Chapter 1 — Child deaths in Queensland

This chapter provides an overview of child deaths in Queensland in 2017–18.

**Key findings**

- The deaths of 385 children and young people were registered in Queensland between 1 July 2017 and 30 June 2018, a rate of 33.8 deaths per 100 000 children aged 0–17 years, an 8.6% decrease from 421 child deaths in 2016–17.
- Generally, child deaths and mortality rates have declined, with the rates below 40 per 100 000 in the last 3 years compared to rates in the 40s ranging up to 52 per 100 000 in the 10 years to 2013–14.
- Infant mortality in Queensland was 3.9 per 1000 live births, down from 4.3 deaths per 1000 in 2016–17.
- Indigenous child mortality rates have decreased over the last decade. 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.
- The infant mortality rate for Aboriginal and/or Torres Strait Islander children was 6.9 deaths per 1000 live births compared to the non-Indigenous rate of 3.7 deaths per 1000 live births (3-year averages).
- Queensland’s infant mortality rates are higher than the most recently available national averages. In 2016, the national Indigenous infant mortality rate was 6.0 deaths per 1000 live births, while the non-Indigenous infant mortality rate was 3.0 deaths per 1000 live births.
- Diseases and morbid conditions (natural causes) accounted for 72% of deaths of children in 2017–18 (277 deaths), occurring at a rate of 24.3 deaths per 100 000 children.6
- External causes of death (transport, drowning, other non-intentional injury, suicide and fatal assault and neglect) accounted for 18% of child deaths, and occurred at a rate of 6.1 deaths per 100 000 children.
- No child deaths in 2017–18 were attributed to fatal assault and neglect, as at the time of reporting.
- Transport and suicide were the leading external causes of death (24 deaths each), representing rates of 2.1 deaths per 100 000 children.
- The leading causes of infant death were perinatal conditions followed by congenital anomalies.
- Unexplained conditions – SIDS and undetermined causes (as a group) – were the third leading cause of infant deaths.

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6 Cause-of-death information is subject to change once coronial findings are available for cases pending a cause at time of reporting – the majority of these findings are likely to be classified as unexplained diseases and morbid conditions.
# Child deaths in Queensland 2015–18

An expanded version of Table 1.1 containing data since 2004 is available online at www.qfcc.qld.gov.au.

