

## **Part VI: Monitoring recommendations**

### **Chapter 13**

Updates the progress of recommendations made by the Commission in the *Annual Report: Deaths of children and young people, Queensland, 2004–05*.

## Chapter 13

# Monitoring previous Child Death Review Team recommendations

Under section 89ZE of the *Commission for Children and Young People and Child Guardian Act* the Commission must maintain a register of all child deaths in Queensland, analyse the information contained in the register and conduct research to identify trends and patterns to help reduce the likelihood of child deaths. The Commission can make recommendations arising from the keeping of the register and conduct research in relation to laws, policies and practices.

Section 89ZF of the *Commission for Children and Young People and Child Guardian Act* requires that the Commission monitor and report on the extent to which previous recommendations have been implemented. The Commission is also required to include any statements that an entity asks to be included in the report.

In the *Annual Report: Deaths of children and young people, Queensland, 2004–05* the Commission made three recommendations broadly aimed at reducing sudden unexplained deaths of infants (SUDI), infant deaths due to low-speed run-overs, and the deaths of infants and young people due to rural hazards such as dams and all-terrain vehicles (ATVs).

In February and April 2006 the Commission contacted relevant agencies and government departments to undertake an analysis of progress made in relation to these recommendations. Relevant agencies were asked to provide a progress report, noting the extent to which each recommendation has been implemented, any plans for continuing implementation and/or reasons for non-implementation, and any alternative action that has been taken.

The Commission would like to acknowledge and thank the organisations which have committed their skills and resources to the ongoing implementation of the 2004–05 recommendations.

### Summary of the 2004–05 recommendations and responses by relevant lead agencies

#### Transport: low-speed (driveway) run-over deaths and injuries of children

The Commission recommends that the Premier request that the Parliamentary Travelsafe Committee investigate and report on ways to reduce fatalities and injuries to children from low-speed driveway run-overs in Queensland.

##### *Reason:*

*Queensland has a significantly higher rate of low-speed run-overs than the rest of Australia. A lead agency needs to take responsibility for initiatives to prevent these fatalities on private properties. A detailed investigation and analysis of the most appropriate strategies for preventing fatalities in Queensland is also required.*

‘Low-speed run-overs’ is the term used to describe incidents where a pedestrian is injured or killed by a slow-moving vehicle in either a traffic or a non-traffic area. Most of these incidents involve younger children between the ages of 1 and 4 years and occur in the driveway of their own home. Drivers tend to be members of the family, with vehicles reversing at the time of impact (Hockey, Miles & Barker 2003:1; Neeman et al. 2002).

Tragically, 1 child, often a toddler, is run over in the driveway of their own home every week in Australia. Research indicates that in Queensland 4 children under 5 years die each year as a result of a low-speed run-overs and 81 children present at hospital emergency departments with injuries, usually serious, with 60% requiring admission. A slow-moving vehicle reversing down a driveway can fatally trap and crush a child. Children who survive are often left with severe long-term injuries (*Driveway Runover Factsheet*, Child Accident Prevention Foundation of Australia, 2006).

In the 12-month period 1 June 2004 – 30 July 2005, the Commission identified 7 fatalities caused by low-speed run-overs.

In the period 1 June 2005 – 30 July 2006, there were 2 deaths identified as being caused by low-speed run-overs.

In 2003 the Queensland Injury Surveillance Unit reported low-speed run-overs as the third leading cause of injury among 1–4 year olds (Hockey, Miles & Barker 2003:2).

The Commission notes that there was a high level of media attention on low-speed run-overs in 2005–06. This may have contributed to raising the public's awareness of this issue.

The Commission has liaised with the Parliamentary Travelsafe Committee and ascertained that, although the Committee has not officially commenced an investigation into reducing fatalities due to low-speed driveway run-overs, preliminary investigations of this issue have begun.

The Commission will continue to liaise with the Parliamentary Travelsafe Committee to report on progress on this issue in the future.

