

ACT Children & Young People
Death Review Committee

ANNUAL REPORT 2013–14



THE ACT CHILDREN AND YOUNG PEOPLE DEATH REVIEW COMMITTEE

Who are we?

The ACT Children and Young People Death Review Committee is established under the *Children and Young People Act 2008* to work towards reducing the number of deaths of ACT children and young people. The Committee reports to the Minister for Children and Young People.

The legislation sets out the requirement for the Committee members to have experience and expertise in a number of different areas, including paediatrics, education, social work, child safety products and working with Aboriginal and Torres Strait Islander children and young people.

What do we do?

The Committee aims to find out what can be learnt from a child or young person's death to help prevent similar deaths from happening in the future.

To assist with this aim, we keep a register of all the deaths of ACT children and young people who die before they turn 18 and use the information on the register to learn more about why children and young people die in the ACT.

We can make recommendations about changes to legislation, policies, practices and services to both government and non-government organisations.

The Committee does not investigate or determine the cause of death of a particular child or young person. We do not place blame or seek to identify underperformance.

What do we do with the information on the register?

The Committee provides its annual report to the Minister for Children and Young People and the ACT Legislative Assembly on the deaths of children and young people in the ACT.

We also issue reports and fact sheets on different topics to help raise awareness or to spread prevention messages within the community.

*The Committee welcomes advice and
feedback from all people in the ACT.*

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FOREWORD

The annual report 2013–14 is the third annual report by the Australian Capital Territory (ACT) Children and Young People Death Review Committee (the Committee). It is presented in line with the requirements of Part 19A.4 of the ACT *Children and Young People Act 2008* (the Act).

This year, the Committee's report focuses primarily on presentation of the data and analysis relating to the deaths, as required by the Act, with the contextual information about the Committee and its activities being available and regularly updated on our website (www.childdeathcommittee.act.gov.au).

Over the period July 2009–June 2014, 153 children and young people died and are included on the ACT register. Of those, 109 were children and young people who normally live in the ACT and it is these deaths that provide the focus of this report.

As in previous reports, the detailed analysis of the data is based on the aggregation of five years of data (2009–14) because the numbers in any individual year are so small that individual privacy might otherwise be compromised.

The Committee has had a busy year working towards our core objective: to prevent or reduce the likelihood of the death of children and young people in the ACT. We have addressed a number of issues of concern including the increasing prevalence of co-sleeping deaths and the potential for window blind cords to cause deaths. We have developed our register with the assistance of ACT Shared Services and have commenced individual case reviews by undertaking a detailed pilot case review. In addition, a report analysing 10 years of deaths since 1 January 2004 will be provided in 2015.

I would like to thank the members of the Committee and the secretariat, as well as the many people consulted in the ACT, for the support given to the Committee throughout the year. I would also like to extend our sincere condolences to the families, friends and communities who knew and loved the children and young people whose deaths are reported here.



Dr Penny Gregory

Chair, ACT Children and Young People Death Review Committee



ACT Children & Young People Death Review Committee

LETTER OF TRANSMISSION

The Minister for Children and Young People
ACT Legislative Assembly
London Circuit
CANBERRA ACT 2601

Dear Minister

I am pleased to present you with the third annual report of the ACT Children and Young People Death Review Committee.

This year, the Committee's report focuses primarily on presentation of the data and analysis relating to the deaths, as required by the *Children and Young People Act 2008* (the Act), with the contextual information about the Committee and its activities being available and regularly updated on our website (www.childdeathcommittee.act.gov.au).

While the report is in relation to 2013–14, it also presents information for the 2009–10 to 2013–14 financial years and fulfils the Committee's statutory obligations under Section 727S of the Act.

Yours sincerely

Dr Penny Gregory
Chair
31 October 2014

The ACT Children and Young People
Death Review Committee is established
under the *Children and Young People ACT 2008*

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EXECUTIVE SUMMARY

In accordance with section 727S of the Act this report provides information about the deaths of 153 children and young people up to the age of 18 years who were included on the Committee's Child and Young Person Deaths Register (the Committee's register) between July 2009 and June 2014.

Of the 153 deaths across the latest five-year period, six are awaiting the findings of the coroner and are therefore not able to be included in this report. The remaining 147 deaths on the register include 38 deaths of children and young people who did not normally reside in the ACT, largely reflecting the ACT's role as a regional hub for tertiary medical services. Accordingly, this annual report provides more detailed information on the 109 children and young people who normally resided in the ACT and whose deaths occurred in the ACT or in another Australian jurisdiction.

Of the 109 deaths of ACT children and young people reported here, 20 occurred in the 2013–14 financial year. While this report provides total numbers of the deaths that occurred in each year, the Committee has adopted a policy of presenting the more detailed analysis across a rolling five-year period in order to protect the privacy of individuals.

Analysis of these 109 deaths of ACT children and young people in accordance with the requirements under section 727S of the Act shows that:

- males accounted for 63 of the 109 deaths (57.8%)
- 51 deaths occurred in the neonatal period, i.e. under 28 days (46.8%)
- 66 deaths were of children less than one year old (including neonatal deaths) (60.6%)
- between 2009 and 2014, the number of children and young people who died has been relatively static
- 15 children and young people who died and/or their siblings were subject to a Child Protection Report under section 360(5) of the Act (13.8%).