## Table 1.1: Summary of deaths of children and young people in Queensland 2015–18

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<thead>
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</thead>
<tbody>
<tr>
<td></td>
<td>Total n</td>
<td>Rate per 100 000</td>
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<td>Rate per 100 000</td>
<td>Total n</td>
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<td><strong>All deaths</strong></td>
<td></td>
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<td>Deaths of children 0–17 years</td>
<td>390</td>
<td>34.6</td>
<td>421</td>
<td>37.0</td>
<td>385</td>
<td>33.8</td>
<td>35.0</td>
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<tr>
<td><strong>Cause of death</strong></td>
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<td></td>
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<td><strong>Diseases and morbid conditions</strong></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Explained diseases and morbid conditions</td>
<td>323</td>
<td>28.7</td>
<td>341</td>
<td>30.0</td>
<td>277</td>
<td>24.3</td>
<td>27.6</td>
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<tr>
<td>Unexplained diseases and morbid conditions</td>
<td>299</td>
<td>26.5</td>
<td>323</td>
<td>28.4</td>
<td>270</td>
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<td>SIDS and undetermined causes (infants)</td>
<td>24</td>
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<td>18</td>
<td>1.6</td>
<td>7</td>
<td>0.6</td>
<td>1.4</td>
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<td>4</td>
<td>0.4</td>
<td>3</td>
<td>*</td>
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<td>0.0</td>
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<td><strong>External causes</strong></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Transport</td>
<td>18</td>
<td>1.6</td>
<td>14</td>
<td>1.2</td>
<td>24</td>
<td>2.1</td>
<td>1.6</td>
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<tr>
<td>Drowning</td>
<td>9</td>
<td>0.8</td>
<td>19</td>
<td>1.7</td>
<td>11</td>
<td>1.0</td>
<td>1.1</td>
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<td>Other non-intentional injury-related death</td>
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<td>15</td>
<td>1.3</td>
<td>10</td>
<td>0.9</td>
<td>1.0</td>
</tr>
<tr>
<td>Suicide</td>
<td>20</td>
<td>1.8</td>
<td>20</td>
<td>1.8</td>
<td>24</td>
<td>2.1</td>
<td>1.9</td>
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<tr>
<td>Fatal assault and neglect</td>
<td>9</td>
<td>0.8</td>
<td>6</td>
<td>0.5</td>
<td>0</td>
<td>0.0</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Cause of death pending</strong></td>
<td>1</td>
<td>*</td>
<td>6</td>
<td>0.5</td>
<td>39</td>
<td>3.4</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Sudden unexpected deaths in infancy (SUDI)</strong></td>
<td>29</td>
<td>46.7</td>
<td>30</td>
<td>48.0</td>
<td>32</td>
<td>51.2</td>
<td>48.6</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>167</td>
<td>30.4</td>
<td>192</td>
<td>34.6</td>
<td>163</td>
<td>29.4</td>
<td>31.4</td>
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<tr>
<td>Male</td>
<td>223</td>
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<td>39.3</td>
<td>221</td>
<td>37.9</td>
<td>38.5</td>
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<td>269</td>
<td>430.7</td>
<td>242</td>
<td>387.4</td>
<td>398.1</td>
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<tr>
<td>Under 1 year</td>
<td>41</td>
<td>16.0</td>
<td>53</td>
<td>20.8</td>
<td>41</td>
<td>16.1</td>
<td>17.6</td>
</tr>
<tr>
<td>1–4 years</td>
<td>23</td>
<td>7.1</td>
<td>27</td>
<td>8.2</td>
<td>21</td>
<td>6.4</td>
<td>7.2</td>
</tr>
<tr>
<td>5–9 years</td>
<td>38</td>
<td>12.6</td>
<td>35</td>
<td>11.4</td>
<td>31</td>
<td>10.1</td>
<td>11.3</td>
</tr>
<tr>
<td>10–14 years</td>
<td>53</td>
<td>29.2</td>
<td>37</td>
<td>20.2</td>
<td>50</td>
<td>27.2</td>
<td>25.4</td>
</tr>
<tr>
<td>15–17 years</td>
<td>338</td>
<td>32.5</td>
<td>364</td>
<td>34.7</td>
<td>313</td>
<td>29.8</td>
<td>32.2</td>
</tr>
<tr>
<td><strong>Aboriginal and Torres Strait Islander status</strong></td>
<td>52</td>
<td>59.3</td>
<td>57</td>
<td>64.0</td>
<td>72</td>
<td>80.9</td>
<td>67.8</td>
</tr>
<tr>
<td>Indigenous</td>
<td>338</td>
<td>32.5</td>
<td>364</td>
<td>34.7</td>
<td>313</td>
<td>29.8</td>
<td>32.2</td>
</tr>
<tr>
<td>Non-Indigenous</td>
<td>47</td>
<td>55.8</td>
<td>58</td>
<td>72.0</td>
<td>48</td>
<td>56.7</td>
<td>61.4</td>
</tr>
</tbody>
</table>

**Data source:** Queensland Child Death Register (2015–18)

* Rates have not been calculated for numbers less than four.

* Excludes deaths of children whose sex was indeterminate.

1. Data presented here is current in the Queensland Child Death Register as at August 2018 and thus may differ from those presented in previously published reports.

2. Rates are based on the most up-to-date denominator data available and are calculated per 100 000 children (in the sex/age/Indigenous status) in Queensland each year. Rates for the 2015–16 period use the ERP data as at June 2015 and rates for the 2016–17 and 2017–18 periods use the ERP data as at June 2016.

3. Rates for cause of death are calculated per 100 000 children aged 0–17 years in Queensland in each year, with the exception of SUDI, which is calculated per 100 000 children under the age of one year in Queensland.

4. The number of children known to the child protection system represents the number of children whose deaths were registered in the reporting period, who were known to the DCYSW within the 1-year period prior to their death. The denominator for calculating rates is the number of children aged 0–17 who were known to the DCYSW, through either being subject to a child concern report, notification, investigation and assessment, ongoing intervention, orders or placement, in the 1-year period prior to the reporting period.

