

Executive summary

In the 12-month period from 1 July 2022 to 30 June 2023, the deaths of 446 children and young people aged 0–17 years were registered in Queensland.²

Deaths from natural causes (diseases and morbid conditions) accounted for a large proportion of child deaths, with these most likely to occur in the first days and weeks of life. Child mortality from external causes includes deaths from injuries, either non-intentional (accidental) injuries such as transport incidents or drowning, or from intentional injuries, which include suicide and fatal assault and neglect.

Child deaths in Queensland, 2022–23

446 child deaths in Queensland 2022–23*		
327 children died of natural causes – such as congenital and perinatal conditions	67 children died from external causes , including: 28 from transport incidents 10 from drowning 4 from other non-intentional injuries 20 from suicide 5 from fatal assault and neglect	6 children’s deaths remained unexplained ³ even after comprehensive investigation: 4 infants died of sudden infant death syndrome (SIDS) or undetermined causes 2 children aged 1–17 years died of undetermined causes
46 children had a cause of death that was not yet determined at the time of reporting		

* By date of death registration.

Recent increase in natural cause deaths

The 327 deaths from natural causes in 2022–23 was an 8-year high which contributed to the high total number of child deaths in the period (446). In contrast the 67 deaths from external causes in 2022–23 was equal lowest (with 2015–16) for any year since 2004–05. The largest contributor to the increase in natural causes was deaths from perinatal conditions. The increase does not appear to be due to deaths from coronavirus (COVID-19)—only 4 child deaths have been directly attributed to COVID-19 in Queensland—although the pandemic may have had indirect impacts on child health and mortality. The COVID-19 Mortality Working Group has found an excess in total deaths in Australia in 2022, with roughly one-third of the excess not related to COVID-19 while two-thirds were.

Trends in child mortality

Notwithstanding the increased number of child deaths in the last 2 years, there has been an overall decrease in child mortality rates since the Child Death Register commenced operation in 2004 (down 2.2% per year on average). The trend has been driven, to a large extent, by decreases in deaths from natural causes.

² 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.

³ Where a cause of death could not be determined even after thorough investigation. It includes deaths from SIDS and undetermined causes.

Transport-related child mortality has decreased 3.6% per year on average. However, higher numbers of transport deaths in the last 3 years have seen these rates begin to increase. There were 28 transport-related deaths in 2022–23.

A slowly increasing trend in the rate of youth suicide is evident over time. However, the 20 suicides recorded in the last year and in 2021–22 was below the higher numbers seen in 2018–19 (37) and 2020–21 (30). Further analysis suggests the suicide rate has increased more in young females than in young males.

Sudden unexpected deaths in infancy (SUDI) continue to represent a considerable proportion of infant deaths. There were 40 sudden unexpected infant deaths in Queensland in 2022–23, the second highest number in the last 8 years.

Leading cause by age

The leading causes of death vary with age, largely in line with the risks faced by children at each stage of development.

Age category		Leading causes*		
		1	2	3
Infants	0–27 days	Perinatal conditions	Congenital anomalies	SIDS and undetermined causes
	28–364 days	SIDS and undetermined causes	Congenital anomalies	Perinatal conditions
	1–4 years	Drowning	Cancers and tumours	Transport
	5–9 years	Cancers and tumours	Transport	Nervous system diseases
	10–14 years	Suicide	Cancers and tumours	Transport
	15–17 years	Suicide	Transport	Cancers and tumours

* In the 5-year period 2018–19 to 2022–23.

Vulnerable groups

Some children are more vulnerable to experiencing adversity—including experiences that increase risk of death—than others. Aboriginal and Torres Strait Islander children and those children who are known to the child protection system (Child Safety)⁴ are consistently and significantly over-represented in child mortality statistics.

Aboriginal and Torres Strait Islander children were over-represented in child deaths. Ninety-four deaths in 2022–23 were of Aboriginal and Torres Strait Islander children. Of these, 60 died from natural causes (diseases and morbid conditions), 16 from external causes, 3 were unexplained deaths and 15 were pending a cause of death at the time of reporting.