In addition, this report shows there has been an overall decrease in infant mortality for both the ACT and Australia for the years 2009 to 2012 and includes information on the causes of death of children and young people, whether they were known to Youth Justice Services or ACT Policing, Aboriginal and Torres Strait Islander status and socio-economic disadvantage.

Information about the Committee, its activities during 2013–14 and its future directions can be viewed at www.childdeathcommittee.act.gov.au.

Introduction: Reporting of deaths in the ACT

Section 727S of the Act requires the Committee to report on the following information about the deaths of children and young people included on its register:

- ▶ total number of deaths
- ▶ age
- ▶ gender
- ▶ whether, within three years before his or her death, the child or young person, or a sibling of the child or young person, 'was the subject of a report the director-general decided, under section 360(5), was a child protection report'
- ▶ any identified patterns or trends—both generally and also in relation to the child protection reports under section 360(5) of the Act.

The Committee is dedicated to respecting the child, young person and their family's right to privacy. Under section 727S(3) of the Act, the Committee must not disclose the identity of a child or young person who has died or allow the identity of a child or young person to be established.

The Committee's annual report 2012–13 covered a five-year period from July 2008 to June 2013 and to ensure the Committee is able to continue reporting in the most sensitive and useful way, this annual report will also report on a five-year period, using aggregate information from July 2009 to June 2014. This will ensure the Committee respects the child, young person and their family's right to privacy, as well as providing the reader with a level of understanding about the deaths of ACT children and young people over the five-year period.

Data has been collated from a range of sources, including the Committee's register and child death review teams across Australia, to provide a representation of the deaths of ACT children and young people over this time period. Comments on the methodology are in Appendix 1.

It is important to sound a note of caution about the value of drawing conclusions from numerical data alone. Given the small number of deaths in the ACT, the data is susceptible to random variations in relation to the number of children and young people who die. Furthermore, a small margin of error may occur because the data provided is reliant on individual information gathering, record keeping and data provision from a number of agencies.

CHAPTER 1 ANNUAL NUMBER OF DEATHS, 2009–14

The number of children and young people on the Committee's register who died each year is recorded in table 1 below. For all those recorded on the Committee's register (including those who were normally resident elsewhere) the numbers ranged from 27 to 36. For those normally resident in the ACT, the numbers ranged from 20 to 26.

These numbers indicate that between 2009 and 2014 the number of children and young people who died has been relatively static.

As noted previously, the small number of deaths each year means they are susceptible to random variations in relation to the number of children and young people who die as well as a small margin of error due to reliance on individual information gathering, record keeping and data provision from a number of agencies.

Table 1 Deaths of children and young people, July 2009–June 2014

YEAR	TOTAL OF DEATHS OF ALL CHILDREN & YOUNG PEOPLE		TOTAL OF DEATHS OF ACT CHILDREN & YOUNG PEOPLE	
	Number	%*	Number	%*
2009–10	36	24.5	26	23.9
2010–11	28	19.0	21	19.3
2011–12	28	19.0	20	18.3
2012–13	27	18.4	22	20.2
2013–14	28	19.0	20	18.3
Total	147	100.0	109	100.0

* Percentages in this report have been rounded up to either one or two decimal places so percentage totals in tables may not equal 100.0.

Source: ACT Births, Deaths and Marriages (BDM), NSW BDM, Northern Territory Office of the Children's Commissioner, Queensland Child Death Review Team, South Australia Child Death and Serious Injury Review Committee, Tasmanian Council of Obstetric and Paediatric Mortality and Morbidity, Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity and WA BDM.

CHAPTER 2 OVERVIEW OF DEATHS OF ALL CHILDREN AND YOUNG PEOPLE IN THE ACT, 2009–14

The ACT's role as a regional hub for the surrounding areas of NSW has the effect of increasing the population that receives services from the ACT. In particular, the role of The Canberra Hospital as a tertiary referral service is reflected in the number of deaths of interstate children—especially neonatal and infant deaths—that occur in the ACT. The percentage of interstate deaths (25.9%) is broadly in line with the percentage of interstate residents that use the ACT health system, primarily from NSW.

This chapter provides summary information on the total number of deaths on the Committee's register (excluding the six deaths still awaiting findings of the coroner). Not all information about the background and context of these deaths is recorded on the Committee's register, as many services are provided in the home jurisdiction. Chapters 3 to 6 provide more detailed information on the deaths of ACT residents only.

A total of 153 deaths of children and young people occurred in the ACT in the years 2009 to 2014. With six of these deaths still before the coroner, information is available on 147 of these deaths. The table below (table 2) indicates the high percentage of these deaths that occur in the infant period (i.e. less than one year of age), reflecting the role of The Canberra Hospital in the region.

Table 2 Deaths of all children and young people in the ACT—key demographic and individual characteristics, July 2009–June 2014¹

		Number	%*
All deaths		147	100.0
Gender	Female	66	44.9
	Male	81	55.1
Age	< 1 year	103	70.1
	1–4 years	14	9.5
	5–9 years	6	4.1
	10–14 years	8	5.4
	15–17 years	16	10.9
Cause of death	Extreme prematurity	54	36.7
	Medical causes	75	51.0
	Suicide	6	4.1
	Other external causes	7	4.8
	Unascertained	5	3.4
Usual place of residence	ACT	109	74.1
	Either NSW or Victoria	38	25.9
Place of death	Hospital	113	76.9
	House	12	8.2
	Hospice	5	3.4
	Other	6	4.1
	Unknown	11	7.5
Aboriginal and Torres Strait Islander status	Aboriginal and/or Torres Strait Islander	11	7.5
Coronial inquiry	Required	39	26.5

* Percentages in this report have been rounded up to either one or two decimal places so percentage totals in tables may not equal 100.0.