5. Yearly average rates have been calculated using the ERP data as at June 2016.

12 Queensland Family and Child Commission
Child deaths in Queensland: Findings 2017–18

Between 1 July 2017 and 30 June 2018, the deaths of 385 children and young people were registered in Queensland, representing a rate of 33.8 deaths per 100 000 children aged 0–17 years. The 385 deaths recorded in 2017–18 represent a 14-year low since the register started in 2004. Generally, child deaths and mortality rates have declined, with the rates under 40 per 100 000 in the last 3 years compared to rates in the 40s ranging up to 52 per 100 000 in the 10 years to 2013–14.

Infant mortality in Queensland was 3.9 per 1000 live births, down from 4.3 deaths per 1000 in 2016–17.

Cause of death

Table 1.1 broadly outlines the causes of death for the children and young people where their death was registered in the last 3 years.

Diseases and morbid conditions (natural causes) accounted for the majority of deaths of children and young people in 2017–18 (72%), occurring at a rate of 24.3 deaths per 100 000 children aged 0–17 years.

Sixty-nine deaths were from external causes (which can include transport, drowning, other non-intentional injury, suicide and fatal assault and neglect), a decrease from 74 in 2016–17. External causes accounted for 18% of child deaths, and occurred at a rate of 6.1 deaths per 100 000 children aged 0–17 years.

Transport and suicide were the leading external causes of death (24 deaths each), occurring at rates of 2.1 deaths per 100 000 children aged 0–17 years. No child deaths in 2017–18 were attributed to fatal assault and neglect, as at the time of reporting.

Over the 14 reporting periods since 2004, the leading external causes of death have generally been transport, suicide or drowning. Transport incidents were the leading external cause for the first 10 reports. Given a lower number of transport deaths, suicide has presented as a leading cause of child death in the last four years.

The cause may not be available for a number of child deaths until the outcomes of autopsy and coronial investigations are final. For this reason, the causes of a number of deaths are recorded as ‘pending’ in the year they are registered. Final outcomes are usually available within one to two years, at which point the child death register is updated to reflect the official cause. Of the 385 deaths of children and young people in 2017–18, 10% (39 deaths) were recorded as ‘cause of death pending’. The majority of ‘cause pending’ deaths are infant deaths and are most likely to be found to be from unexplained diseases and morbid conditions (based on outcomes in previous periods).

Sex

Males comprised 57% of child deaths registered in 2017–18, with a rate of 37.9 deaths per 100 000 male children aged 0–17 years. In comparison, females made up 42% of child deaths, with a rate of 29.4 deaths per 100 000 female children.

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7 For a summary of the population data used to calculate rates, see Appendix 1 Methodology.
8 Tables with data for 2004–18 are available online at www.qfcc.qld.gov.au
Age

Table 1.2 indicates the leading causes of death in each age category by rate of death per 100,000, based on rates averaged over the 3-year period 2015–16 to 2017–18. The table uses categories from the International Classification of Diseases and Health Related Problems version 10 (ICD-10). Further detail on causes of death by age can be found in Appendix 3.

Under one year

Infants under one year of age accounted for 63% of all child deaths (242 of the 385 deaths).

Diseases and morbid conditions were the most frequent cause of death for infants in 2017–18, accounting for 88% of the deaths in this age category (214 of 242 deaths). There were three infant deaths from external causes. Thirty-two deaths were classified as sudden unexpected deaths in infancy (SUDI), a category of deaths where an infant dies suddenly with no immediately obvious cause.

Table 1.2 indicates the leading causes of infant death over the last 3 years were perinatal conditions followed by congenital anomalies. Unexplained conditions – SIDS and undetermined causes (as a group) – were the third leading cause of infant deaths.

1–4 years

Of the 41 deaths in 2017–18 of children aged 1–4 years, 18 were from external causes while 15 were from diseases and morbid conditions. Six deaths were pedestrian-related transport deaths and six deaths were from drownings in private swimming pools (as noted in the respective chapters).

Table 1.2 indicates that, over the last 3 years, the leading causes of death for children aged 1–4 years were drowning followed by transport and neoplasms (cancer).9

5–9 years

Of the 21 deaths in 2017–18 of children aged 5–9 years, 14 were from diseases and morbid conditions while seven were from external causes. The 5–9 years age group had the lowest child mortality rate of any group.

