Annual Report: Deaths of children and young people Queensland 2023–24

Appendices

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Queensland Family & Child Commission

Queensland Government

Appendix B — Methodology

This appendix provides an overview of the methodology employed in the production of the Queensland Family and Child Commission's (QFCC) *Annual Report: Deaths of children and young people, Queensland, 2023–24*. It also explains the process of maintaining the Queensland Child Death Register (the Register) and the methods used for the analysis of trends and patterns in the data.

The Queensland Child Death Register

Under Part 3 (sections 25–29) of the *Family and Child Commission Act 2014* (the FCC Act), the Principal Commissioner is required to maintain a register of all child deaths that occur in Queensland, using information provided by the Registry of Births, Deaths and Marriages and the Coroners Court of Queensland. The information in the Register is required to be classified according to cause of death, demographic information and other relevant factors. The Register contains information in relation to all child deaths in Queensland from 1 January 2004. The FCC Act also outlines functions of the QFCC to help reduce the likelihood of child deaths, including to conduct research, make recommendations about laws, policies, practices and services and provide access to data contained in the Register to persons undertaking genuine research. Under the FCC Act, the Principal Commissioner must prepare an annual report in relation to child deaths in Queensland.

Information sources

Registry of Births, Deaths and Marriages

The information contained in the Queensland Child Death Register is based on death registration data from the Queensland Registry of Births, Deaths and Marriages (RBDM). The *Births, Deaths and Marriages Registration Act 2003* provides the registrar must give notice of the registration of all child deaths to the Principal Commissioner.[1] The data provided includes:

- death registration number
- child's name
- child's date and place of birth
- child's usual place of residence
- child's age
- child's sex
- child's occupation, if any
- child's Aboriginal or Torres Strait Islander status
- duration of the last illness, if any, had by the child
- date and place of death
- cause of death
- mode of dying
- birth registration data.[2]

To the extent practicable, this information is provided within 30 days after the death is registered. If the death is not reported to a coroner (that is, a natural cause death for which a cause of death certificate is issued by a medical practitioner), only the listed items are available for analysis. Additional information is available for coronial cases.

Coroners Court of Queensland

The *Coroners Act 2003* provides for the Principal Commissioner to be notified by the State Coroner of all reportable child deaths in Queensland. Reportable deaths are those where:

- the identity of the person is unknown
- the death was violent or otherwise unnatural
- the death happened in suspicious circumstances

[1] *Births, Deaths and Marriages Registration Act 2003*, s. 48A. Details of stillborn children are not included in the information given to the QFCC.
[2] Additional information is provided under an administrative arrangement between RBDM and QFCC.

- the death was healthcare-related
- a cause of death certificate has not been issued and is unlikely to be issued
- the death occurred in care
- the death occurred in custody
- the death occurred in the course of police operations.[3]

The information provided by the State Coroner includes:

- the Police Report of Death to a Coroner (Form 1), which includes a summary of the circumstances of the death
- autopsy and toxicology reports
- the coroner's findings and comments.[4]

Of the 422 deaths of children and young people registered in 2023–24, 32% (135 deaths) were reportable under the *Coroners Act 2003*. At the time of reporting, coronial findings had been finalised for 26% (35 deaths) of reportable deaths. Autopsy and preliminary examination reports, where internal and/or external autopsies were performed, were provided in 31 of the 35 finalised cases and in 39 of the 100 cases where coronial findings were still outstanding.

Access to other data sources

The QFCC has information sharing arrangements with the following agencies:

- Registry of Births, Deaths and Marriages[5]
- Coroners Court of Queensland[6]
- Department of Child Safety, Seniors and Disability Services
- Queensland Police Service
- Queensland Ambulance Service
- Child Death Review Board
- Department of Justice and Attorney-General (including records relating to Workplace Health and Safety Queensland)
- Australian Bureau of Statistics
- Queensland Health
- Department of Education.

Information provided by these agencies provides contextual information and allows the QFCC to better classify and categorise child deaths.

Confidentiality

Accompanying the QFCC's privileged access to information is a duty of confidentiality specified in the *Family and Child Commission Act 2014*. Section 36 of the Act states:

> *If a person gains confidential information through involvement in the administration of this Act, the person must not – (a) make a record of the information or intentionally disclose the information to anyone, other than under subsection (3),[7] or (b) recklessly disclose the information to anyone.*

[3] *Coroners Act 2003*, s. 8.
[4] *Coroners Act 2003*, ss 45, 46.
[5] In accordance with the *Births, Deaths and Marriages Act 2003*, s. 48B.
[6] In accordance with the *Coroners Act 2003*, s. 54A.
[7] Subsection 3 permits a person to make a record of, or disclose, confidential information for this Act to discharge a function under another law, for a proceeding in a court or tribunal or if authorised under a regulation or another law.

Coding causes of death

The QFCC uses the World Health Organization's *International statistical classification of diseases and related health problems, 10th revision* (ICD-10) to code underlying and multiple causes of death.[8]

QFCC staff trained in ICD-10 mortality coding, in close consultation with mortality coders from the Australian Bureau of Statistics (ABS), are responsible for the coding of external cause deaths. The qualified mortality coders from the ABS undertake coding for natural cause deaths (that is, those from diseases and morbid conditions).

Underlying cause of death

The underlying cause of death refers to the condition, event or circumstances without which the person would not have died. Natural cause deaths are reported based on their underlying cause of death. The underlying cause of death is also a primary factor in categorising deaths from external causes (that is, those due to transport incidents, drowning, other non-intentional injury, suicide or fatal assault).

The ICD-10 carries certain inherent limitations for coding external cause deaths, particularly in recognising the contextual subtleties of cases. It is particularly limited in its ability to adequately capture deaths from:

- drowning in rural water hazards
- low-speed vehicle run-overs that occur in driveways
- e-scooters and e-bikes
- drowning or other non-intentional injury deaths occurring in context of epilepsy or other medical conditions
- intentional asphyxia without fatal intent (for example, choking game)
- SUDI.

To help overcome these limitations, the QFCC primarily classifies external cause deaths according to their circumstances. This enables discussion about deaths occurring in similar circumstances—even if an official cause of death has not yet been established or if ICD-10 coding does not accurately reflect the circumstances of death. [9] As a result, the data reported by the QFCC may not match data reported by ICD-10 codes alone. Full details of ICD-10 coding for external-cause deaths can be found in Appendix D.

