

NSW Child Death Review Team

Strategic priorities 2022-2025



Acknowledgements

The NSW Child Death Review Team (CDRT) acknowledges the Gadigal people of the Eora nation, who are the traditional custodians of the land on which the CDRT meet and work. We also respectfully acknowledge the traditional custodians of the land and waters across NSW and their contributing cultural, spiritual customs and practices, and celebrate the diversity of Aboriginal and Torres Strait Islander people throughout NSW as a whole.

The CDRT pays respect to all First Nations Elders past and present, and to the children of today who are the Elders of the future.

The CDRT also acknowledges the work of staff in the NSW Ombudsman's office who perform the day-to-day operations and activities of the CDRT, and provide Secretariat support to the Team.

The NSW CDRT is a statutory body established to prevent or reduce the deaths of children in New South Wales through the exercise of its functions.

Our vision: *a society that values and protects the lives of all children, and in which preventable deaths are eliminated.*

Our purpose: *to eliminate preventable deaths in New South Wales by working collaboratively to drive systemic change based on evidence.*

Our strategic priorities

1. **Nurture strategic relationships and collaboration with key partners and stakeholders to optimise our influence and reach:** we will actively engage and collaborate with relevant external stakeholders to amplify our voice and influence. We will develop our leveraging of stakeholder knowledge and authority and increase our profile as a resource and support for the prevention of child deaths.
2. **Identify and generate current data that provides insight into the effect of society-wide stressors such as COVID-19:** we will assess whether the current Register of Child Deaths sufficiently captures relevant information about societal stressors, and address any gaps.
3. **Undertake meaningful and well-targeted projects, and make the most of existing data:** we will build on previous research and explore further opportunities associated with data mining and data linkage.
4. **Apply an equity lens to our work as core business:** we will identify and highlight where disadvantage or vulnerability are a mortality risk.
5. **Deliver powerful and influential evidence-based recommendations that bring about change:** we will make implementable, evidence-based, and impactful recommendations, and track their impact. Our communication and engagement about recommendations, and tracking of impact, will recognise that recommendations can have impact within and outside of the targeted agencies.

1. Strategic collaboration

Between 1 July 2022 and 30 June 2025, we will nurture strategic relationships and collaborate with key partners and stakeholders to optimise our influence and reach. To achieve this, we will:

- Revise and refine our list of stakeholders
- Leverage the expertise of CDRT members, and collaborate with research and community partners (such as universities and institutes) to bring further authority and academic expertise to our work
- Embed a collaborative approach in our work and ways we do business
- Proactively engage with stakeholders to ensure our recommendations are well targeted, understood, and attainable
- Develop strategies to improve the visibility of our work with stakeholders and community partners
- Share information and data from the Register of Child Deaths to support stakeholders in research and other work related to the prevention of child deaths.

Focus initiatives include:

Stakeholder network mapping

Revise our 2019-2020 mapping of key stakeholders to identify any gaps or changes, and develop strategies to collaborate more effectively and strategically.

Promoting our work

Develop tailored communication strategies for each public report, as well as a broader communication strategy to promote our findings, data, and recommendations.

2. Societal stressor data

Between 1 July 2022 and 30 June 2025, we will identify and generate data into the effect of society-wide stressors such as COVID-19. To achieve this, we will:

- Identify relevant data to be captured and address any gaps
- Extract information from case records for inclusion in the Register
- Analyse captured information to provide insight into the impact of societal stressors, including partnering with relevant agencies where required

Focus initiatives include:

Identifying data to be captured

Determine what information should/can be captured, in addition to cause of death data. This may include impacts to service delivery and access to services for children at higher risk. Where needed, we will update fields in the Register of Child Deaths.

Analysis and insight

Analyse whether/where societal stressors such as COVID-19 may have impacted on children and their families in terms of increasing risk of death, exacerbating inequities in accessing services, and any responding recommendations.