Source: ACT BDM, NSW BDM, Northern Territory Office of the Children's Commissioner, Queensland Child Death Review Team, South Australia Child Death and Serious Injury Review Committee, Tasmanian Council of Obstetric and Paediatric Mortality and Morbidity, Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity, WA BDM and National Coronial Information System (NCIS).

¹ Excludes those deaths (6) subject to a coronial inquiry.

CHAPTER 3 DEATHS OF CHILDREN AND YOUNG PEOPLE WHO NORMALLY RESIDED IN THE ACT, 2009–14

While the Committee's register records information about the deaths of all children and young people who die in the ACT, the Committee is primarily focussed on the deaths of ACT residents. This is in line with its role of working to prevent such deaths through undertaking research and making recommendations about legislation, policies, practices and services that could be implemented by the ACT Government and other organisations in the ACT.

The focus of reporting in this and the following chapters is on data concerning the deaths of those children and young people who normally resided in the ACT. The data includes 15 children and young people who died in another jurisdiction (primarily NSW), but not those children who died in the ACT but did not normally reside there.

Of the 114 deaths of ACT children and young people on the register, five are still awaiting the coroner's findings. As a result, the following chapters report on 109 ACT children and young people who died over the five-year period from 2009 to 2014.

The ACT population

The ACT has a small population estimated at June 2012 to be 375,183.² The estimated number of children and young people in the ACT less than 18 years at the same time was 87,326, representing 23.3 per cent of the total population (table 3).

In June 2011, it was estimated that 6,160 ACT residents were Aboriginal or Torres Strait Islander.³ Of these, 2,417 (39.2%)⁴ were less than 18 years of age representing 2.8 per cent of the total ACT children and young person population.

Table 3 Population of children and young people in the ACT by age and sex, 2012

Age (years)	Males	Females	Total
<1	2,752	2,526	5,278
1–4	13,034	12,123	25,157
5–9	11,594	10,882	22,476
10–14	10,704	10,416	21,120
15–17	6,858	6,437	13,295
Total	44,942	42,384	87,326

Source: ABS Estimate Resident Population by single year of age, Australian Capital Territory (Cat. No. 3101.0, Table 58).

² ABS Estimate Resident Population, States and Territories, Australian Capital Territory (Cat. No. 3101.0, Table 4).

³ ABS Estimate of Aboriginal and Torres Strait Islander Australians, Australian Capital Territory (June 2011, Table 8).

⁴ ABS Estimate of Aboriginal and Torres Strait Islander Australians, Australian Capital Territory (June 2011, Table 8).

Overview of deaths of ACT residents 2009–14

The following table (table 4) provides summary information about the deaths of ACT children and young people. Further analysis is provided in the commentary that follows.

Table 4 Deaths of ACT children and young people—key demographic and individual characteristics, July 2009–June 2014⁵

		Number	% of all Child & Young Person Deaths [*]	% of ACT Child & Young Person Population [^]
All deaths		109	100.0	
Gender	Female	46	42.2	48.5
	Male	63	57.8	51.5
Age	< 1 year	66	60.6	6.0
	1–4 years	13	11.9	28.8
	5–9 years	6	5.5	25.7
	10–14 years	8	7.3	24.2
	15–17 years	16	14.7	15.2
Cause of death	Extreme prematurity	31	28.4	
	Medical causes	60	55.0	
	Suicide	6	5.5	
	Other external causes	7	6.4	
	Unascertained	5	4.6	
Place of death	Hospital	75	68.8	
	House	12	11.0	
	Hospice	5	4.6	
	Other	6	5.5	
	Unknown	11	10.1	
Aboriginal and Torres Strait Islander status	Aboriginal and/or Torres Strait Islander	8	7.3	2.8
Coronial inquiry	Required	33	30.3	

* Percentages in this report have been rounded up to either one or two decimal places so percentage totals in tables may not equal 100.0.

[^] Population refers to the total number of children and young people aged up to 18 years in the ACT according to characteristic as presented in Table 3.

Source: ACT BDM, NSW BDM, Northern Territory Office of the Children's Commissioner, Queensland Child Death Review Team, South Australia Child Death and Serious Injury Review Committee, Tasmanian Council of Obstetric and Paediatric Mortality and Morbidity, Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity, WA BDM and NCIS.

⁵ Excludes those deaths (5) subject to a coronial inquiry.

Age at death of ACT children and young people

Infant children (defined as those under one year of age) account for 6.0 per cent of the total ACT child and young person population. In the period 2009–14, infant deaths accounted for the majority of deaths (60.6%). Please refer to Chapter 5 for further discussion on infant deaths. Young people aged 15–17 years were the next highest group (14.7%), followed by children aged 1–4 years (11.9%), children and young people aged 10–14 years (7.3%) and children aged 5–9 years (5.5%) (table 5).

The mortality rates of children and young people who have died in the ACT are highest for children under 1 year (infant mortality rate) at 2.51 deaths per 1,000 infants. This rate is just over 10 times that of the next highest rate for 15–17 year olds, at 0.24 deaths per 1,000 young people in that age group (table 5).

