Executive summary

Child deaths in Queensland: Findings 2018–19

In the 12-month period from 1 July 2018 to 30 June 2019, the deaths of 386 children and young people aged 0–17 years were registered in Queensland.

Diseases and morbid conditions (natural causes) accounted for 68% of deaths of children (261 deaths). Deaths from natural causes are most likely to occur in the first days and weeks of life, with infants accounting for 75% of these deaths in 2018–19.

Infant mortality in Queensland was 3.6 per 1000 live births, down from 3.9 deaths per 1000 in 2017–18.

Child mortality from external (or non-natural) causes includes deaths from injuries, either non-intentional (accidental) injuries such as transport incidents or drowning, or from intentional injuries, which includes suicide and fatal assault and neglect. Due to the relatively small numbers involved, caution should be exercised in interpreting year-to-year changes.

Leading external causes of child deaths in 2018–19

External or non-natural cause deaths accounted for 23% of child deaths.

- Suicide was the leading external cause of death, with 37 deaths. This is the highest annual number reported since the Child Death Register began in 2004 and represents a marked increase from previous years which ranged between 15 and 26 per year.
- Transport was the second leading external cause of deaths, with 22 deaths.
- Sixteen children and young people drowned, with five 1–4-year-olds drowning in private swimming pools.
- Eight children and young people died in non-intentional injury-related incidents (other than a drowning or transport-related incident). These were three deaths by accidental poisoning, two by exposure to inanimate mechanical forces, and one was threats to breathing.
- Seven children died as a result of suspected or confirmed assault and neglect in 2018–19, at the time of reporting.
- Twenty-seven infant deaths were sudden unexpected deaths in infancy (SUDI), a category where an infant dies suddenly with no immediately obvious cause. These deaths will be counted within the relevant primary cause when an official cause becomes available.

Aboriginal and Torres Strait Islander children

Sixty-one Aboriginal and/or Torres Strait Islander children died in 2018–19, a decrease from 71 deaths in 2017–18. Of these, 35 deaths were from natural causes.

Eighteen deaths of Aboriginal and/or Torres Strait Islander children were from external causes. These were:

- 10 deaths from suicide
- 3 deaths from drowning
- 3 deaths from transport-related causes, and
- 2 deaths from other non-intentional injury.

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1 The Queensland Child Death Register is based on death registrations recorded by the Queensland Registry of Births, Deaths and Marriages. Deaths in this Annual Report are counted by date of death registration and may therefore differ from child death data based on date of death.

2 Exposure to inanimate mechanical forces includes incidents such as struck or crushed by an object and accidental firearm discharge. Threats to breathing includes suffocation, strangulation and other threats to breathing.
The infant mortality rate for Aboriginal and/or Torres Strait Islander children from natural and external causes was 6.4 deaths per 1000 live births compared to the non-Indigenous rate of 3.7 deaths per 1000 live births (3-year averages).

Over the past three years, mortality rates for Aboriginal and/or Torres Strait Islander children have been more than three times the non-Indigenous child mortality rates for:

- suicide
- transport-related deaths, and
- other non-intentional injury.

**Children known to the child protection system**

Fifty-eight children who died in 2018–19 were known to the child protection system\(^3\) in the year before their death, representing a rate of 65.3 deaths per 100 000,\(^4\) compared to 33.9 deaths per 100 000 for all Queensland children.

Of the 58 deaths, 23 were from natural causes (diseases and morbid conditions) and six have cause of death pending.

Twenty-nine deaths were from external causes. These were:

- 14 deaths from suicide
- 6 deaths from fatal assault and neglect
- 5 deaths from drowning
- 2 deaths from transport-related causes, and
- 2 deaths from other non-intentional injury.

Over the past three years, mortality rates for children known to the child protection system have been three or more times higher than the Queensland child mortality rates for:

- drowning
- fatal assault and neglect
- suicide
- sudden unexpected deaths in infancy, and
- other non-intentional injury.

**Child deaths in Queensland, trends over time**

Child deaths and mortality rates have generally declined, with rates in the last five years between 33 and 40 per 100 000, compared to the rates between 40 and 52 per 100 000 in the 10 years to 2013–14.

Child mortality rates over the period 2004 to 2019 are illustrated in Figure 1, using three-year rolling average rates to smooth out year-to-year changes. Key points to note:

- There has been a gradual decline in child mortality rates, from a high of around 50 per 100 000 dropping to below 40 per 100 000 in the last 5 years.

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\(^3\) A child is deemed to have been known to the child protection system if, within one year before the child’s death, the child was: in the custody or guardianship of the Department of Child Safety, Youth and Women (DCSYW); or, DCSYW was aware of alleged harm or risk of harm; or, DCSYW took action under the Child Protection Act 1999; or, DCSYW was notified of concerns before the birth of a child and reasonably suspected the child to be in need of protection after their birth.