All reportable deaths are classified as being deaths from natural causes, transport incidents, drowning, other non-intentional injury, suicide, fatal assault and neglect, or unexplained causes (where a specific cause of death could not be determined after a thorough investigation). SUDI are also grouped together for the purpose of analysis. Deaths for which an official cause was not available at the time of reporting, and for which there was insufficient information about the circumstances to enable the QFCC to classify them as an external cause death are categorised as 'cause pending'.

Deaths of Aboriginal and Torres Strait Islander children

Historically, the identification of Indigenous status on death registration forms has often been incomplete or inaccurate, leading to an under-count of the actual numbers of deaths of Aboriginal and Torres Strait Islander people. The identification of the deaths of Indigenous people has improved considerably; however, the extent of any continued under-reporting is not known, and likely continues to some degree.

The Register keeps a record of each child's Aboriginal and Torres Strait Islander status as noted in the death registration data, on the Form 1 (Police Report of Death to a Coroner) and in other official records. There are instances of inconsistent reporting across official records.

[8] www.who.int/standards/classifications/classification-of-diseases

[9] Cases which have not received an official cause of death, as established at autopsy or coronial investigation, cannot be coded according to ICD-10.

In cases where there has been inconsistent reporting of Aboriginal and Torres Strait Islander status across official records, a guideline based on best practice[10,11,12] is used by the QFCC to determine which status will be used for reporting purposes.

While this may not always accurately reflect the Aboriginal and Torres Strait Islander status of the individual child, the QFCC attempts in each case to identify which sources of information are most likely to contain the correct information about whether the child and their family identified as being Aboriginal or Torres Strait Islander. Audits of the decisions in the Register are undertaken periodically, which may result in changes in status for some children where new information has been received. As a result, there may be minor differences from previously reported mortality data by Aboriginal and Torres Strait Islander status.

For the purpose of analysis, children who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander are considered together. Children whose Aboriginal and Torres Strait Islander status is listed as 'Unknown' or 'Not stated' in official records are grouped together with non-Indigenous child deaths.

Deaths of children known to the child protection system

The deaths of children known to the child protection system have been analysed as a separate cohort, as the Queensland child protection system has legislative responsibilities in relation to these deaths. In accordance with Chapter 7A of the *Child Protection Act 1999*, the deaths of all children known to the Queensland child protection system are subject to an internal review by the Department of Child Safety, Seniors and Disability Services (Child Safety) and an independent review by an external panel. These reviews are undertaken to facilitate learning, improve service delivery and promote accountability.[13]

For this report, a child is deemed to have been known to Child Safety if, within 12 months before the child's death:

- Child Safety was notified of concerns of alleged harm or risk of harm, or if
- Child Safety was notified of concerns before the birth of a child and reasonably suspected the child might be in need of protection after their birth, or if
- Child Safety took action under the *Child Protection Act 1999*, or if
- the child was in the custody or guardianship of Child Safety.[14]

Prior to 1 July 2014, a review was required if the child was known to the department in the three years before their death.

On 1 July 2020, a two-tier review process came into effect. Under the *Child Death Review Legislation Amendment Act 2020*, agencies are responsible for conducting internal system reviews following the death or serious physical injury of a child known to the child protection system. The independent Child Death Review Board[15] has been established to conduct systemic reviews following the death of a child, connected to the child protection system, to identify opportunities to improve the child protection system and prevent future deaths.

Location geocoding

All locations related to child deaths (such as place of death, usual residence, incident location) are geocoded using the Queensland Government Property Location Service Plus. The geocoded locations are then linked to reference data for indicators of remoteness and socio-economic status.

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[10] AIHW, ABS (2012) ***National best practice guidelines for data linkage activities relating to Aboriginal and Torres Strait Islander people***, cat. no: IHW 74, AIHW, Australian Government. www.aihw.gov.au/reports/indigenous-australians/national-best-practice-guidelines-for-data-linkage/summary

[11] Christensen D, Davis G, Draper G, Mitrou F, McKeown S, Lawrence D, McAullay D, Pearson G, Rikkers W, Zubrick SR (2014) 'Evidence for the use of an algorithm in resolving inconsistent and missing Indigenous status in administrative data collections', *Australian Journal of Social Issues*, 49:423–443, https://doi.org/10.1002/j.1839-4655.2014.tb00322.x.

[12] Shipstone R, Young J, Thompson JMD (2019) 'The real divide: the use of algorithm-derived Indigenous status to measure disparities in sudden unexpected deaths in infancy in Queensland', *Australian and New Zealand Journal of Public Health,* 43:570–576, https://doi.org/10.1111/1753-6405.12951.

[13] *Child Protection Act 1999,* s. 245(3).

[14] *Child Protection Act 1999,* s. 246A.

[15] www.qfcc.qld.gov.au/board

Geographical remoteness (ARIA+)

The Accessibility/Remoteness Index of Australia Plus (ARIA+) is used to code geographical remoteness for locations recorded for child death data. ARIA+ is a standard distance-based measure of remoteness developed by the National Centre for the Social Applications of Geographic Information Systems (GISCA) and the former Australian Department of Health and Aged Care (now Department of Health). It interprets remoteness based on access to a range of services; the remoteness of a location is measured in terms of distance travelled by road to reach a centre that provides services.[16]

For the purposes of analysis in this report, the following general categories of remoteness are reported:

- Major cities
- Inner regional
- Outer regional
- Remote and very remote.

The analysis of geographical remoteness in the child death annual report refers to the child's usual place of residence, which may differ from the place of death or the incident location.

At the time of the implementation of the new Child Death Register in March 2021, the ARIA+ reference data for locations added after that date is from the Census 2016. Location data for all records entered into the Register from 2004 to February 2021 use reference data from Census 2011.

Socio-economic status (SEIFA)

Of the Socio-economic Indexes for Areas (SEIFA) developed by the ABS, the Index of Advantage/Disadvantage has been used in the child death report. This index aims to rank geographical areas to reflect both advantage and disadvantage at the same time, effectively measuring a net effect of social and economic conditions.

Variables associated with advantage include the proportion of families with high incomes, the proportion of people with a university degree or higher and the proportion of people with skilled occupations.

Variables associated with disadvantage include the proportion of families with low incomes, the proportion of persons with relatively low levels of education and the proportion of people in low-skilled occupations.

To determine the level of advantage and disadvantage, the child's usual place of residence was used for coding the geographic area. For this reason, measures of socio-economic status used in the Report are measures of the status of the areas in which children and young people reside, not the socio-economic status of each individual child or their family.