### **Transport: deaths and injuries caused by all-terrain vehicles**

### **Drowning: deaths and injuries caused by dams and other rural hazards**

The Commission recommends that the Queensland Government note the research findings about risks to children and young people posed by all-terrain vehicles (ATVs), dams and other rural hazards, as well as the Commission's intention to engage with key agencies to:

- encourage agencies to explore options and strategies to assist the rural sector identify and address the risks to children and young people posed by rural hazards, and
- report, in 2005–06, on the strategies identified and outcomes achieved.

#### *Reason:*

*The Commission is concerned about the deaths and injuries to children and young people from ATVs, dams and other rural hazards and believes risk factors can be reduced or eliminated.*

As outlined in the Commission's Child Death Annual Report, 2004–05, the following types of deaths occurred between January 2004 and June 2005 in Queensland:

#### ***Transport-related deaths***

- Four children died in ATV accidents. Two of these children were 4 years old, 1 was 9 years and 1 was 12 years. All of these deaths occurred in regional and remote areas. (The 12 year old was a passenger on an ATV pulling a trailer. The adult driving the vehicle appeared to be undertaking work-related duties at the time of the incident.)
- One toddler fell from a front-end loader. (The adult driving the vehicle appeared to be undertaking work-related duties at the time of the incident.)
- One young person was crushed by heavy machinery. (The young person appeared to be undertaking work-related duties at the time of the incident.)

#### ***Dam drowning and other rural hazards***

- Eight of the 11 non-pool drownings occurred in rural hazards. Four of these deaths occurred in dams, and 1 each in a water trough, a culvert, a

pond and a swollen river. Seven of the 8 deaths occurred at the child's home/property. All 8 occurred in regional or remote areas. All deaths other than the death in a swollen river appeared to have occurred on working farms.

### ***Other non-intentional injury related deaths***

- Rates of other non-intentional injury related deaths (referred to as accidental deaths in the Child Death Annual Report 2004-05) were highest in remote areas, with 3.8 accidental deaths per 100,000 children, compared with 2.4 per 100,000 children in metropolitan areas.
- One child aged between 1 and 4 years died when an object fell on him while he was walking with his father, who was undertaking farm duties.
- Another child aged 1–4 died on a dairy farm when injured by a cow.

In 2005–06 there was a reduction in the rural deaths registered. Of the drowning deaths, 1 of the 2 dam drownings was on a large regional property, while 2 other drowning deaths occurred in water/septic tanks. Fatal transport incidents occurred more frequently in regional and remote areas (32 deaths or 78.1%) compared with metropolitan areas in the reporting period. One incident involved the death of a young child while driving a four-wheel-drive vehicle on their rural property. As well, suicide was more likely to occur in regional and remote Queensland, with 10 of the 18 suicides occurring in these areas in 2005–06.

In November 2005 the National Coronial Information System reported that Queensland accounts for the largest percentage of child deaths by externally caused injuries, as well as the largest percentage of deaths in children who reside in remote locations by external cause injuries.

Mission Australia's recent publication *Rural and Regional Australia: Change, challenge and capacity* (2006) reports that Australians living in non-metropolitan areas suffer higher rates of injury, mortality, homicide, suicide, diabetes and coronary heart disease. Those living in non-metropolitan areas have less access to specialised medical services including obstetric and mental health services, and are at increased locational risk as

some are engaged in physically dangerous primary industry occupations and driving long distances.

The Commission has also noted the challenge that 'farms' pose for policy makers and families, as they blend the family home and the workplace.

In recent years attention has been drawn to the incidence of injuries and fatalities on farms, particularly *non-work*-related injuries and fatalities. It is noted in research that non-work-related injuries and fatalities are rarely addressed in prevention literature or programs for farm operators. Instead, for example, farm safety programs are often more focused on the training of young workers, or programs are often focused on children and adolescents, as opposed to farm operators who ultimately control the access of children to the farm worksite (Pickett et al. 2005). A recent 'Water Safety in the Bush' campaign developed by the Commonwealth Department of Health and Ageing that aims to increase water safety awareness on Australian farms and stations is targeted at children enrolled in distance education or home schooling, who do not have access to school-based water safety programs. Although the Commission commends this program, it is of interest that farm operators are not particularly targeted in similar campaigns.