\(^4\) The denominator for calculating rates is the number of children aged 0–17 who were known to the DCSYW, through either being subject to a child concern report, notification, investigation and assessment, ongoing intervention, orders or placement, in the one-year period prior to the reporting period.
• The overall trend is driven by decreases in child mortality from explained diseases and morbid conditions.  
• Child mortality from unexplained diseases and morbid conditions (i.e. from natural causes but the cause has not been identified) has shown some recent decreases but does not indicate a strong overall trend. Almost all of this group are infant deaths classified as Sudden Infant Death Syndrome (SIDS) or undetermined causes.

Figure 1: Child deaths by major cause group (3-year rolling averages) 2007–19

Data source: Queensland Child Death Register (2004–19)  
1. Rates (deaths per 100 000 population aged 0–17 years) are averaged over 3-year periods.

Child mortality from external (or non-natural) causes has generally decreased over the period, with trends in the primary cause types further illustrated in Figure 2.

Transport-related child mortality rates declined, dropping by 61% over the period (or 4.1% per year). While there were changes over time in the number and rate of deaths from drowning, other non-intentional injury, suicide and fatal assault, the changes were not indicative of trends (changes not statistically significant).

Figure 2: Externally caused child deaths by primary cause (3-year rolling averages) 2007–19

Data source: Queensland Child Death Register (2004–19)  
1. Rates (deaths per 100 000 population aged 0–17 years) are averaged over 3-year periods.

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5 The two largest contributors of which are deaths from perinatal conditions (diseases and conditions which originate during pregnancy or the neonatal period (first 28 days of life)), and congenital anomalies.
Indigenous child mortality rates have decreased over the 15-year period. Based on three-year averages, between 2004–07 and 2016–19 infant mortality for Indigenous children decreased from 11.7 to 6.4 deaths per 1000 live births.

The mortality rate for Indigenous children aged 1–17 years decreased from 38.6 to 30.8 deaths per 100 000 children.

Aboriginal and/or Torres Strait Islander child mortality, however, continues to be twice the rate for non-Indigenous children as decreases in Indigenous mortality have been matched by decreases in non-Indigenous mortality (3-year average of 70.8 deaths per 100 000 Indigenous children, compared to 31.8 deaths per 100 000 non-Indigenous children respectively).

The rates of death of children known to the Queensland child protection system have consistently been higher than all children, especially for deaths from external causes.

Australian states and territories and New Zealand child death statistics 2017

Using 2017 data, collated by the QFCC with the assistance of members of the Australian and New Zealand Child Death Review and Prevention Group (ANZCDR&PG), the following findings were made:

- Queensland had the third-highest child mortality rate, after the Northern Territory and New Zealand.
- Suicide was the leading external cause of death in Queensland, Victoria, Western Australia, the Northern Territory and New Zealand. Transport was the leading external cause of death in New South Wales and Tasmania.
- Queensland had the highest number of drowning deaths.
- Queensland had the lowest rate of infant deaths from SIDS and undetermined causes.
- Indigenous child mortality rates were higher than the non-Indigenous rates within all jurisdictions.

Child death prevention activities of the QFCC

Collecting, analysing and publishing information on the causes of child deaths is an important step in preventing child deaths and serious injuries. This year the QFCC’s prevention activities included:

- seven community education fact sheets and resources
- the Seconds Count driveway and car park safety campaign
- sharing information with the Department of Education to support suicide postvention in affected schools
- briefing senior government officers on youth suicide data
- contributing to the development of the Queensland Suicide Prevention Plan
- delivering research forums in Brisbane and Cairns on the theme improving youth mental health
- providing tailored child death data to 24 stakeholders
- making three submissions in relation to: Queensland Open Doors to Renting Reform; review of the permanent ban on miniature motorbikes; and the safety standard for corded internal window coverings, and
- projects to improve the QFCC Child Death Register database, including migrating legacy records for 2004–2012 into the register and progressing an upgrade to the database system.
Queensland Child Death Register access and data requests

Access to comprehensive child death data is available at no cost to organisations or individuals conducting genuine research or prevention activities. Child Death Register data requests which were actioned during the year are set out in Chapter 9. Stakeholders wishing to access the Queensland Child Death Register to support their research, policy or community education initiatives should email their request to child_death_prevention@qfcc.qld.gov.au.

Supplementary Information

The following information is available on the 2018–19 Child Death Annual Report page at https://www.qfcc.qld.gov.au/

- a collection of Australian and New Zealand child death statistics for the year 2017, and
- the 2018–19 15-year tables.