The SEIFA index ranks areas from most disadvantaged to most advantaged, divided into up into five equal sized groups or quintiles. Quintile 1 (Q1) represents the relatively most disadvantaged 20%, and quintile 5 (Q5) represents the relatively least disadvantaged 20%.

The SEIFA reference data is based on Census 2011 for locations entered in the Register from 2004 to February 2021. All locations entered into the Register from March 2021 are based on Census 2016.

Unregistered deaths

The *Annual Report: Deaths of Children and Young People, Queensland* is based on death registration data from the Registry or Births, Deaths and Marriages. As the QFCC also receives information on child deaths from, for example, police reports to the coroner and Child Safety notifications, the QFCC is aware of a number of deaths that remain unregistered at the time of reporting. As the counting rule applied is 'by date of death registration', deaths which are not yet registered are not reflected in the Report. However, the QFCC includes all child deaths in the Child Death Register, regardless of the registration status, meaning the information is available for research and analysis.

[16] ARIA+ is a purely geographic measure of remoteness, which excludes any consideration of socio-economic status, rurality and population size factors (other than the use of natural breaks in the population distribution of urban centres to define the service centre categories).

Part 6 of the *Births, Deaths and Marriages Registration Act 2003 (Qld)* (the BDMR Act) outlines the requirements to register a death. Under the BDMR Act, the Registry of Births Deaths and Marriages (RBDM) must be provided with:

- a Medical Certificate of Cause of Death (MCCD) which is usually supplied by a medical practitioner to the funeral director, noting there is a separate process for RBDM being informed of cause of death for reportable deaths under the jurisdiction of the Queensland Coroners Court; and
- the death registration form which is usually supplied by a funeral director to RBDM on behalf of a relative of the deceased.

RBDM requires an MCCD within 16 days of a death, and a death registration form within 14 days of a death.

Table B.1 provides a summary of the 31 deaths of children and young people which have been reported to the QFCC, where more than 28 days have passed since the death occurred and the death remains unregistered at the time of reporting.

The deaths occurred between 2015 and 31 May 2024, the majority occurring from 2020 onwards, with an average of 5 unregistered deaths each year.

Of note, a large proportion of deaths are Aboriginal and Torres Strait Islander children (74%).

Table B.1: Summary of overdue unregistered deaths of children and young people

	Unregistered deaths
	n
All deaths	
Deaths of children 0–17 years	31
Cause of death	
Natural causes	12
External causes	14
Unexplained causes	2
Cause of death pending	3
Aboriginal and Torres Strait Islander status	
Aboriginal and Torres Strait Islander	23
Non-Indigenous	6
Not stated	2
Year of death	
2015	2
2020	6
2021	7
2022	7
2023	5
2024 (up to 31 May)	4

Vulnerability characteristics

The QFCC collects information on various factors relating to the child or the family which are broadly termed vulnerability characteristics. The information is based on statements of fact or clear statements of opinion by credible external sources, as recorded in source documents (primarily police and coronial reports).

The factors identified reflect the complex circumstances and risk factors which are often present in the lives of children who die of external and unexplained causes. The information is subject to limitations, in that it is based on those factors which can be identified in the coronial or child protection records. Findings in regard to the presence or absence of vulnerability characteristics can be considered indicative only.

Analysis and reporting

Analysis period

The Queensland Child Death Register is analysed according to date of registration of the death (rather than date of death).

Reporting period

This annual report examines the deaths of 422 children and young people aged from birth to 17 years, registered between 1 July 2023 and 30 June 2024.

Place of residence

The Queensland Child Death Register records the deaths of children which occur within Queensland, regardless of the child's usual place of residence. Deaths of interstate and international residents that occur within Queensland are therefore recorded (visitors, holidaymakers and children who die while accessing specialist and emergency medical care). Deaths of Queensland residents that occur within other jurisdictions are not recorded.

Data comparability and accuracy

The *Annual Report: Deaths of children and young people in Queensland, 2023–24* brings together information from a number of key sources and presents it in a way which facilitates consideration and interpretation of the risk factors associated with the deaths of children and young people in Queensland. The report also allows comparisons to be made between different population subgroups, such as Aboriginal and Torres Strait Islander children and children known to the child protection system. Caution must be exercised; however, when making comparisons and interpreting rates due to the small number of deaths analysed. An increase or decrease of one or two deaths across the course of a year may have a significant impact on the rates when small numbers are involved.

As the Register relies on administrative data sources, a small margin of error is possible. The QFCC undertakes periodic cross checking of administrative datasets to minimise errors as much as possible.

Throughout the report, percentages are rounded to whole numbers. Some percentages may not add to 100% or sub-totals may not appear as the sum of the individual items – this is due to rounding.

Differences from previously published data

Information on child deaths can be received at a much later date than the original registration data, following processes of child death reviews, autopsies and coronial investigations. A critical element of the Register's comprehensiveness and research value is the inclusion of new information relating to individual child deaths as it is received. As a result, the information on deaths presented in this report may differ from those presented in earlier published annual reports.

Population data used in calculations of child death rates

Child death rates are generally calculated per 100,000 children (for each sex/age category/Indigenous status/child protection status/ARIA+ region/SEIFA region) in Queensland.

This annual report uses the estimated resident population (ERP) data to calculate rates, excepting for the age group under 1 year where the number of live births is used as the denominator. Infant mortality rates are calculated per 1,000 births; however, for comparative purposes rates are also presented as per 100,000 births. Rates are not calculated for numbers less than four deaths because of the unreliability of such calculations.

Rates and percentages presented in this report are calculated as multi-year averages to provide more reliable estimates of mortality data and smooth out year to year fluctuations that arise with reporting on small numbers. Five-year rolling averages

are used for trends in all causes, major cause groups, by Aboriginal and Torres Strait Islander status, and SUDI. Five-year averages are used for data further disaggregated by cause, type and demographics.

In this report, mortality rates are calculated as the average number of deaths over the 5-year period divided by the average population (or live births) over the 5-year period.

The Queensland Government Statistician's Office provides updated ERPs each year. ERP by age, sex, and Indigenous status for the latest year, 2023, were preliminary at the time of reporting. Readers are advised that ERPs by Indigenous status used in this report are based on Census 2016, as estimates based on Census 2021 by age were not available at the time of reporting.

ERP by ARIA+ and SEIFA regions for 2022 and2023 were preliminary at the time of reporting.

Infant mortality rates

Chapters 1, 2 and 8 present infant mortality rates, defined as the number of deaths of infants aged under 1 year per 1,000 live births. In the 2022 calendar year, there were 62,094 live births in Queensland, including 7,452 Aboriginal and Torres Strait Islander live births.[17] Live births data was not available for 2023 at the time of reporting. In calculations, the 2022 values were used as proxies to replace the missing 2023 values.