Table 5 Age-specific mortality rates for children and young people by age, 2009–14

Age (years)	Number of deaths	% of deaths	Mortality rate per 1,000 population
<1	66	60.6	2.51
1–4	13	11.9	0.13
5–9	6	5.5	0.05
10–14	8	7.3	0.08
15–17	16	14.7	0.24
Total	109	100.0	

Sources: ACT BDM, NSW BDM, Northern Territory Office of the Children’s Commissioner, Queensland Child Death Review Team, South Australia Child Death and Serious Injury Review Committee, Tasmanian Council of Obstetric and Paediatric Mortality and Morbidity, Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity, WA BDM, ABS Estimate Resident Population by single year of age, Australian Capital Territory (Cat. No. 3101.0, Table 58) and ABS Population Projections by age and sex, Australian Capital Territory (Cat. No. 3222.0, Table A8).

Gender ratios

Males account for 51.5 per cent of the total ACT child and young person population. Over the five-year period, males accounted for a slightly higher percentage of deaths—63 child and young person deaths (57.8%)—while females accounted for 46 deaths (42.2%) (table 4). This gender difference is mostly due to the difference in neonatal deaths between males and females which is discussed in more detail in the next section.

Age and gender analysis

Due to the small number of deaths recorded in the 5–9 and 10–14 years age groups for both females and males, these two age groups have been combined for the purpose of this analysis.

Infant males and females represent 3.2 and 2.9 per cent of the total ACT child and young person population respectively. Somewhat disproportionately, in 2009–14, infants accounted for 65.1 per cent of all male; and 54.3 per cent of all female deaths. This is consistent with data provided by the Australian Institute of Health and Welfare’s (AIHW) report into *The Health of Australian Males*. This report found that in 2010 the Australian male infant death rate was higher than the Australian female infant death rate with 150 male infant deaths occurring for every 100 female infant deaths.

While the number of male deaths decreased significantly in the 1–4, 5–14 and 15–17 years age groups, they continued to represent a higher proportion of deaths to female deaths (14.9/13.9, 25.5/24.4 and 7.9/7.4 respectively), although the numbers were similar or the same (table 6).

This pattern is again consistent with the AIHW’s report into *The Health of Australian Males* which recorded a decrease in the number of deaths for both males and females in the 1–4 years age group then an increase in the number of deaths of male and female children in both the 5–12 and 13–17 years age brackets.

Table 6 Deaths of ACT children and young people by age and gender, July 2009–June 2014

AGE (years)	FEMALE			MALE		
	Number	%*	% of ACT child & young person population [^]	Number	%*	% of ACT child & young person population [^]
<1	25	54.3	2.9	41	65.1	3.2
1–4	6	13.0	13.9	7	11.1	14.9
5–14	7	15.2	24.4	7	11.1	25.5
15–17	8	17.4	7.4	8	12.7	7.9
Total	46	100.0		63	100.0	100.0

* Percentages in this report have been rounded up to either one or two decimal places so percentage totals in tables may not equal 100.0.

[^] Population refers to the total number of children and young people aged up to 18 years in the ACT according to characteristic as presented in Table 3.

Source: ACT BDM, NSW BDM, Northern Territory Office of the Children's Commissioner, Queensland Child Death Review Team, South Australia Child Death and Serious Injury Review Committee, Tasmanian Council of Obstetric and Paediatric Mortality and Morbidity, Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity and WA BDM.

Cause of death

Cause of death is based on the child or young person's death certificate and caution therefore needs to be applied to interpretation. The cause of death on the death certificate provides limited information on which to categorise the cause of death, but for this report, it has been used to allow some level of categorisation.

In 2009–14, medical causes accounted for 55.0 per cent of children and young peoples' deaths followed by prematurity (28.4%). Other external causes such as drowning, transport accidents and non-intentional injuries or accidents accounted for 6.4 per cent followed by suicide (5.5%) and unascertained causes (4.6%) (table 4).

Age and cause of death

In 2009–14, all deaths (100.0%) in which the underlying cause was extreme prematurity occurred in children aged less than one year and 48.3 per cent of all deaths arising from medical causes also occurred in children of this age group. Medical causes were the most common cause of death for children and young people in all the other age groups. Young people aged 15–17 years accounted for all six deaths arising from suicide and infant children accounted for all five deaths identified as unascertained (table 7).

Table 7 Deaths of ACT children and young people by cause of death and age, July 2009 – June 2014

AGE (years)	EXTREME PREMATURETY		MEDICAL CAUSES		SUICIDE		OTHER EXTERNAL CAUSES		UNASCERTAINED	
	Number	%*	Number	%*	Number	%*	Number	%*	Number	%*
<1	31	100.0	29	48.3	0	0.0	<5		5	100.0
1–4	n/a	n/a	11	18.3	0	0.0	<5		0	0.0
5–9	n/a	n/a	5	8.3	0	0.0	<5		0	0.0
10–14	n/a	n/a	8	13.3	0	0.0	0	0.0	0	0.0
15–17	n/a	n/a	7	11.7	6	100.0	<5		0	0.0
Total	31	100.0	60	100.0	6	100.0	7	100.0	5	100.0

* Percentages in this report have been rounded up to either one or two decimal places so percentage totals in tables may not equal 100.0.

Source: ACT BDM, NSW BDM, Northern Territory Office of the Children's Commissioner, Queensland Child Death Review Team, South Australia Child Death and Serious Injury Review Committee, Tasmanian Council of Obstetric and Paediatric Mortality and Morbidity, Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity, WA BDM and NCIS.