A Farm Safety Survey conducted by Workplace Health and Safety Queensland supports this. The survey found that risk management principles were not understood or widely applied by producers. The survey found that, on average, 37% of farms had children under 15 years living on the property (up to 64% in cotton-growing areas), with 17% reporting that the children received farm safety lessons through the school; 40% of respondents with children under 5 years reported not having a secure fenced play area on the farm.

The Commission has worked with the Department of Industrial Relations, Workplace Health and Safety Queensland in the following manner to progress work in this area.

### ***Rural Industry Sector Standing Committee***

In November 2005 the Commission presented the findings of the 2004–05 Annual Report to

the Rural Industry Sector Standing Committee for consideration, dissemination and information.

The Rural Committee is one of seven Industry Sector Standing Committees set up under the Workplace Health and Safety Board, which covers all industry sectors in Queensland. The Committee has an equal membership of 10 members, comprising both union and employer organisations as well as experts. The Committee's role is to provide advice and make recommendations to the Board about workplace health and safety in the rural industry. It may carry out this function by examining the appropriateness of, and need for, setting workplace health and safety standards, considering issues referred to it by the Board and recommending to the Board that working parties be established to respond to workplace health and safety issues.

The Committee also reviews standards, industry codes and advisory products for workplace health and safety; monitors performance in specific areas and recommends strategies to address poor prevention outcomes in those areas; and recommends education and awareness strategies for the rural industry.

The Queensland Workplace Health and Safety Strategy Rural Industry Action Plan 2004–2007 was released in February 2005 and identifies the key workplace health and safety activities to be undertaken in the rural industry from 2004 to 2007.

This action plan has a range of goals:

- to improve data management and analysis
- to identify priorities and influence the workplace health and safety agenda
- to encourage strategic evidence-based development of workplace health and safety legislation, standards and codes
- to facilitate access to information resources that assist in achieving industry compliance
- to give practical industry guidance based on sound risk-management principles and industry/worker experience
- to develop specific and general industry deterrence strategies
- to improve methods for increasing industry workplace health and safety awareness in obligation-holders and the broader community

- to increase the skills of all industry stakeholders, and
- to improve incentives for genuine prevention efforts.

The Commission will continue to liaise with the Rural Industry Sector Standing Committee, particularly in relation to the outcomes of the Commission's future research into this area.

#### *Workplace Health and Safety Code of Practice*

In early 2006 the Commission advised Workplace Health and Safety Queensland on the development of the Children and Young Workers Code of Practice 2006. This code commenced on 1 July 2006 and provides practical advice to employers and workplaces about ways to manage health and safety at workplaces where children and young workers are likely to be.

Under the *Workplace Health and Safety Act 1995*, there are three types of legislative instruments that aid in meeting workplace health and safety obligations – regulations, ministerial notices and codes of practice. If there is a regulation or ministerial notice that prescribes a way of preventing or minimising exposure to a risk, or prohibits exposure to a risk, the prescribed way must be followed.

If there is a code of practice stating a way of managing exposure to a risk:

- (a) the stated way must be adopted and followed to manage the exposure to the risk, or
- (b) an alternative way that gives the same level of protection against the risk must be adopted and followed.

The Children and Young Workers Code of Practice 2006 describes some characteristics of children and young workers, and considers the effect of these characteristics on workplace health and safety. The code applies to all Queensland workplaces covered by the *Workplace Health and Safety Act*, which places the responsibility for workplace health and safety on persons conducting a business or undertaking (including employers and self-employed persons) and others responsible for workplace activity (such as persons in control of workplaces and principal contractors).

Under the *Workplace Health and Safety Act*, persons conducting a business or undertaking, principal contractors and others have a general obligation to make sure that people who are not workers are not harmed in any way by the work activity, business or undertaking. The obligation extends to cover children who may be at the workplace for any reason, and at any time.