The exception to the use of the number of live births as the denominator in infant mortality rates is in Chapter 8, where the denominators in rate calculations by remoteness (ARIA+) and social economic status (SEIFA) are the ERP of children aged under 1 year by the relevant ARIA+ and SEIFA categories.

Rates of death for children known to the child protection system

Rates of death for children known to Child Safety are calculated using, as the denominator, the number of distinct children known to the Queensland child protection system in the 1-year period before the relevant financial year.

The denominator data, shown in Table B.2, represents the number of distinct children (aged 0–17 years) who had any of the following forms of contact with the Child Safety in the preceding financial year:

- Child Concern Report
- Intake inquiry
- Child Protection Notification
- Investigation and Assessment Order
- Ongoing intervention
- Child Protection Order, or
- Placement in care.

Table B.2: Children known to the Queensland child protection system

Reporting period	Number of distinct children known to the child protection system
2019–20	92,040
2020–21	95,292
2021–22	99,641
2022–23	102,220
2023-24	107,556

Data source: Department of Child Safety, Seniors and Disability Services (2024)

[17] ABS (2023) *Births, Australia, 2022*, 'Births, summary, by state, Queensland – 2007 to 2022', ABS website, accessed 30 June 2024. http://www.abs.gov.au/statistics/people/population/births-australia/2022

Appendix C — Abbreviations and definitions

ABS	Australian Bureau of Statistics.
Acquaintance homicide	A child killed by an adult (over 18 years) known to—but not intimately connected with or in a friendship with—the victim. Perpetrators may include neighbours, family friends, teachers or a person who had interacted with the child in an online context. This differs from domestic homicide, where there is an unambiguous familial association, and stranger homicide, where there is no prior association whatsoever between the perpetrator and victim.
AIHW	Australian Institute of Health and Welfare.
ANZCDR&PG	Australian and New Zealand Child Death Review and Prevention Group.
ARIA+	Accessibility/Remoteness Index of Australia Plus. An index of remoteness derived from measures of road distance between populated localities and service centres. These road distance measures are then used to generate a remoteness score for any location in Australia.
Autopsy	Also 'post-mortem'. A detailed physical examination of a person's body after death. An autopsy can be external only, external with full internal or external with partial internal.
Bathtub	A large open container for water in which a person may wash their body and includes a bathtub or baby bath.
Beach or ocean	Beach refers to the shoreline of an ocean (the land component) and ocean refers to the sea.
Bystander	Pedestrian incident in which a child who has not entered or attempted to enter a roadway or other area where vehicles are usually driven, is struck by a vehicle that has left the designated roadway or area. For example, a child playing in the front yard of a home is struck by a vehicle that has left the roadway after the driver has lost control.
Bullying	Repeated hurtful behaviour which involves a power imbalance. It includes physical, verbal, social (often covert) and cyber bullying behaviours.
Cause of death pending	Used to categorise deaths that do not have an immediately obvious cause (such as a transport incident), and where official cause of death information has not yet been received to enable classification.
Child	A person aged from birth up to, but not including, 18 years.
Child Death Review Board	The Child Death Review Board (CDRB) conducts systemic reviews following the death of a child connected to the child protection system under Part 3A of the *Family and Child Commission Act 2014*. These reviews identify opportunities to improve the child protection system and prevent future deaths. The CDRB uses agency information, research and data to make system-wide findings and recommendations for systemic improvements to help prevent deaths that may have been avoidable.
Child known to Child Safety	A child is deemed to have been known to Child Safety if, within one year before the child's death: • Child Safety was notified of concerns of alleged harm or risk of harm, or if • Child Safety was notified of concerns before the birth of a child and reasonably suspected the child might be in need of protection after their birth, or if • Child Safety took action under the *Child Protection Act 1999*, or if

	the child was in the custody or guardianship of Child Safety.[18]
Child Safety	Department of Child Safety, Seniors and Disability Services (Qld). Queensland government agency responsible for administering the *Child Protection Act 1999*.
Congenital anomalies	Congenital anomalies (ICD-10 Chapter XVII, Congenital malformations, deformations and chromosomal abnormalities) are mental and physical conditions present at birth that are either hereditary or caused by environmental factors.
CPR	Cardiopulmonary resuscitation.
Death in care	A death as defined under section 9 of the *Coroners Act 2003*. This occurs when a person who had died: • had a disability and was living in a residential service provided by a government or non-government service provider or hostel • had a disability and lived in a private hostel (not aged-care) • was being detained in, taken to, or undergoing treatment in a mental health service • was a child in foster care or placed at a residential facility under the guardianship of Child Safety.
Death in custody	A death as defined under section 10 of the *Coroners Act 2003*. This includes the death of someone in custody (including someone in detention under the *Youth Justice Act 1992*), escaping from custody or trying to avoid custody.
Death incident location	The address at which the set of circumstances leading to death occurred. This may be the same as, or different from, the place of death.
Diseases and morbid conditions	Also referred to as natural causes. A cause of death category used for those cases where the official cause of death has been given an ICD-10 Underlying Cause of Death which corresponds to Chapters 1–17 of the ICD Codebook (except deaths coded as R95 and R99 which are included in unexplained causes). Diseases and morbid conditions cannot be assigned as a category of death until an official cause of death has been received and coded. All reportable deaths suspected to be the result of a disease or morbid condition are assigned a category of death of 'Unknown—cause of death pending', until the official cause of death has been received and coded.
Domestic homicide	Homicide committed by someone in the child's familial network or foster carer where there is a clear intent to cause life threatening injury on the part of the perpetrator. Such events are usually characterised by evidence of a breakdown in the parental relationship and/or acute mental illness in one or both parents. It is characterised by an obvious critical event or angry impulse in which the perpetrator acts overtly (and usually suddenly) to end the life of one or more family members. Children of any age may be victims. It is common in cases of domestic homicide for a perpetrator to suicide subsequent to their killing of one or more family members. This subtype of domestic homicide is often referred to as murder-suicide. Parents, step-parents, foster parents and extended family members can be involved in these incidents.
Drowning	Deaths that occur as a direct or indirect result of immersion in some form of liquid.
Dynamic waterway	A waterway with a flowing momentum, such as rivers and creeks.
ERP	Estimated resident population.

[18] Section 246A of the *Child Protection Act 1999*.

