Annual Report

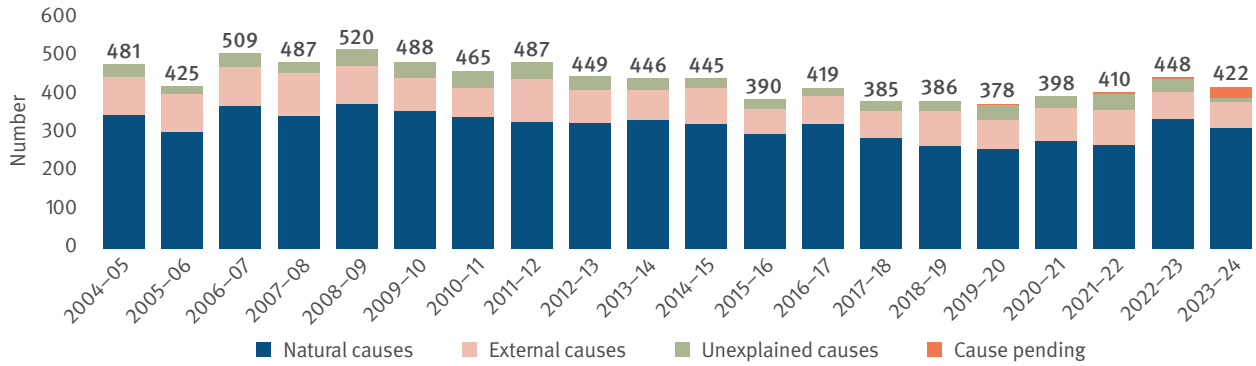
# Deaths of children and young people Queensland 2023–24