The Commission provided extensive advice in relation to this code, including, in particular, Section 4.1, which looks at situations where children are in a workplace but are not workers. The code of practice identifies that there are situations where children may be visiting a workplace, may live at a workplace, or may be there as part of a work process. Unfortunately the Commission's suggestions to bring two types of workplace hazards – ATVs and water hazards such as dams – were removed and provided as an appendix (again focusing on the risk to young people engaged in work activities rather than on those hazards that exist where children are visitors or live). However, the Commission commends Workplace Health and Safety Queensland for undertaking the implementation of this code of practice to reduce the risks to children and young people in the workplace.

### *Other initiatives*

Workplace Health and Safety Queensland reports that its inspectors, when visiting rural properties in the central region, will be provided with the Farmsafe Australia documents to give information to individuals at workplaces where children live or visit (such as 'Safe Play Area Design', which recommends the inclusion of a safe play area for all rural workplaces, and the transport safety book 'Get Going', which recommends that parents/grandparents ensure that child restraints and seatbelts are used for all children in or on farm vehicles).

Workplace Health and Safety Queensland has also committed to giving consideration to including 'child safety' in the Rural Action Plan when redrafting it later in 2006.<sup>268</sup>

### *Memorandum of understanding*

The Commissioner for Children and Young People and Child Guardian and the Director-General, Department of Industrial Relations have entered into a memorandum of understanding (MOU) to establish and implement administrative processes for Workplace Health and Safety Queensland and the Electrical Safety Office to provide notification to the Commission of every fatality or serious bodily injury<sup>269</sup> of a child in Queensland within the coverage of the *Workplace Health and Safety Act 1995* and the *Electrical Safety Act 2002* and notified to Workplace Health and Safety Queensland and the Electrical Safety Office.

The intent of this MOU is to assist the Commission in the execution of its child death functions in relation to the identification of a 'workplace' as defined by Workplace Health and Safety Queensland. The Commission's key data source, the Police Report of Death to a Coroner, does not give clarity to whether a death occurred at a workplace. In particular, children's deaths may not be recorded or reported as being a workplace death if the child was not engaged in a work activity at the time of their death. The MOU enables the Commission to cross-reference with the Police Report of Death to a Coroner and identify if the death occurred at a workplace, whether work- or non-work-related, for further in-depth analysis.

### *Rural research project*

The Commission has commenced a similar research project to that undertaken by the National Coronial Information System (NCIS),<sup>270</sup> analysing all child

268 Personal communication, 19 July 2006.

269 Serious bodily injury means an injury described in Schedule 3 of the *Workplace Health and Safety Act 1995* as:

"serious bodily injury" means an injury to a person that causes –

(a) the injured person's death; or

(b) the loss of a distinct part or an organ of the injured person's body; or

(c) the injured person to be absent from the person's voluntary or paid employment for more than 4 days.

270 In 2005 the NCIS identified motor vehicle accidents, drowning and suicide as the leading causes of external deaths of children aged 0–15 years in Australia. As reported, the NCIS found that Queensland accounted for the largest percentage of child deaths by external injury as well as the largest percentage of deaths in children who resided in rural and remote locations by external cause injuries.

deaths in rural and remote areas registered in the period 1 January 2004 to 31 December 2006, with a particular focus on:

- accidental injury-related deaths, and
- farm fatalities experienced by children, particularly those not engaged in work activities.

The report will be developed in a manner that will allow the comparison of deaths between children who live in remote areas and children who live in urban areas.

The aim of the project is to:

- make recommendations to reduce the likelihood of rural and remote child deaths due to external causes, and
- prepare comparable death data to those of other states and jurisdictions to facilitate the application of broader comparative research by other bodies.

### Sudden unexpected deaths in infancy

The Commission recommends that Queensland Health develop and implement a state-wide policy, to be followed by all relevant staff including midwives and health workers, in relation to information provided to new and expectant parents about safe sleeping practices (such as the UNICEF UK Baby Friendly Initiative).