External causes of death	Pertaining to environmental events and circumstances that cause injury, poisoning and other adverse effects. Broadly, external-cause deaths are generally more amenable to prevention than many deaths from disease and morbid conditions.
Fatal assault	Death of a child at the hands of another person who has inflicted harm to them through some means of force or physical aggression.
Fatal child abuse	Describes deaths from physical abuse perpetrated by a parent or caregiver against a child who is reliant upon them for care and protection where the intent was to harm the child (e.g. over-use of force or excessive disciplinary behaviours). It may be characterised by a history of chronic and escalating abuse or by an isolated incident. It also includes cases where the child is permanently injured from physical harm but dies at a later stage from medical issues initiated by the physical harm incident (late effects of abuse). Victims are predominantly infants, toddlers and preschool-aged children.
Fatal neglect	Defined as where a child, dependent on a caregiver for the basic necessities of life, dies owing to the failure of the caregiver to meet the child's ongoing basic needs. This may involve acts or omissions on the part of a caregiver that are either deliberate or extraordinarily irresponsible or reckless. It is most likely to involve younger children who are wholly reliant upon their primary caregivers.
Floodwater	A body of water that has escaped its usual boundaries (including overflows of drainage systems), water that exceeds the capacity of the structure normally holding it (including creeks and rivers), or water that temporarily covers land not normally covered by water (flash flooding).
ICD-10	International statistical classification of diseases and related health problems, tenth revision.
Indigenous	Refers to people who identify as being Aboriginal and/or Torres Strait Islander.
Intimate partner homicide	Homicide committed by intimate partners or former intimate partners. Intimate refers to a romantic or coupled relationship characterised by a level of mutual trust, dependence or commitment between the child and the perpetrator. It does not include friendship-only relationships. There is no age threshold for this category.
Known to be in or on water	When a child aged under 5 years is known by the carer to be actively swimming, paddling, wading, playing, bathing in water or on a watercraft.
Known to be around water	When the carer of a child aged under 5 years is aware of the existence of a nearby water hazard and a reasonable person could foresee that the child could quickly or easily gain access to it (i.e. no barrier or a defective barrier). Examples include where a carer leaves a child playing on the floor of the bathroom while the bath is filling up, or the carer leaves the child playing in the backyard but has propped open the pool gate.
Low-speed vehicle run-over	An incident where a pedestrian is injured or killed by a slow-moving vehicle travelling forwards or reversing. The incident can occur in a non-traffic area (e.g. residential driveway) or as a vehicle is merging into or out of a traffic area (e.g. school pick-up zone).
Neonatal death	A neonatal death is the death of an infant within 0–27 days of birth who, after delivery, breathed or showed any other evidence of life, such as a heartbeat.
Neonaticide	The killing of an infant within 24 hours of birth. It is to be differentiated from infanticide, which is commonly defined as the killing of an infant under the age of one year by a parent. Neonaticide is typically characterised by an attempt to conceal birth by disposing of the foetal remains but can also include intentional harm to the infant (regardless of the presence of mind of the offender at the time). This definition does

	not limit neonaticide to acts or omissions involving mothers, as fathers and stepfathers may also be involved.
Neoplasms (cancers and tumours)	The term 'neoplasm' (ICD-10 Chapter II) is often used interchangeably with words such as 'tumour' and 'cancer'. Cancer includes a range of diseases in which abnormal cells proliferate and spread out of control. Normally, cells grow and multiply in an orderly way to form organs that have a specific function in the body. Occasionally; however, cells multiply in an uncontrolled way after being affected by a carcinogen, or after developing a random genetic mutation. They may form a mass that is called a tumour or neoplasm. A 'benign neoplasm' refers to a non-cancerous tumour, whereas a 'malignant neoplasm' usually refers to a cancerous tumour (that is, cancer). Benign tumours do not invade other tissues or spread to other parts of the body, although they can expand to interfere with healthy structures.
Notifiable condition	A condition made notifiable to state health authorities if there is potential for its control. The Queensland Health list of notifiable conditions can be found at www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/notifiable-conditions/list.
Not known to be around water	When the carer of a child aged under 5 years is not aware the child is exposed to a water hazard (i.e. the carer thinks the water hazard is appropriately restricted and is not aware that the child has gained access to it) or the presence of the water hazard was not known. Examples include where a child is thought to be sleeping or playing safely in a restricted area but has gained access to a water hazard by climbing the fence to the pool or filling up the bathtub.
Object containing water	An object that acts as a vessel for water, such as a mop bucket or laundry bucket.
Other non-intentional injury-related deaths	Other non-intentional injury-related deaths include those resulting from a fall, electrocution, poisoning, suffocation, strangulation and choking, fire, and other non-intentional injury-related deaths that are not discussed in chapter 3 (Transport) or chapter 4 (Drowning) of the Annual Report. The complete list is included in Appendix E.
Peer homicide	Lethal confrontations that occur between peers. Peers are classified as young people (under 18 years) who are of a similar age and/or developmental level, or 2 people of any age who are friends and therefore of the same social standing and peer network.
Peer passengers	Refers to the laws regarding restrictions on the number of passengers that a P1-type provisional licence holder under 25 years may carry in a vehicle. During the period between 11pm on a day and 5am on the next day, the P1-type provisional driver must not drive on a road in a vehicle carrying more than one passenger under the age of 21 years who is not an immediate family member.
Perinatal condition	Perinatal conditions (ICD-10 Chapter XVI, Certain conditions originating in the perinatal period) are diseases and conditions that originated during pregnancy or the neonatal period (first 28 days of life), even though death or morbidity may occur later. These include maternal conditions that affect the newborn, such as complications of labour and delivery, disorders relating to foetal growth, length of gestation and birth weight, as well as disorders specific to the perinatal period, such as respiratory and cardiovascular disorders, infections, and endocrine and metabolic disorders.
Perinatal period	The perinatal period refers to infants of at least 20 weeks gestation or at least 400 grams birth weight, and all neonates (all live born babies up to 28 completed days of life after birth, regardless of gestational age or birth weight). This is based on the ABS definition of the perinatal period. The ABS has adopted the legal requirement for registration of a perinatal death as the statistical standard as it meets the requirements