Neoplasms was the leading cause of death for children aged 5–9 years over the last 3 years.

10–14 years

Of the 31 deaths in 2017–18 of children aged 10–14 years, 21 were from diseases and morbid conditions and seven were from external causes. There were four suspected suicides and three deaths from transport incidents.

Neoplasms, followed by suicide, were the leading causes of death for children aged 10–14 years over the last 3 years.

15–17 years

Of the 50 deaths of young people aged 15–17 years during 2017–18, 34 were from external causes and 13 from diseases and morbid conditions. Nineteen deaths were suspected suicides. Ten deaths were transport-related; this is up from the low of five recorded in the previous year.

Suicide was the leading cause of death for young people aged 15–17 years over the last 3 years, followed by transport and neoplasms.

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9 The ICD-10 classification is neoplasms which includes malignant tumours (or cancer) and benign tumours. Almost all of the child deaths from neoplasms were from malignant tumours.
Table 1.2: Leading cause of death by age category 2015–16 to 2017–18 (annual average)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Under 1 year (n = 746)</th>
<th>1–4 years (n = 135)</th>
<th>5–9 years (n = 71)</th>
<th>10–14 years (n = 104)</th>
<th>15–17 years (n = 140)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Perinatal conditions</td>
<td>Drowning</td>
<td>Neoplasms</td>
<td>Neoplasms</td>
<td>Suicide</td>
</tr>
<tr>
<td></td>
<td>212.4 per 100 000</td>
<td>3.0 per 100 000</td>
<td>1.5 per 100 000</td>
<td>2.8 per 100 000</td>
<td>8.5 per 100 000</td>
</tr>
<tr>
<td>2</td>
<td>Congenital anomalies</td>
<td>Transport</td>
<td>Congenital anomalies</td>
<td>Suicide</td>
<td>Transport</td>
</tr>
<tr>
<td></td>
<td>107.3 per 100 000</td>
<td>2.1 per 100 000</td>
<td>0.9 per 100 000</td>
<td>1.7 per 100 000</td>
<td>4.4 per 100 000</td>
</tr>
<tr>
<td>3</td>
<td>SIDS &amp; undetermined causes</td>
<td>Congenital anomalies</td>
<td>Diseases of the nervous system</td>
<td>Congenital anomalies</td>
<td>Neoplasms</td>
</tr>
<tr>
<td></td>
<td>22.4 per 100 000</td>
<td>2.0 per 100 000</td>
<td>0.7 per 100 000</td>
<td>1.3 per 100 000</td>
<td>2.9 per 100 000</td>
</tr>
<tr>
<td>4</td>
<td>Diseases of the nervous system</td>
<td>Other non-intentional injury</td>
<td>a</td>
<td>Other non-intentional injury</td>
<td>Diseases of the nervous system</td>
</tr>
<tr>
<td></td>
<td>Diseases of the respiratory system</td>
<td>1.6 per 100 000</td>
<td></td>
<td>1.1 per 100 000</td>
<td>1.8 per 100 000</td>
</tr>
</tbody>
</table>

Data source: Queensland Child Death Register (2015–18)

* The fourth ranked causes, with a rate of 0.6 per 100 000, were drowning, transport, diseases of the respiratory system and certain infectious and parasitic diseases.

1. Yearly average rates have been calculated for age categories per 100 000 children in Queensland using the ERP data as at June 2016.
2. This table uses 3-year average rates and International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD-10) chapter classifications for diseases and morbid conditions (rather than the broader categories of death reported elsewhere), and may therefore differ from other cause of death comparisons within the report.

Aboriginal and Torres Strait Islander status

Table 1.3 shows mortality data for Indigenous children and young people by cause of death and age category.

Forty-seven (65%) Aboriginal and/or Torres Strait Islander children died as a result of diseases and morbid conditions and 17 (25%) as a result of external causes. Seven deaths were transport-related and 5 were suicide.

