think it is preventable. If in fact the deaths are something that is a feature of our genetic makeup—if it is because of our genetic makeup and boys die at a greater rate, then that is probably not amenable to prevention. However, if in fact it is as a result of the policy environment in which we operate that there are higher rates of death of males than of females, then, yes, I think it is amenable to public policy intervention. The first question for me is how much of it is amenable to prevention. That would have to be looked at and understood.

The Hon. CATHERINE CUSACK: So you have no plans to investigate that at the moment?

Ms CALVERT: Not at the level that I think you probably would like it to be.

The Hon. CATHERINE CUSACK: Let me give you one example. This is traffic accidents, "In one incident a child in the 5 to 9 year age group managed to release the restraint around their booster seat unnoticed", which was something that had happened on previous occasions, and this child died in a car accident. I do not know that this was a male child, although I would bet an awful lot that it was a male child. Hence, there is a policy implication, I think, for how you go about ensuring that children are properly restrained in cars. Maybe just having a booster seat is not the whole solution but maybe there needs to be a more secure means of ensuring that that child cannot release themselves.

Ms CALVERT: I will ask that question when I go to find out the answer to the earlier question around restraints. I will ask about whether gender is an issue and if it is in relation to that sort of use of restraints.

The Hon. CATHERINE CUSACK: We have a whole lot of regulations coming in, and if we were more informed at an earlier stage of the process then that would improve the outcomes.

CHAIR: With regards to the broader issue of why more male children die, that may well be something that we want to consider when we look at our next inquiry, so we will park that issue. I assume it could be something that would be informed by your 10-year study as well, perhaps in terms of trends.

Ms CALVERT: It will not tell you why. It will just tell you where.

The Hon. CATHERINE CUSACK: You talk about risk-taking behaviours of young men but male babies are more likely to die than female babies—

Ms CALVERT: That is right, of natural causes.

The Hon. CATHERINE CUSACK: —so it is across all age groups.

Ms CALVERT: That is right.

The Hon. CATHERINE CUSACK: But that is not the only factor.

Ms CALVERT: No, which is why I am saying I am not sure it is amenable to public policy intervention. If in fact it is an organic reason or a physical reason why boys die more frequently than females, then we need to look at how public policy deals with that.

CHAIR: If it is a genetic—

The Hon. CATHERINE CUSACK: We have examples where the Department of Health ran a fruit campaign targeting young men, which I thought was very successful, and you just referred to the little pinkie one.

Ms CALVERT: So it might be in that sense of a public policy response that we have to target men in a particular way.

The Hon. CATHERINE CUSACK: Yes.

CHAIR: With regard to the coronial definition of the SIDS category, your report recommends that the New South Wales Coroner align with the New South Wales Health definition so that there can be those national and international comparisons. Do you know if there has been any progress on this, or could you take that on notice?

Ms CALVERT: Yes, there has been progress. I can take it on notice and let you know what the progress is.

CHAIR: Thank you.

(The witness withdrew)

(The Committee adjourned at 11.33 a.m.)