	of major users in Australia. This definition differs from the World Health Organization's recommended definition of perinatal deaths, which includes infants and foetuses weighing at least 500 grams or having a gestational age of 22 weeks or a body length of 25 centimetres crown–heel.
Place of death	The address at which the child was officially declared deceased.
Place of usual residence	The address nominated by the child's family as the child's primary residential address upon registering the death with the Registry of Births, Deaths and Marriages.
Police Report of Death to a Coroner (Form 1)	A form completed by the police in accordance with section 7 of the *Coroners Act 2003*—Duty to Report Deaths.
Post-neonatal death	A post-neonatal death is the death of an infant 28 or more days, but less than 12 months, after birth.
Postvention	The provision of crisis intervention, support and assistance for those affected by a completed suicide.
Precipitating factor	An event that occurred in the months preceding a young person's suicide which may be considered to have contributed to the young person's decision to take their own life.
Principal Commissioner	Principal Commissioner of the Queensland Family and Child Commission.
QFCC	Queensland Family and Child Commission enacted by the *Family and Child Commission Act 2014* on 1 July 2014.
Quad bike	Also referred to as all-terrain vehicles (ATVs), these are four-wheeled motorcycles primarily used for agricultural purposes. Includes side-by-side vehicles and utility terrain vehicles (UTV).
Quintile	Socio-Economic Indexes for Areas ranks areas from most disadvantaged to most advantaged, divided into up into five equal sized groups or quintiles. Quintile 1 (Q1) represents the relatively most disadvantaged 20%, and quintile 5 (Q5) represents the relatively least disadvantaged 20%.
RBDM	Registry of Births, Deaths and Marriages (Qld).
Reportable death	A death as defined under sections 8, 9 and 10 of the *Coroners Act 2003*. This includes any death where the: • identity of the person is unknown • death was violent or unnatural • death occurred in suspicious circumstances • death was health care-related • Cause of Death Certificate was not issued and is not likely to be issued • death occurred in care • death occurred in custody, or • death occurred in the course of, or as a result of, police operations.
Rural water hazard	Sources of water used in agricultural activities, such as dams, irrigation channels, livestock dips and troughs.
SEIFA	Socio-Economic Indexes for Areas. Developed by the ABS using data from the Census of Population and Housing, SEIFA provides a range of measures to rank areas based on their relative social and economic wellbeing.
Self-harm	The non-socially or culturally sanctioned deliberate destruction of one's own body tissue and can be suicidal or non-suicidal in intent. Generally it does not include self-harm that is done for religious or cultural purpose, such as rites of passage.

Sex	The biological distinction between male and female, as separate and distinct from a person's gender or sexual identity. Indeterminate sex is recorded where medical practitioners are unable to ascertain an infant's sex due to extreme prematurity or non-viable gestation.
SIDS	Sudden infant death syndrome. The sudden unexpected death of an infant <1 year of age, with onset of the fatal episode apparently occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history.[19]
Speeding/excessive speed	May be a contributing factor when police have indicated that speed was definitely or likely a factor in the death incident or there is other evidence which can confirm the speed at which the vehicle was travelling to be above the speed limit for the place of incident.
Static inland waterway	A waterway without a flowing momentum, such as dams and ponds.
Stillborn/stillbirth	A stillborn child is a child who has shown no sign of respiration or heartbeat, or other sign of life, after completely leaving the child's mother and who has been gestated for 20 weeks or more, or weighs 400 grams or more.
Stranger homicide	A child death that occurs at the hands of an adult person (over 18 years) who is unknown to the child.
Stressful life event	An event that occurred over the course of the child's life, with the stressor first occurring more than six months before death. These types of events are often considered to be more chronic and longstanding in nature than a precipitating incident.
Sudden cardiac death	An unexplained or presumed arrhythmic sudden death, occurring in a short time period (generally within one hour of symptom onset), in a child or young person with no previously known cardiac disease.
SUDI	Sudden unexpected death in infancy. This is a research classification and does not correspond with any single medical definition or categorisation. The aim of the grouping is to report on the deaths of apparently normal infants who would be expected to thrive yet, for reasons often not known or immediately apparent, do not survive. The QFCC adopted the following working criteria for the inclusion of cases in the SUDI grouping: the death was of an infant less than one year of age, the death was sudden in nature, the death was unexpected, the infant had no known condition likely to cause death, and the infant had no immediately obvious cause of death.
Suicidal act	Involves self-inflicted injury that is accompanied by the intention of the individual to die from the result of the action taken.
Suicidal contagion	The process by which a prior suicide or attempted suicide facilitates or influences suicidal behaviour in another person.
Suicidal ideation	The explicit communication of having thoughts of suicide.
Suicidal intent	Suicidal intent may be communicated directly or implied to a significant person in a child or young person's life such as a family member/carer, friend, health professional or educator. Notification of suicidal intent may occur in person, be verbalised via

[19] Krous HF, Beckwith JB, Byard RW, et al (2004) 'Sudden infant death syndrome and unclassified sudden infant deaths: a definitional and diagnostic approach', *Pediatrics*, 114:234–8, https://doi:10.1542/peds.114.1.234

	telephone or be written or expressed using online technology (SMS text messaging, online messenger and email, or through social media platforms).
Suicide	Death resulting from a voluntary and deliberate act against oneself, where death is a reasonably expected outcome of such act. This includes those cases where it can be established the person intended to die and those where intent is unclear, or the person may not have the capacity of reason to intend death, such as children under 15 years or persons with a serious mental illness.
Suicide attempt	A suicidal act causing injury but not leading to death.
Toxicology	The analysis of drugs, alcohol and poisons in the body fluids at autopsy.
Transport deaths	Death incidents involving a vehicle of some description. Vehicles include, but are not limited to: • motor vehicles and motorcycles • quad bikes, tractors and other rural plant • bicycles, skateboards, scooters and other small-wheel devices (excluding wheeled toys) • watercraft and aircraft • horses and other animals used for transportation.
Undetermined causes	A finding where: natural disease processes are detected and are not considered sufficient to cause death but preclude a diagnosis of SIDS; there are signs of significant stress; non-accidental, but non-lethal, injuries are present; toxicology testing detects non-prescribed but non-lethal drugs; or a full autopsy has not been performed and a cause is not otherwise identified. Also includes deaths from injury where it cannot be determined whether the cause of the injury was accidental or intentional.
Unexplained causes	Death where a cause of death could not be determined even after thorough investigation. It includes deaths from SIDS and undetermined causes.
WHO	World Health Organization.

Appendix D — Cause of death by ICD-10 Mortality Coding Classification

Table D.1 provides a summary of the ICD-10 categories for child deaths from diseases and morbid conditions (or natural causes) registered during 2022–23. Table D.2 provides the ICD-10 categories for child deaths from external causes.