The mortality rate for Indigenous children was twice the rate for non-Indigenous children (3-year average of 67.8 deaths per 100 000 Indigenous children aged 0–17 years, compared to 32.2 deaths per 100 000 non-Indigenous children).
Table 1.3: Aboriginal and Torres Strait Islander deaths by cause of death and age category 2015–18

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Total</td>
<td>Total</td>
<td>Rate per 100 000 Indigenous children</td>
<td>Rate per 100 000 non-Indigenous children</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>n</td>
<td>n</td>
<td>n</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age category</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Under 1 year</strong></td>
<td>31</td>
<td>35</td>
<td>45</td>
<td>650.4</td>
<td>372.8</td>
</tr>
<tr>
<td><strong>1–4 years</strong></td>
<td>9</td>
<td>4</td>
<td>8</td>
<td>32.8</td>
<td>16.3</td>
</tr>
<tr>
<td><strong>5–9 years</strong></td>
<td>5</td>
<td>8</td>
<td>5</td>
<td>24.1</td>
<td>5.8</td>
</tr>
<tr>
<td><strong>10–14 years</strong></td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>14.1</td>
<td>11.1</td>
</tr>
<tr>
<td><strong>15–17 years</strong></td>
<td>5</td>
<td>6</td>
<td>10</td>
<td>51.7</td>
<td>23.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>52</td>
<td>57</td>
<td>72</td>
<td>67.8</td>
<td>32.2</td>
</tr>
</tbody>
</table>

| Rate per 100 000 Indigenous children   | 59.3    | 64.0    | 80.9    |                |                |
| Rate per 100 000 non-Indigenous children | 32.5    | 34.7    | 29.8    |                |                |

Data source: Queensland Child Death Register (2015–18)

* Rates have not been calculated for numbers less than four.
1. Rates are calculated per 100 000 Aboriginal and Torres Strait Islander children aged 0–17 years in Queensland, and per 100 000 non-Indigenous children aged 0–17 years in Queensland. Rates for the 2015–16 period use the ERP data as at June 2015 and rates for 2016–17, 2017–18 and the average over the three years use the ERP data as at June 2016.
2. Rates for age categories are calculated per 100 000 Indigenous/non-Indigenous children in each age category.
3. Sudden unexpected death in infancy (SUDI) is a research category applying to infants only, where the death was sudden with no immediately obvious cause. The category is not a cause of death (which will be counted within the relevant cause) and will not add to the total. Rates for SUDI are calculated per 100 000 Indigenous/non-Indigenous children aged under 1 year.

The average infant mortality rate for Indigenous children over the last three years was 6.9 deaths per 1000 Indigenous live births, compared to 3.7 deaths per 1000 non-Indigenous live births. As indicated in Table 1.4, Indigenous child mortality rates have decreased. Based on 3-year averages, between 2004 and 2018:

- Infant mortality for Indigenous children decreased from 11.7 to 6.9 deaths per 1000 live births.
- The mortality rate for Indigenous children aged 1–17 years decreased from 38.6 to 28.0 deaths per 100 000 children aged 1–17 years.

Queensland’s infant mortality rates are higher than the most recently available national averages. In 2016, the national Indigenous infant mortality rate was 6.0 deaths per 1000 live births, while the non-Indigenous infant mortality rate was 3.0 deaths per 1000.10

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Table 1.4: Child mortality rates by Aboriginal and Torres Strait Islander status by age category 2004–18 (selected years)

<table>
<thead>
<tr>
<th></th>
<th>3 years to June 2007</th>
<th>3 years to June 2010</th>
<th>3 years to June 2015</th>
<th>3 years to June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>All child deaths 0–17 years</td>
<td>47.8</td>
<td>48.4</td>
<td>40.4</td>
<td>35.0</td>
</tr>
<tr>
<td>Indigenous</td>
<td>99.2</td>
<td>81.2</td>
<td>78.6</td>
<td>67.8</td>
</tr>
<tr>
<td>Non-Indigenous</td>
<td>44.1</td>
<td>45.6</td>
<td>37.2</td>
<td>32.2</td>
</tr>
<tr>
<td>Infant mortality (&lt;1 year)</td>
<td>5.7</td>
<td>5.0</td>
<td>4.6</td>
<td>4.0</td>
</tr>
<tr>
<td>Indigenous</td>
<td>11.7</td>
<td>8.2</td>
<td>8.0</td>
<td>6.9</td>
</tr>
<tr>
<td>Non-Indigenous</td>
<td>5.3</td>
<td>4.7</td>
<td>4.3</td>
<td>3.7</td>
</tr>
<tr>
<td>Mortality 1–17 years</td>
<td>19.0</td>
<td>18.9</td>
<td>15.0</td>
<td>13.9</td>
</tr>
<tr>
<td>Indigenous</td>
<td>38.6</td>
<td>34.8</td>
<td>30.2</td>
<td>28.0</td>
</tr>
<tr>
<td>Non-Indigenous</td>
<td>17.6</td>
<td>17.6</td>
<td>13.7</td>
<td>12.8</td>
</tr>
</tbody>
</table>