*Reason:*

*Health professionals are in a position to educate and influence parents about safe sleeping practices and to promote such practices to them.*

After the development of the above policy, it is also recommended that Queensland Health:

- develop a training package in relation to the policy, and
- develop culturally appropriate materials and communication strategies that convey consistent and appropriate messages about safe sleeping to all new and expectant parents, particularly those at high risk.

*Reason:*

*To ensure that consistent messages are being communicated by Queensland Health staff, particularly to parents of high-risk infants.*

In the Child Death Annual Report, 2004–05 the Commission reported that 8 of the 19 infants who died due to SIDS and undetermined causes were sleeping in a cot or cradle (42.1%). Eleven (57.9%) died on adult beds (10 infants) or a lounge chair (1 infant). Nine of these 11 infants (sleeping on an adult bed or couch) were sharing the surface at the time of their death (81.8%), including 4 Indigenous infants (36%).

In the 2005–06 reporting period, the Commission reports worsening figures: 4 of the 24 infants who died due to SIDS and undetermined causes and where cause of death was pending were sleeping in cots, cradles or bassinets (16.7%). Eighteen died on adult beds and 2 died on a lounge chair. Fourteen of the 18 infants who died in an adult bed were sharing the surface at the time of death (77.8%), including all 6 Indigenous infants (33%). One infant was sleeping in his father's arms on a lounge chair at the time of death.

In the Child Death Annual Report, 2004–05 the Commission noted that a considerable proportion of nurses and midwives were unaware of the potential hazards of various sleep environments, including the risks to young infants associated with sofa sharing (Young & Schluter 2002). Less than half the nurses and midwives surveyed agreed with the recommendation that infant room-sharing with parents for the first 6 months of life helps to reduce SIDS. The Commission's recommendations to Queensland Health were aimed at increasing health professionals' knowledge of both modifiable and non-modifiable risk factors, and developing culturally appropriate targeted messages to all parents, including those at high risk.

The most recent survey results from Queensland Health (May 2006) indicate that less than two-thirds of nurses and midwives could identify current safe sleeping messages for infants, a similar result to that in 2002 (Young, O'Rourke & Battistutta 2006).

## Queensland Health

Queensland Health provided the following written response to the above recommendation on 18 July 2006:

*Queensland Health released the 'Queensland Health Safe Infant Care to Reduce the Risk of Sudden Infant Death Syndrome' in November 2005. An information circular was disseminated and recently re-issued to staff via the newly formed Maternal and Obstetric Clinical networks in Queensland Health. In addition, there are two significant communication strategies for parents and care givers. These include factsheets for parents and updated safe sleeping information which is inserted into the patient held personal health record. This health record is given to parents on the birth of their child.*

*Child health nurses, mid-wives and Indigenous health workers currently provide education on risk factors and prevention strategies for SUDI to mothers and families in a variety of settings (home, clinic and hospital) prior to and following birth, as part of routine maternal and child health care. In addition, some high risk families receive more intensive child health interventions via programs such as Family CARE available in metropolitan and regional areas. A formal component of the program is Sudden Infant Death Syndrome (SIDS) education, which is reinforced until the nurse can detect a positive change in behaviour. Through the program, carers and household residents are able to make informed choices to take actions to remove or minimise SUDI risk factors (for example not smoking inside the home).*

*Queensland Health has recently committed to significant investment to build on current services and new initiatives for Aboriginal and Torres Strait Islander populations:*

- Over the next four years the Queensland Government has invested \$21 M for specified Indigenous Child Health Worker and other health professionals positions, and for existing staff to be provided with new opportunities for up-skilling. To support this workforce, culturally respectful child health resources will be developed, incorporating SUDI prevention strategies and safe sleeping practices for Aboriginal and Torres Strait Islander families.*