3. Strategic project work

Between 1 July 2022 and 30 June 2025, we will undertake meaningful and well-targeted projects, and make the most of existing data. To achieve this, we will:

- Complete and publish reports for each of our current projects:
 - Analysing the effects of antenatal care, birth conditions, and socioeconomic status on early childhood mortality in NSW using linked data
 - Severe Perinatal Brain Injury among infant deaths in NSW, 2016-2019: a review
 - Preventing the suicide deaths of Aboriginal children and young people
- Report on agency responses to any recommendations made in these reports, together with their progress in implementing recommendations
- Track, to the extent this is practicable, the direct and indirect impacts of our project work and recommendations
- Select, plan, and resource at least one new project or piece of research that can be achieved and delivered during the 3-year period. Shortlisted topics should support CDRT strategic priorities, build on/consolidate previous recommendations, and actively leverage current work and projects. Potential projects will also be assessed and prioritised against the following criteria:
 - Is the project significant and does it link to the objectives of the Team – to prevent and reduce deaths of children in NSW?
 - Is the project timely? Will it add value and provide important information about this particular issue and inform prevention strategies?
 - Is the project achievable, including having regard to resourcing and timeframes?
- Explore further opportunities for additional person-centred datasets that link numerical and qualitative data to deepen our understanding of the context of child deaths
- Develop recommendations that are both systems level and specific.

Focus initiatives include:

Measuring our impact

Develop strategies to identify the direct and indirect impacts of our recommendations in preventing or reducing the likelihood of deaths.

Exploring opportunities

Include more qualitative data (eg. experiential, outcomes), drawing from different data collections/sources, in our trend and pattern analyses.

Adopt an inclusive approach to the interpretation and analysis of data, and focus on generating data that is sufficiently granular to be meaningful.

4. Equity lens

Between 1 July 2022 and 30 June 2025, we will apply an equity lens to our work. To achieve this, we will:

- Define an 'equity lens', and how to apply it in our work, considering the specific role of the CDRT and how/where we might lead work in this area
- Focus on equity aspects of preventable mortality – including access to resources and services. We will consider any unresolved and/or worsening trends in the post-COVID environment, as well as inequitable distribution of serious injury and morbidity
- Identify any groups which should be the focus of targeted work, and consider opportunities to collaborate with associated stakeholders
- Identify and consider how to obtain/generate relevant equity-related data
- Consider commitments in the NSW Implementation Plan¹ for achieving the National Agreement on *Closing the Gap* to improve the lives of Aboriginal and Torres Strait Islander people in relevant child death cases.

Focus initiatives include:

Data generation

Develop strategy to capture information on equity issues associated with child death, in addition to broad trend data regarding rates and distribution of mortality.

Closing the Gap

Consider national *Closing the Gap* targets and outcomes, and the NSW Government's Implementation Plan developed to achieve Priority Reforms and outcomes at the state level, focusing on:

- Whether we need a specific strand of Aboriginal engagement
- How we can enhance and build relevant data sets
- Frame our work around potential recommendations
- Avoid paternalistic responses and recommendations
- Frame our recommendations to enable sustained community responses

¹ In 2021-22 the NSW Implementation Plan focuses on 5 priority reforms: formal partnerships and shared decision-making; building the community controlled sector; transforming government organisations; shared access to data and information at a regional level; and employment, business growth and economic prosperity. Accessed at: <https://www.aboriginalaffairs.nsw.gov.au/closingthegap/nsw-implementation-plan/2021-22-implementation-plan/> 10 March 2022.

5. Recommendations that bring change

Between 1 July 2022 and 30 June 2025, we will deliver powerful and influential evidence-based recommendations that bring about change. To achieve this, we will:

- Develop evidence-based recommendations that incorporate lessons from previous strategies, such as the use of smaller inter/intra-agency working groups to workshop actions needed to bring about change.
- Explore ways of communicating and targeting our messaging to incentivise agencies to act on our recommendations – whether they are directly or indirectly impacted – and align with our broader purpose to prevent deaths.
- Develop strategies to track the impact of our recommendations in future data, including beyond 2025.
- Review our public reporting.