The numbers in Table D.1 are equal to the numbers of deaths from explained diseases and morbid conditions and unexplained causes (SIDS and Undetermined) presented in the Annual Report. Deaths are categorised as such only when an official cause of death has been assigned by Queensland Health or the Coroner, which provides the necessary information to determine the ICD-10 code.

The numbers in Table D.2 will not necessarily equal the numbers of external-cause deaths presented in the Annual Report. In some cases, the general nature of the death can be identified (e.g. transport-related death); however there is insufficient information to determine the underlying cause of death. An ICD-10 code cannot be assigned for these cases until an official cause of death has been determined. As such, these cases have not been included in Table D.1.

Table D.1: Deaths from diseases and morbid conditions and unexplained causes (number) 2023–24

Cause of death	Under 1 year	1–4 years	5–9 years	10–14 years	15–17 years	**Total**
Diseases and morbid conditions total	244	23	12	15	19	313
Certain infectious and parasitic diseases (A00–B99)	3	2	1	2	0	8
Neoplasms (C00–D48)	0	11	5	6	5	27
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50–D89)	2	1	0	0	0	3
Endocrine, nutritional and metabolic diseases (E00–E90)	2	0	0	0	3	5
Mental and behaviour disorders (F00-F99)	0	1	0	0	0	1
Diseases of the nervous system (G00–G99)	2	3	1	2	3	11
Diseases of the circulatory system (I00–I99)	1	2	0	3	0	6
Diseases of the respiratory system (J00–J99)	1	1	0	2	2	6
Diseases of the digestive system (K00-K93)	1	1	0	0	0	2
Certain conditions originating in the perinatal period (P00–P96)	181	0	1	0	1	183
Congenital malformations, deformations and chromosomal abnormalities (Q00–Q99)	51	1	4	0	5	61
Provisional assignment of new diseases of uncertain etiology or emergency use (U00–U49)	0	1	0	0	0	1
Unexplained causes total	8	0	0	0	0	8
Sudden infant death syndrome (R95)	7	0	0	0	0	7
Other ill-defined and unspecified causes of mortality (R99)	1	0	0	0	0	1
Total	252	23	12	15	19	321

Table D.2: Deaths from external causes (number) 2023–24

Cause of death	Under 1 year	1–4 years	5–9 years	10–14 years	15–17 years	**Total**
Transport total	1	3	1	5	9	19
Pedestrian injured in transport accident (V01–V09)	1	2	0	2	1	6
Pedal cyclist injured in transport accident (V10–V19)	0	0	0	0	0	0
Motorcycle rider injured in transport accident (V20–V29)	0	0	0	3	2	5
Car occupant injured in transport accident (V40–V49)	0	0	1	0	5	6
Other land transport accidents (V80–V89)	0	1	0	0	1	2
Drowning total	3	3	3	0	0	9
Accidental drowning and submersion (W65-W74)	3	3	3	0	0	9
Other non-intentional injury-related death total	1	7	1	5	4	18
Falls (W00–W19)	0	0	0	1	3	4
Exposure to animate mechanical forces (W50–W64)	0	0	0	0	1	1
Other accidental threats to breathing (W75–W84)	1	0	0	0	0	1
Exposure to smoke, fire and flames (X00–X09)	0	3	1	3	0	7
Exposure to forces of nature (X30–X39)	0	3	0	1	0	4
Accidental poisoning by and exposure to noxious substances (X40–X49)	0	1	0	0	0	1
Suicide total	0	0	0	6	13	19
Intentional self-harm (X60–X84)	0	0	0	6	13	19
Fatal assault and neglect total	2	0	0	0	0	2
Assault (X85–Y09)	2	0	0	0	0	2
Total	**7**	**14**	**5**	**17**	**26**	**69**

Appendix E— Inclusions within the other non-intentional injury category

Causes of death included in other non-intentional injury-related death category:

- falls
- exposure to inanimate mechanical forces, examples include:
  - struck by object
  - caught or crushed between objects
  - contact with machinery
  - foreign body entering through eye, orifice or skin
- exposure to animate mechanical forces, examples include:
  - struck by other person
  - struck or bitten by mammal
  - contact with marine animal
- threats to breathing, examples include:
  - non-intentional suffocation or strangulation
  - threat to breathing due to cave-in, falling earth and other substances
  - inhalation of gastric contents
- exposure to electrical current, radiation and extreme ambient air temperature/pressure
- exposure to smoke, fire and flames
- exposure to heat and hot substances
- contact with venomous animals and plants
- exposure to forces of nature, examples include:
  - lightning
  - exposure to sunlight
  - excessive natural heat
  - excessive natural cold
- accidental poisoning by noxious substances, examples include:
  - inhalation of volatile substances
  - non-intentional overdose
  - unintended consumption
- complications of medical and surgical care.

Appendix F — Suicide classification model

The suicide classification model is used to classify all cases of suspected suicide into one of three levels of certainty.[20] In classifying these deaths, the QFCC considers a number of factors, including whether intent was stated previously, the presence of a suicide note, witnesses to the event, previous suicide attempts and any significant precipitating factors or life stressors.

Information used to classify suicide certainty is based on data available to the QFCC at the time of reporting. Information is gathered from numerous records, including the Police Report of Death to a Coroner (Form 1), additional information requested from police (including the contents of suicide notes), autopsy and toxicology report, child protection system records and coronial findings.