Gender and cause of death

In 2009–14, medical causes (65.2%) and extreme prematurity (17.4%) accounted for most deaths of female ACT children and young people. Suicide, other external causes and unascertained causes accounted for the remaining 17.4 per cent (table 8).

Medical causes (47.6%) and extreme prematurity (36.5%) accounted for most deaths of male ACT children and young people. Suicide, other external causes and unascertained accounted for the remaining 15.9 per cent (table 8).

Table 8 Deaths of ACT children and young people by gender and cause of death, July 2009–June 2014

CAUSE OF DEATH	FEMALE		MALE	
	Number	%*	Number	%*
Extreme prematurity	8	17.4	23	36.5
Medical causes	30	65.2	30	47.6
Suicide	<5		<5	
Other external causes	<5		<5	
Unascertained	<5		<5	
Total	46	100.0	63	100.0

* Percentages in this report have been rounded up to either one or two decimal places so percentage totals in tables may not equal 100.0.

Source: ACT BDM, NSW BDM, Northern Territory Office of the Children's Commissioner, Queensland Child Death Review Team, South Australia Child Death and Serious Injury Review Committee, Tasmanian Council of Obstetric and Paediatric Mortality and Morbidity, Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity, WA BDM and NCIS.

Place of death

The majority of deaths of ACT children and young people occurred at hospital (68.8%) and 11.0 per cent of deaths occurred at a house⁶. A small number of deaths occurred at a hospice (4.6%) or other location (5.5%). The location of 10.1 per cent of deaths was unknown (table 4).

Deaths of Aboriginal and Torres Strait Islander children and young people

A child or young person has been identified as Aboriginal and/or Torres Strait Islander if the child or young person, or one or both of their parents, has been identified as Aboriginal or Torres Strait Islander in information gathered by the Committee.

Aboriginal and Torres Strait Islander children and young people account for 2.8 per cent of the total ACT child and young person population. Eight (7.3%) ACT children and young people who died were identified as either Aboriginal and/or Torres Strait Islander (table 4).

Aboriginal and Torres Strait Islander children and young people who died were either aged less than one year or between 5 and 9 or between 15 and 17 years of age and died as a result of either⁷:

- ▶ extreme prematurity
- ▶ medical causes
- ▶ transport incident
- ▶ unascertained cause.⁸

These figures are reliant on accurate reporting of Aboriginal and Torres Strait Islander status at time of death.

6 The term 'house' has been used rather than the term 'home' because when a house address has been recorded as a child or young person's place of death, further information has not always been provided to allow identification of whether the house is where the child or young person normally lived. A place of death recorded as 'other' means the location of death is known but that it does not fit into one of the other three categories for place of death. It includes areas such as a road, public area or overseas location.

7 The exact number of Aboriginal and Torres Strait Islander deaths that occurred in each category is unable to be provided due to the number of deaths in each category being less than five.

8 ACT Births, Deaths and Marriages (BDM), NSW BDM, Northern Territory Office of the Children's Commissioner, Queensland Child Death Review Team, South Australia Child Death and Serious Injury Review Committee, Tasmanian Council of Obstetric and Paediatric Mortality and Morbidity, Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity and WA BDM. Unpublished data 2009–14.

CHAPTER 4 NEONATAL DEATHS, 2009–14

Between July 2009 and June 2014, the total number of neonatal deaths recorded on the register was 82 and of these, 51 (62.2%) were recorded as normally living in the ACT.

Table 9 Neonatal deaths of ACT children—key demographic and individual characteristics, July 2009 – June 2014

		Number	%*
All deaths		51	100
Gender	Female	17	33.3
	Male	34	66.7
Cause of death	Extreme prematurity	28	54.9
	Medical causes [^]	23	45.1

* Percentages in this report have been rounded up to either one or two decimal places so percentage totals in tables may not equal 100.0.

[^] Given the small number of causes of death recorded as unascertained for neonatal children, unascertained causes of death have been included within the medical cause's category of death for neonatal deaths.

Source: ACT BDM, NSW BDM, Northern Territory Office of the Children's Commissioner, Queensland Child Death Review Team, South Australia Child Death and Serious Injury Review Committee, Tasmanian Council of Obstetric and Paediatric Mortality and Morbidity, Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity, WA BDM and NCIS.

Gender of neonatal deaths

In 2009–14, 66.7 per cent of neonatal deaths were males and 33.3 per cent were females (table 9).

Causes of neonatal deaths

In 2009–14, the cause of death in 54.9 per cent of cases could be categorised broadly as extreme prematurity. The remaining 45.1 per cent were identified as being due to medical causes (table 9).

This data is supported by the ACT Perinatal Mortality Committee's report *Perinatal mortality in the ACT 2006–2010* which also found the most frequent cause of neonatal deaths during 2006–10 was extreme prematurity (38.7%). The ACT Perinatal Mortality Committee's report provided additional information about the medical causes of neonatal deaths, namely that these deaths were identified as being due to congenital abnormalities (24.2%), neurological disorders (19.4%), cardio-respiratory disorders (9.75) and infection (6.4%).