Data source: Queensland Child Death Register (2004–18)

1. Infant mortality rates are calculated per 1000 live births in Queensland, other mortality rates are per 100 000 children in the age/Indigenous status group.
2. Rates are based on the most up-to-date denominator data available.
3. Rates are averaged over 3-year periods.

Geographical area of usual residence (ARIA+)11

Figure 1.1 illustrates mortality data by geographical area of usual residence. The child mortality rate in remote areas of Queensland over the last three years was 42.1 per 100 000 children aged 0–17 years, compared to 36.7 in regional areas and 31.7 in metropolitan areas. The figure illustrates that child mortality rates increased as remoteness decreased across each of the categories, although the differences were not statistically significant.

Figure 1.1: Child mortality rate by geographical area of usual residence 2015–18

Data source: Queensland Child Death Register (2015–18)

1. Rates are calculated as deaths per 100 000 children in the ARIA+ region in Queensland as at June 2016, averaged over 3-year periods.
2. The deaths of children whose usual place of residence was outside Queensland are excluded.

Socio-economic status of usual residence (SEIFA)

Figure 1.2 illustrates mortality data by the socio-economic status (SES) of the area of usual residence. Areas of Queensland with low to very low SES had the highest child mortality rate over the last three years (41.9 per 100 000 children aged 0–17 years), compared to moderate and high to very high SES areas (29.7 and 28.1 deaths per 100 000, respectively).

Note the ARIA+ and SEIFA breakdowns exclude children whose usual residence was outside of Queensland, of which there were 14 in 2015–16, 10 in 2016–17 and 13 in 2017–18. Of the 2017–18 non-resident deaths, 12 died from diseases and morbid conditions and one was pending a cause of death.
The child mortality rate from diseases and morbid conditions was highest in areas with low to very low SES (32.1 deaths per 100,000 children), compared to moderate and high to very high SES areas (both with 23.0 deaths per 100,000).

Figure 1.2: Child mortality rate by socio-economic status of area of usual residence 2015–18

Data source: Queensland Child Death Register (2015–18)

1. Rates are calculated as deaths per 100,000 children in the SEIFA region in Queensland as at June 2016, averaged over 3-year periods.

2. The deaths of children whose usual place of residence was outside Queensland are excluded.

Children known to the child protection system

The Department of Child Safety, Youth and Women (DCSYW) administers the child protection system in Queensland. For the purpose of this report, a child is deemed to have been known to the child protection system if, within one year before the child’s death:

- DCSYW was notified of concerns of alleged harm or risk of harm, or if
- DCSYW 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
- DCSYW took action under the Child Protection Act 1999, or if
- the child was in the custody or guardianship of DCSYW.

Prior to July 2014, a review was required if the department’s last involvement with the child was in the 3 years prior to the child’s death.

The population used as a denominator for ‘children known to the child protection system’ for the financial years since July 2014 is based on the number of children known to the department in the previous financial year who were subject to a child concern report, notification, investigation and assessment, ongoing intervention, child protection orders or placements provided by DCSYW.

Of the 385 children and young people who died in 2017–18, 48 were known to the Queensland child protection system. Table 1.5 shows the mortality data for children known to the child protection system by cause of death and age category.

Of the 48 deaths of children known to the child protection system, 22 (46%) died as a result of diseases and morbid conditions and 18 (38%) as a result of external causes. Six deaths of children known to the child protection system were from other non-intentional injury, five were transport-related and five were drowning.