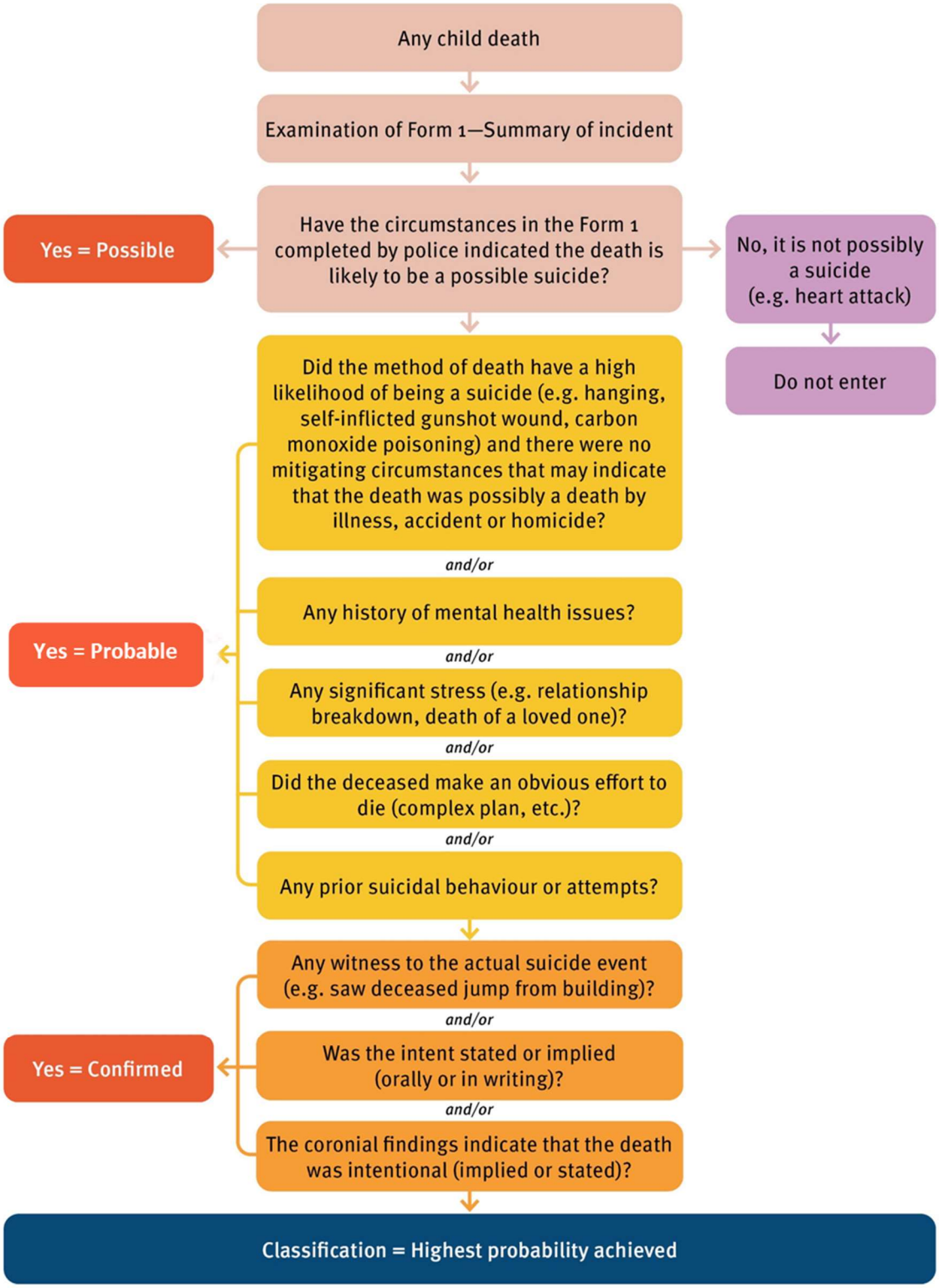
Levels of classification are as follows:

- **Confirmed:** The available information refers to at least one significant factor that constitutes a virtually certain level of suicide classification, or coronial investigations have found that the death was a suicide.
- **Probable:** The available information is not sufficient for a judgement of confirmed, but is consistent more with death by suicide than with death by any other means. Risk factors for suicide have been identified and/or the method and circumstances surrounding the death are such that intent may be inferred.
- **Possible/undetermined:** The police have indicated (on the Form 1) that the case is a suspected suicide or the QFCC identified the possibility of a suicide but, because of a lack of information on the circumstances of the death, there is a substantial possibility that the death may be the result of another cause, or is of undetermined intent.

Deaths are only reported as suicides in Chapter 6 of this report if the classification is listed as probable or confirmed.

[20] The QFCC classification model is an amended version of the Australian Institute of Suicide Research and Prevention's (AISRAP) suicide classification flow chart.

Figure F.1: Suicide classification model



Appendix G — Fatal assault and neglect definitions and screening criteria

The QFCC uses the fatal assault and neglect screening criteria to classify all cases of suspected fatal assault and neglect into one of three levels of certainty. In classifying these deaths, the QFCC considers several factors. Information is gathered from numerous records, including the Police Report of Death to a Coroner (Form 1), autopsy and toxicology reports, child protection system records and coronial findings. Additional information from criminal proceedings and sentencing is also reviewed. Information used to confirm fatal assault and neglect deaths is based on data available to the QFCC at the time of reporting.

Definitions

Fatal assault is death of a child at the hands of another person who has inflicted harm to them through some means of force or physical aggression. This includes cases where the death is a result of an assault even if the death occurred sometime later.

Fatal child abuse describes deaths from physical abuse perpetrated by a parent or caregiver against a child who is reliant upon them for care and protection where the intent was to harm the child (e.g. over-use of force or excessive disciplinary behaviours). It may be characterised by a history of chronic and escalating abuse or by an isolated incident. It also includes cases where the child is permanently injured from physical harm but dies at a later stage from medical issues initiated by the physical harm incident (late effects of abuse). Victims are predominantly infants, toddlers and preschool aged children.

Fatal neglect is defined as where a child, dependent on a caregiver for the basic necessities of life, dies owing to the failure of the caregiver to meet the child's ongoing basic needs. This may involve acts or omissions on the part of a caregiver that are either deliberate or extraordinarily irresponsible or reckless. It is most likely to involve younger children who are wholly reliant upon their primary caregivers.

It should be noted that criminal charges may be made in relation to deaths which are not included within Fatal assault and neglect. Examples include Transport, where driving causing death charges have been made, and Drowning, with a small number of cases where a carer has been charged with neglect.

Screening criteria

Levels of confirmation are as follows:

Confirmed

- A perpetrator has been charged for a criminal offence relating to the death of the child and, regardless of the outcome, the facts establish the death was the result of inflicted harm or neglect, and/or
- coronial findings indicate (either expressly or impliedly) that the death was a result of inflicted harm or neglect, and/or
- a perpetrator has suicided in conjunction with the death of the child and has expressly or impliedly stated that they were responsible for the child's death.

Probable

- The evidence available to the QFCC indicated that there was a high likelihood that the death was a consequence of inflicted injury or neglect (i.e. but for the inflicted injury or neglect the child probably would not have died), and/or
- there is medical evidence to suggest the death was a consequence of inflicted injury or neglect, and/or
- a perpetrator has suicided in conjunction with the apparent non-accidental death of the child.

Possible

- The initial evidence available to the QFCC indicated that the child may have experienced inflicted harm or neglect which may have contributed to or caused the death (i.e. these deaths demonstrated the presence of risk factors at the time of the incident that could potentially have played some role in relation to the child's death, without establishing a probable likelihood of this having occurred).
- Deaths are only reported as fatal assault and neglect if the classification is listed as probable or confirmed.