CHAPTER 5 INFANT DEATHS, 2009–14

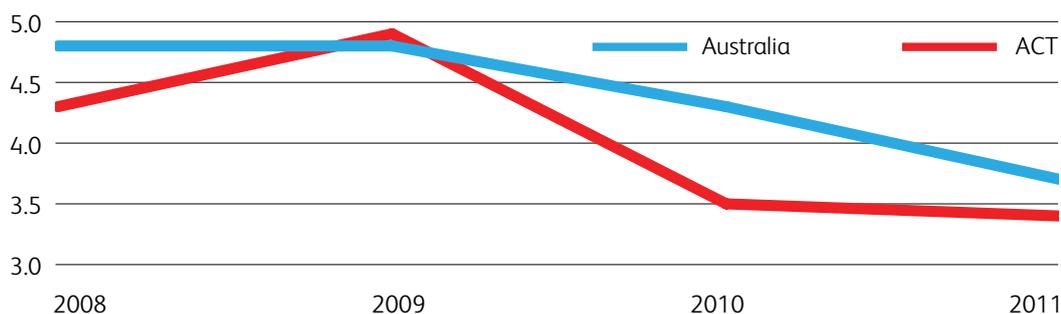
Between July 2009 and June 2014, there were 66 deaths of infants (less than one year of age) who normally resided in the ACT (table 4). When all deaths on the ACT register are included (i.e. including interstate residents) this number grows to 103 (table 2). This means that 64.1 per cent of the infant deaths recorded in the ACT normally resided in the ACT.

Note that these deaths include the neonatal deaths described in the previous chapter.

Trends in infant mortality rates

Infant mortality rates for the ACT and Australia for the years 2009 to 2012 are presented in Figure 1. Over this period, the Australian rates remained stable at around 4.0 infant deaths per 1,000 live births. The ACT infant mortality rates are generally similar to the Australian rates; however, they fluctuate from 3.4 to 4.9 infant deaths per 1,000 live births. While the rates have fluctuated due to the small number of births and infant deaths each year, there has been an overall decrease in infant mortality for both the ACT and Australia over this period of time.

Figure 1 Infant mortality rates per 1,000 live births, ACT and Australia, 2009–12



Source: ABS Deaths, Australia, 2012 (Cat. No. 3303.0, Table 2.8 – ACT and Table 2.9 – Australia).

Table 10 Infant deaths of ACT children—key demographic and individual characteristics, July 2009 – June 2014

		Number	%*
All deaths		66	100
Gender	Female	25	37.9
	Male	41	62.1
Cause of death	Extreme prematurity	31	47.0
	Medical causes	30	45.5
	Other external causes	<5	
	Unascertained	<5	

* Percentages in this report have been rounded up to either one or two decimal places so percentage totals in tables may not equal 100.0.

Source: ACT BDM, NSW BDM, Northern Territory Office of the Children's Commissioner, Queensland Child Death Review Team, South Australia Child Death and Serious Injury Review Committee, Tasmanian Council of Obstetric and Paediatric Mortality and Morbidity, Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity, WA BDM and NCIS.

Gender of infant deaths

In 2009–14, 62.1 per cent of neonatal deaths were males and 37.9 per cent were females (table 10). Please refer to *Chapter 3—Age and Gender* for further information about gender differences in infant deaths

Causes of infant deaths

In the period 2009–14 the cause of infant death could be categorised broadly as extreme prematurity in 47.0 per cent of cases. A further 45.5 per cent were identified as being due to medical causes. Less than five infant deaths were in the category of either other external causes or unascertained causes (table 10).

CHAPTER 6 VULNERABLE AND AT RISK CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES, 2009–14

Table 11 Vulnerable and at risk ACT children and young people deaths—key demographic and individual characteristics, July 2009–June 2014

		Number	%*
All deaths		109	100
Child Protection Reports	No report received	82	75.2
	Child Concern Report [^] received	12	11.0
	Child Protection Report [~] received	15	13.8
Known to ACT Policing	No	80	73.4
	Yes—death incident only	16	14.7
	Yes—parent and/or young person	13	11.9

* Percentages in this report have been rounded up to either one or two decimal places so percentage totals in tables may not equal 100.0.

[^] Refers to a child, young person or sibling being subject to a Child Concern Report under s359 of the Act.

[~] Refers to child, young person or sibling being subject to Child Protection Report under s 360 (5) of the Act.

Source: ACT BDM, NSW BDM, Northern Territory Office of the Children's Commissioner, Queensland Child Death Review Team, South Australia Child Death and Serious Injury Review Committee, Tasmanian Council of Obstetric and Paediatric Mortality and Morbidity, Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity, WA BDM, Office for Children, Youth and Family Support and ACT Policing.

Children and young people subject to a Child Protection Order

The legislation requires the Committee to report on the number of children, young people and/or their sibling(s) who were the subject of a child protection report under section 360(5) of the Act within three years of the child or young person's death.

When a report is initially made to Care and Protection Services it is known as a Child Concern Report which is a record of information regarding the child or young person made by either a voluntary or mandatory reporter. Care and Protection Services then conduct an initial assessment of the issues raised in the Child Concern Report and if this assessment allows the Director-General to form a reasonable belief that a child or young person is in need of protection then a Child Protection Report is recorded in accordance with section 360(5) of the legislation (see the *Definition of Terms*).

It is important to note that these families are reported to Care and Protection Services as a consequence of already present vulnerabilities, including but not limited to child health issues, parental substance misuse and neglect.