The mortality rate for children known to the child protection system was 61.4 deaths per 100,000 children aged 0–17 years (3-year average), compared to 35.0 deaths per 100,000 for all Queensland children. For external causes of death, the mortality rate for children known to the child protection system was four times the rate for all children in Queensland (25.3 deaths per 100,000 children, compared to 6.1 deaths per 100,000 children).
The rates of death of children known to the child protection system have consistently been higher than the rates for all children, especially for deaths from external causes. This is explained, to an extent, by the significant disadvantage, abuse and neglect these children experience prior to coming to the attention of the child protection system, as well as the often multiple risk factors present in their families.

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

Table 1.5: Cause of death of children known to the child protection system by cause of death and age category 2015–18

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>Total n</td>
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<td>Total n</td>
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<td>28</td>
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<td>Rate per 100 000 all Qld children</td>
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</table>

<table>
<thead>
<tr>
<th>Sudden unexpected deaths in infancy (SUDI)</th>
<th>2015–16</th>
<th>2016–17</th>
<th>2017–18</th>
<th>Yearly average</th>
<th>Yearly average</th>
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<tr>
<td>Sudden unexpected infant deaths</td>
<td>11</td>
<td>7</td>
<td>10</td>
<td>219.7</td>
<td>48.6</td>
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<table>
<thead>
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<th>Age category</th>
<th>2015–16</th>
<th>2016–17</th>
<th>2017–18</th>
<th>Yearly average</th>
<th>Yearly average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 year</td>
<td>20</td>
<td>15</td>
<td>20</td>
<td>431.6</td>
<td>398.1</td>
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<tr>
<td>1–4 years</td>
<td>11</td>
<td>18</td>
<td>11</td>
<td>74.1</td>
<td>17.6</td>
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<tr>
<td>5–9 years</td>
<td>3</td>
<td>9</td>
<td>5</td>
<td>22.1</td>
<td>7.2</td>
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<tr>
<td>10–14 years</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>20.3</td>
<td>11.3</td>
</tr>
<tr>
<td>15–17 years</td>
<td>7</td>
<td>10</td>
<td>9</td>
<td>71.2</td>
<td>25.4</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>58</td>
<td>48</td>
<td>61.4</td>
<td>35.0</td>
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<td>Rate per 100 000 in child protection system</td>
<td>55.8</td>
<td>72.0</td>
<td>56.7</td>
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<tr>
<td>Rate per 100 000 all Qld children</td>
<td>34.6</td>
<td>37.0</td>
<td>33.8</td>
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</tbody>
</table>

Data source: Queensland Child Death Register (2015–18)

1. The number of children known to the child protection system represents the number of children, whose deaths were registered in the reporting period, who were known to the DCSYW within the 1-year period prior to their death.
2. Rates of death for children known to the child protection system use as a denominator the number of children aged 0–17 years (in each age category) who were known to DCSYW, through either being subject to a child concern report, notification, investigation and assessment, ongoing intervention, orders or placement, in the 1-year period prior to the reporting period. For 2015–16, 2016–17 and 2017–18, the number of children known to DCSYW in the 1-year period to 30 June were, respectively, 84 262, 80 510 and 84 597.
3. Rates of death for all Queensland children are based on the number of children in each age category. Rates for the 2015–16 period use the ERP data as at June 2015 and rates for 2016–17, 2017–18 and the average over the three years use the ERP data as at June 2016.
4. Sudden unexpected death in infancy (SUDI) is a research category applying to infants only, where the death was sudden with no immediately obvious cause. The category is not a cause of death (which will be counted within the relevant cause) and will not add to the total. Rates for SUDI are calculated per 100 000 children aged under 1 year in each category.
**Children reported missing**

Reporting on deaths where the child or young person had been reported missing arose from the QFCC review *When a child is missing: Remembering Tiahleigh—A report into Queensland’s children missing from out-of-home care.*

Of deaths registered in 2017–18, three children and young people had been reported missing to the police in relation to their death. None of these children were known to the child protection system or in out-of-home care at the time of death.

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12 The State of Queensland (QFCC), 2016.
13 In most cases when a child is noticed to be missing, initial searches are undertaken, after which the child is reported to the police as a missing person.