Focus initiatives include:

Broadening our reach

Consider other forms of reporting and messaging than biennial and/or special reports to ensure our messages are accessible, meaningful, and relevant to the target audience.

Review of unsuccessful recommendations

Identify any recommendations that were not accepted or successfully implemented, and any relevant learnings. For example, could agency resistance have been mitigated by different consultation methods?

Review of public reporting

Assess the format and/or scope of our public reports – and particularly the biennial report – against other models (such as focus piece/shorter reports, updated information sheets, etc).

Consider best practice in terms of engagement, accessibility, accuracy, and targeting of stakeholders.

Attachment 1

Fixed/non-negotiable projects: 2022-2025

Topic	Purpose	Significant /Timely /Achievable	Timeframe
CDRT Annual Report 2021-22	Statutory report To include monitoring of our previous recommendations Outcome: a tabled/public report (34F)	Statutory	October 2022
CDRT Annual Report 2022-23	As above	Statutory	October 2023
CDRT Annual Report 2023-24	As above	Statutory	October 2024
Biennial report of the deaths of children in NSW: 2020 and 2021 (incorporating reviewable deaths of children)	Combined child death functions statutory report Outcome: a tabled/public report (34G and 43)	Statutory	June 2023
Biennial report of the deaths of children in NSW: 2022 and 2023 (incorporating reviewable deaths of children)	Combined child death functions statutory report Outcome: a tabled/public report (34G and 43)	Statutory	June 2025
Research: Analysing the effects of antenatal care, birth conditions, and socioeconomic status on early childhood mortality in NSW using linked data	Committed project (carried over) This research seeks to identify whether SES status and other variables (maternal and child health) have an independent effect on the risk of dying during infancy and early childhood, controlling for other individual and contextual factors. Outcome: a tabled/public report (34H)	Significant: addresses a gap in knowledge. The work builds on previous analysis (geospatial mapping of child deaths) and uses data linkage to move toward more predictive analysis.	Before end of 2022

Topic	Purpose	Significant /Timely /Achievable	Timeframe
Research: Review of suicide deaths of Aboriginal children and young people aged 10-17 years over the 15-year-period, 2014-2018	<p>Committed project (carried over)</p> <p>This work is seeking to improve our understanding of the risks and protective factors for Aboriginal children and young people, and to provide advice and recommendations about strategies for preventing and reducing suicide deaths of Indigenous children and young people.</p> <p>Outcome: a tabled/public report (34H)</p>	<p>Significant: addresses gaps in knowledge. Involves literature and policy review, service mapping, detailed review of 44 deaths (2011-2020), and consultation with Aboriginal community-controlled organisations.</p> <p>Timely: in the context of the absence of a focused suicide prevention plan for young people in NSW, and our previous recommendation that the government include specific measures for school-aged children in its suicide prevention plan.</p>	2022-2023
Research: Severe perinatal brain injury among infant deaths in NSW, 2016-2019	<p>Committed project</p> <p>This review seeks to identify opportunities to reduce the potentially preventable deaths of newborn infants from asphyxia-related causes. The project involves detailed case review of 104 infants, and benchmarking against relevant policies and procedures.</p> <p>Outcome: a tabled/public report (34H)</p>	<p>Significant: new area of focused review that has the potential to prevent infant deaths from hypoxia/perinatal asphyxia, and reduce the number of infants who survive an asphyxia incident, but with disability of varying severity.</p>	First half of 2022

Possible/potential projects: 2022-2025

Topic	Purpose	Significant/Timely/Achievable	Timeframe
To be determined	<p>Commence in 2023</p> <p>Intended outcome: a tabled/public report (34H)</p>	To be confirmed	2024-2025