According to the AIHW, the total number of both Child Concern Reports and Child Protection Reports received on individual children and young people in the ACT was 6,036⁹. During the period from July 2009 to June 2014, 13.8 per cent of children and young people who died and/or their sibling(s) were subject to a Child Protection Report under section 360(5) of the Act (table 11). Care and Protection Services received information about another 11.0 per cent of children and young people who died and/or a sibling that did not meet the requirements of a Child Protection Report but were recorded as a Child Concern Report (table 11).

In last year's annual report, the data concerning Child Concern Reports and Child Protection Reports was combined. The 2012–13 report showed that 20.9 per cent of the children and young people who died were known to Care and Protection Services and this indicates that the number of children, young people and their siblings known to Care and Protection Services has remained relatively stable over the two reporting periods.

When a Child Protection Report has been further assessed and substantiated by Care and Protection Services, a child or young person may receive a range of different interventions from Care and Protection Services. On 30 June 2012, 719¹⁰ individual ACT children and young people (or 0.8% of the total ACT child and young person population) were the subject of active intervention by Care and Protection Services.

⁹ AIHW, *Child protection Australia 2011–12* (Table 2.2).

¹⁰ AIHW, *Child protection Australia 2011–12* (Table 3.3).

At the time of death, 11 (10.1%) children, young people and/or their siblings were the subject of active intervention by Care and Protection Services. This type of intervention was in the form of one of the following:

- ▶ voluntary casework
- ▶ a residence order
- ▶ a voluntary care agreement
- ▶ an ongoing appraisal.¹¹

It is important to sound a note of caution about drawing conclusions from this data alone about the quality of service delivery provided by Care and Protection Services. This data does however provide an indication of the high level of risk associated with these children. A more detailed review into the deaths of these individual children and young people would need to occur before any conclusions could be made.

Children and young people known to Youth Justice Services

A search of a child or young person's youth justice record is conducted for all children and young people aged 10 years and over at the time of their death. A child or young person is identified as known to Youth Justice Services if they have had statutory involvement with Youth Justice Services as part of youth justice custody, community-based supervision by Youth Justice Services or a court-ordered report prepared or arranged by Youth Justice Services.

A review of the Youth Justice Services records in relation to the children and young people over 10 who died in the ACT between July 2009 and June 2014 indicates that none of them were known to Youth Justice Services as part of statutory intervention.¹²

Children, young people and their families known to ACT Policing

A review of ACT Policing records shows that it was very unusual for children and young people or their families to be known to ACT Policing prior to the date of death. ACT Policing were involved as a result of the death incident only in 14.7 per cent of incidents, while 11.9 per cent of parents and/or young people were known to ACT Policing prior to the death (table 11).

Socio-economic disadvantage

The standard for measuring socio-economic disadvantage in Australia is the Australian Bureau of Statistics's (ABS) Socio-economic Index for Areas (SEIFA) Index of Relative Disadvantage (IRSD).¹³ Applying this index to the ACT, however, can give rise to some apparently anomalous results which generally indicate minimal levels of disadvantage across the ACT. An alternative index has been developed by the ACT Government in concert with the ABS, known as the Socio-economic Index for Individuals (SEIFI). The SEIFI analysis has revealed that:

The ACT has a much higher level of relative disadvantage than has previously been reported by SEIFA, and that the SEIFA indexes are a poor predictor of individual level disadvantage in the ACT. While the statistical evidence of this is new, it has long since been known at the service level that ACT experiences much greater disadvantage than is reported nationally.¹⁴

When analysing socio-economic disadvantage of children and young people who have died in the ACT at the suburb level (using SEIFA), it was identified that none of the children and young people lived in suburbs identified as most disadvantaged and that the majority of children lived in suburbs identified as least disadvantaged¹⁵. However, when SEIFI was used, it was shown that over two-thirds of children and young people lived in suburbs where over 10 per cent of the population were considered to be among the most disadvantaged Australians¹⁶.

11 Office for Children, Youth and Family Support. Unpublished data 2009–14.

12 Office for Children, Youth and Family Support. Unpublished data 2009–14.

13 ABS, 2012.

14 Chief Minister and Treasury Directorate, 2012.

15 ABS, *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia 2006 and 2011* (Cat. No. 2033.0.55.001, Table 3)

16 Strategic Reform and Governance, Community Services Directorate. Unpublished data 2014.

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APPENDIX 1 METHODOLOGY

Date of death reporting for the register

For the purpose of this report, the Committee has determined it will recognise the actual date of death of each child or young person in the ACT, rather than the registered date of death.

This will provide an actual number of child and young person deaths for the reported five-year period and allow for a more accurate reflection of what was occurring at the time of the child or young person's death, namely the circumstances, risk factors, relevant agencies' policies and practices and the political environment at that time.

The time between the actual date of death and the registered date of death may be significant and, in that time, there may have been changes in the aforementioned circumstances. However, there may need to be adjustments if additional deaths of children and young people are registered at a later time.

As the Committee is using the actual date of death rather than the registered date of death, there may be discrepancies between the information in this report and the information reported by the ACT BDM and other Australian jurisdictions.

Less than five total deaths

When a particular cohort of children and young people has less than five total deaths, the exact number of deaths will not be reported.

This will ensure the Committee complies with section 727S(3) of the Act and does not disclose the identity of a child or young person who has died or allow the identity of a child or young person who has died to be established.

The number of deaths will be reported as <5, which means the number of children and young people who died is less than five but greater than zero.