- The Cunningham Centre in conjunction with the State-wide Child and Youth Health Unit and Area Health Services is currently developing non-accredited short courses for the new and existing Indigenous Child Health Worker positions to raise awareness with new and expectant parents on risk and protective factors to reduce SIDS. This course will be in place by October 2006.*
- Whilst the short course is being developed for Indigenous Child Health Workers the training material in relation to the prevention of SIDS in Indigenous communities will be made available to mainstream health providers.*
- In addition to the short courses, a course concept proposal will be submitted to the Training and Employment Recognition Council for approval to develop a Queensland Health Certificate IV in Aboriginal and Torres Strait Islander Children and Young People's Health. The short course units including the module on SIDS prevention and related competencies will form part of the Certificate IV. It is anticipated that the Certificate IV will be ready for delivery in July 2007. It will be delivered across three sites in Queensland – Cunningham Centre, Yangulla, and North Queensland Workforce Unit.*
- A State-wide Reference Group whose membership includes recognised experts in a number of fields will be convened to oversee course development material and delivery. In relation to SIDS management Dr Jeanine Young, Nursing Director – Research, Royal Children's Hospital, is one of the health professionals who has volunteered to review and recommend content for the Indigenous Child Health Worker course and manual relating to safe infant sleeping.*
- The State-wide Child and Youth Mental Health Unit, in conjunction with the Area Health Services, is conducting Health Services District profiles to determine current resource allocation and needs. The development of health promotional SIDS resources for the Aboriginal and Torres Strait Islander communities will be a high priority and will be developed by July 2007.*

Queensland Health is implementing staff training programs in relation to the 'Queensland Health Safe Infant Care to Reduce the Risk of Sudden Infant Death Syndrome'.

- An educational program to facilitate the adoption of safe infant sleep practices by nurses and midwives is being developed, lead by Associate Professor (Adjunct) Jeanine Young, Nursing Director – Research, Royal Children's Hospital and Health Service District. It supports best practice, as outlined by SIDS and Kids and the Queensland Health policy, and aims to utilise peer intervention to impact on the knowledge, attitudes and practices relating to SUDI. It will be developed into several formats that will be ultimately accessible to all. The efficacy of the program is currently being evaluated. The pilot sites include the Royal Children's Hospital and Health Service District involving approximately 600 nurses and midwives.

Queensland Health anticipates that with these initiatives in place there will be a positive impact on safe environments and sleeping practices for infants over the coming years, leading to the reduction in the incidence of SIDS and Sudden Unexpected Death in Infancy (SUDI).

The Commission commends Queensland Health on its initiatives to reduce the risk of SIDS and will continue to follow up and report on the implementation of the above initiatives. Of particular interest to the Commission is the state-wide roll-out of the above-mentioned education program to facilitate the adoption of safe infant sleep practices by nurses and midwives in Queensland, and the investment by Queensland Health in promoting SUDI prevention strategies and safe sleeping practices for Aboriginal and Torres Strait Islander families.

### **SIDS and Kids Australia**

In February 2006, SIDS and Kids Australia developed a National Information Statement entitled 'Sleeping with Baby'.<sup>271</sup> This statement outlines strategies to decrease the risk of SIDS and fatal sleep accidents, and specifically addresses issues in relation to when sharing a sleep surface with an infant is not safe. SIDS and Kids Australia **does not recommend sharing a sleep surface with infants**; however, this statement provides important information for the consideration of those families who do decide to sleep with their infants.

The Commission strongly commends SIDS and Kids Australia for the development of the 'Sleeping with Baby' Information Statement for parents and families in Australia and thanks SIDS and Kids Australia for the opportunity to provide input into its development.

SIDS and Kids Australia is also developing a protocol document on Death Scene Investigations particular to sudden unexpected deaths in infancy.

### **Implementation of recommendations**

In 2006–07, the Commission will monitor the implementation of the recommendations in this report, including follow-up from the recommendation in the 2004–05 report in accordance with the *Commission for Children and Young People and Child Guardian Act*. The Commission will ask all relevant agencies to provide progress reports on the extent to which recommendations have been implemented, as well as strategies and timeframes for continued implementation and reasons for any alternative action or non-implementation.

The Commission will continue to encourage and engage in ongoing information exchange and sharing, with the aim of developing a commitment by all levels of government to develop reliable data sources and promote the safety and wellbeing of children and young people.

271 The 'Sleeping with Baby' Information Statement can be viewed in full at [www.sidsandkids.org](http://www.sidsandkids.org)