The mortality rate for Aboriginal and Torres Strait Islander children was 2.5 times higher than for non-Indigenous children (75.4 deaths per 100,000 Aboriginal and Torres Strait Islander children aged 0–17 years, compared with 30.5 deaths per 100,000 non-Indigenous children (5-year average)). For external causes of death specifically, the Aboriginal and Torres Strait Islander mortality rate was 3.2 times the non-Indigenous rate (5-year average).

⁴ Department of Child Safety, Seniors and Disability Services.

Seventy-two of the 446 children who died in 2022–23 were known to Child Safety in the 12 months prior to their deaths, a slight increase from 69 deaths in 2021–22. Children are considered known to Child Safety if they were the subject of an intake call or intervention in the preceding 12 months. The population of children known to the child protection system has increased over the last 5 years, although this growth does not fully account for the increase in child deaths observed in the last 2 years.

The mortality rate for children known to Child Safety was almost twice the Queensland child mortality rate (5-year average). Children known to Child Safety were 4 times more likely to die of external causes than the total child population in Queensland.

This and previous annual reports have found child mortality rates for children known to Child Safety to be consistently higher than the rates for all children, especially for deaths from external causes. Children who are at increased risk of child maltreatment are often from families with higher levels of economic disadvantage, poor parental mental health and problematic substance misuse and social instability, all of which are risk factors for adverse childhood outcomes—including death. The over-representation of children coming to the attention of the child protection system can therefore, at least in part, be explained by the often multiple risk factors present in these children’s lives.

Child death prevention activities

During 2022–23, the QFCC responded to 20 external requests for child death data, including to support:

- Australian Competition and Consumer Commission’s (ACCC) policy review of options to reduce the risk of death and injury associated with infant sleep products
- a joint QFCC and Queensland Health project investigating the incidences and factors associated with sepsis-related deaths
- Queensland Paediatric Quality Council’s (QPQC) analysis of issues associated with infant deaths, to improve understanding of issues and inform development of clinical care guidelines
- Queensland Department of Transport and Main Roads’ public education campaign for parents and carers around appropriate use of child restraints in vehicles.

The QFCC also participated as an active member of a range of advisory groups, such as:

- Australian and New Zealand Child Death Review and Prevention Group
- Australian National Child Death Data Collection Working Group
- Consumer Product Injury Research Advisory Group
- Queensland Government Suicide Prevention Network
- Suicide Prevention Oversight Group
- QPQC Infant Mortality Sub-Committee
- QPQC Steering Committee
- Queensland Government Births and Deaths Working Group
- Road Safety Research Network.

The QFCC continued to monitor and support the response to suicide deaths of young people including through a crucial information sharing process with the Department of Education. This process informs student wellbeing policy development and supports suicide postvention in affected schools.

Safer pathways through childhood framework 2022–2027

The *Safer pathways through childhood framework* sets the direction of the QFCC's child death prevention functions over the next 5 years. The Action Plan for the coming year can be found on the QFCC's website: www.qfcc.qld.gov.au/safer-pathways-through-childhood

The QFCC's information paper *Swimming pool immersions of young children in Queensland* was released in November 2022. It reports on regional patterns in drownings and near drownings, and promoting methods of drowning prevention. The report can be found on the Safer pathways webpage noted above.

Collaborative partnerships

This report includes chapters on categories of death and identifies trends and findings that may require deeper investigation. The QFCC values the expertise of others and would welcome opportunities to work with stakeholders undertaking related initiatives.

Data for prevention activities

The QFCC works with researchers and government agencies to raise community awareness and develop prevention programs and policies by identifying risk factors, trends and emerging safety hazards.

The QFCC can provide detailed child death data to genuine researchers and organisations at no cost. Email child_death_prevention@qfcc.qld.gov.au

Resources available at www.qfcc.qld.gov.au/about-us/publications/child-death-reports-and-data

Annual report resources

- 19-year summary tables
- fact sheets
- Australian child death statistics 2021
- Appendices B to G

Safer pathways through childhood framework 2022–2027