When a cause of death has less than five deaths, this report will not provide more detailed information about this cohort.

This is not only to ensure the Committee's compliance with section 727S(3) of the Act, but to ensure the child, young person and family's right to privacy is maintained.

Population estimates and rates

The population estimates of the ACT and Aboriginal and Torres Strait Islander children and young people are taken from the latest ABS release of estimated resident populations, which provides the estimated resident population as of June 2012.

Rates are calculated using child death data contained in the register and both ABS estimated (2009 to 2013) and projected (2014) statistics of the ACT population. These rates are calculated per 1,000 children and young people by dividing the total number of deaths by the total population in each age group.

Infant mortality rates are provided for the calendar years from 2009 to 2012. The ABS is yet to release the data in relation to 2013.

ACT and Australian age-specific mortality rates for children aged from 1 to 14 years have not been presented in this report. The ABS provides these rates for age groups 1–4, 5–9 and 10–14 years, but they are not published for the ACT due to the small numbers.

Socio-economic disadvantage

In this report, socioeconomic status is defined using both the SEIFA and the SEIFI developed by the ABS.

According to the ABS website:

SEIFA uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society.

The SEIFA index used in this report is the Index of Relative Social Disadvantage (IRSD) from both the 2006 and 2011 censuses. This index ranks geographical areas against the Australian average to reflect disadvantage. IRSD scores are divided into ten deciles—decile one represents the most disadvantaged areas and decile ten represents the least disadvantaged areas.

According to the then Chief Minister and Treasury Directorate (CMTD) of the ACT Government:

SEIFI is a new set of multi-dimensional measures of relative social-economic disadvantage that captures and scores an individual's relative access to material and social resources being produced by the ABS. ...SEIFI is a location-based measure using variables on income, employment, occupation, education and housing from the 2006 census.

The use of this measure is supported by the CMTD who state that SEIFI more accurately reflects individual circumstances in the ACT because:

...the ACT has one of the highest proportions of "diverse" suburbs... where diverse suburbs... have high numbers of both the most and the least disadvantaged individuals living side by side. This is highly unique to the ACT and, as a result, the averaging effects of SEIFA chronically under-reports disadvantage.

The child or young person's usual place of residence was used to determine geographical area. Therefore, the relative disadvantage of where the child or young person resided at the time of their death is measured, not the relative disadvantage of the individual child or young person or their family.

DEFINITIONS OF TERMS

Aboriginal and Torres Strait Islander In the *Children and Young People Act 2008*

Aboriginal or Torres Strait Islander person means a person who –

- is a descendant of an Aboriginal person or Torres Strait Islander person; and
- identifies as an Aboriginal person or Torres Strait Islander person; and
- is accepted as an Aboriginal person or Torres Strait Islander person by an Aboriginal community or Torres Strait Islander community.

Child In the *Children and Young People Act 2008* **child** means a person who is under 12 years old. The *Children and Young People Act 2008* does not provide guidance on when an individual becomes a ‘child’. In accordance with common law, a child is a person who has been born alive, which means the child must be living outside its mother’s body by virtue of the functioning of its own organs and indicated by breathing, beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles. The term ‘a child born alive’ does not include stillbirths or other fetal deaths.

Child Concern Report A Child Concern Report is a report made to Care and Protection Services in accordance with section 359 of the *Children and Young People Act 2008* and can be made by either a voluntary or a mandated reporter. A Child Concern Report is a record of information regarding the needs of a child or young person or is about a child or young person’s safety or wellbeing.

Child Protection Report (Report under section 360 (5) of the Act) If the Director-General suspects on reasonable grounds, that a child or young person subject to a Child Concern Report may be in need of care and protection, the Director-General must decide that the Child Concern Report is a Child Protection Report. Section 345 of the *Children and Young People Act 2008* defines that a child or young person is in need of care and protection if the child or young person has been abused or neglected, is being abused or neglected or is at risk of abuse and neglect AND no-one with parental responsibility for the child or young person is willing and able to protect the child or young person from the abuse or neglect or risk of abuse or neglect.

Coroner Refers to a coroner for the ACT appointed under the *Coroners Act 1997*.

Infant Refers to the period from birth to one year of age.

National Coronial Information System Refers to the initiative of the Australasian Coroners Society that is managed by the Victorian Department of Justice on behalf of the federal government and the states and territories. Information about every death subject to a coronial inquiry in Australia is stored within the system, providing a valuable hazard identification and death prevention tool for researchers, including state and territory Death Review Committees (NCIS definition).

Neonatal Refers to the period from birth to 28 days of age.

Parent Refers to a birth, step, de facto or adoptive parent of a child or young person as identified by the Committee from information obtained as part of its functions.

Perinatal Refers to the period from 20 weeks gestation to 28 days of age.

Register Refers to the register of all deaths of children and young people in the ACT that is used by the Committee.

Review by the ACT These reviews are undertaken in the ACT and may include: a coronial inquest into the manner and cause of death of a person who dies in circumstances set out in the *Coroners Act 1997*; a Clinical Health Review Committee; an internal review by the Office for Children, Youth and Family Support; or a joint ACT Health and Office for Children, Youth and Family Support review.

Sibling Refers to all biological, half, step and adoptive siblings as identified by the Committee from information obtained as part of its functions.

Young people In the *Children and Young People Act 2008* **young people** means young persons over the age of 12 years who are not yet 18 years.



ACT Children & Young People
Death Review Committee