Queensland
**Family & Child**
Commission

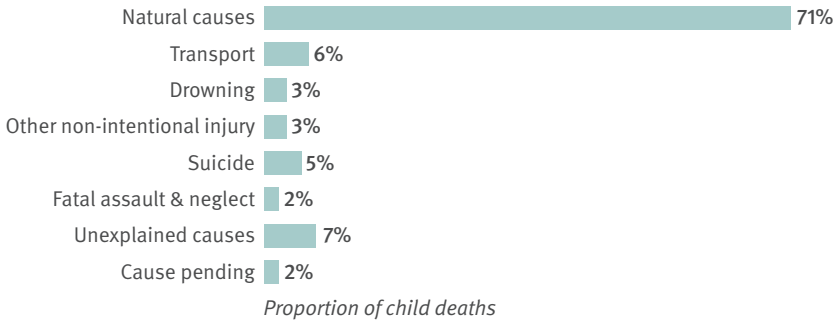
Queensland
Government

# 1 Child deaths in Queensland

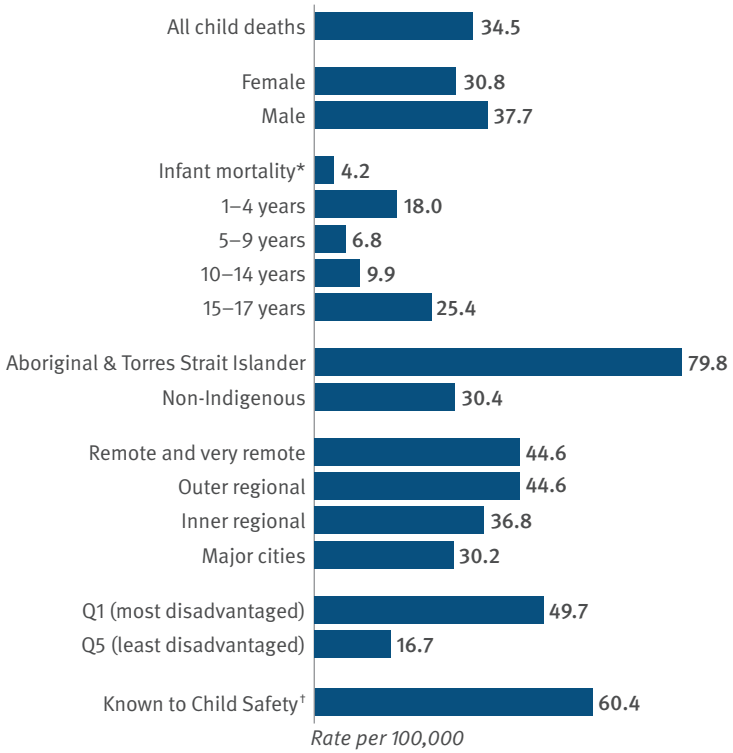
## 2004 to 2024




## 5-year summary (2019–2024) | Cause of death category




## Demographics




## Leading cause by age

| | |
|---|---|
| 0–27 days | **Perinatal conditions**<br>2.2 per 1,000 births |
| 28–364 days | **SIDS and undetermined**<br>0.3 per 1,000 births |
| 1–4 years | **Cancers and tumours**<br>2.8 per 100,000 |
| 5–9 years | **Cancers and tumours**<br>1.8 per 100,000 |
| 10–14 years | **Suicide**<br>2.0 per 100,000 |
| 15–17 years | **Suicide**<br>7.6 per 100,000 |

*Notes: Counting is by date of death registration. Percentages may not add to 100 due to rounding.*
** rate per 1,000 births.*
*† in the 12 months prior to death.*

## Key findings

Between 1 July 2023 and 30 June 2024, the deaths of 422 children and young people were registered in Queensland. The child mortality rate over the last 5 years was 34.5 deaths per 100,000 children aged 0–17 years and the infant mortality rate was 4.2 per 1,000 births.[4] Queensland's child mortality rate is high compared with other Australian states and territories. In 2021, Queensland's child mortality rate was 35.2 per 100,000 children aged 0–17 years, a mid to high-range value compared to other Australian jurisdictions which ranged between 23.9 and 72.5 per 100,000.[5]

A summary table of child deaths by cause and key characteristics can be found in **Table A.1** in **Appendix A**.

Natural causes (diseases and morbid conditions) accounted for 74% of deaths of children and young people in 2023–24, occurring at a rate of 24.6 deaths per 100,000 (5-year average).[6]

Seventy deaths were from external causes (which include transport, drowning, other non-intentional injury, suicide and fatal assault and neglect). External causes accounted for 17% of child deaths in 2023–24 and occurred at a rate of 6.7 deaths per 100,000 (5-year average).

Other than natural causes, the leading causes of deaths in 2023–24 were transport incidents (20), suicide (19), other non-intentional injuries (19), followed by drowning (10). Eight children died from unexplained causes and two children died as a result of fatal assault and neglect.

Causes of death are often not available until the outcomes of autopsy and coronial investigations are final. For this reason, some deaths are reported as 'cause pending'. Final outcomes are usually available within 1–2 years, at which point the Queensland Child Death Register is updated to reflect the official cause. Of the 422 deaths of children and young people in 2023–24, 7% (30 deaths) were recorded as 'cause pending'. The majority pending a cause are infant deaths and are often found to be from unexplained causes (based on outcomes in previous periods).

## Trends

For the second year in a row there was a higher number of deaths from natural causes in 2023–24 (314) contributing to the high total child deaths in the period (422). Although the numbers decreased from natural cause and total deaths in 2022–23 (respectively 338 and 448), both years are high compared to the 5 previous years.

The higher natural cause deaths are also in contrast to the 70 deaths from external causes in 2023–24 which was second lowest after 2015–16 (67) for any year since 2004–05.

Child mortality rates, however, have generally declined over time. Broad trends in rates over the period 2004 to 2024 are illustrated in Figure 1.1 using 5-year rolling rates.[7] Key findings on changes between 2004–09 and 2019–24 include:

- the child mortality rate decreased 2.0% per year on average
- the overall trend is driven by decreases in child deaths from natural causes, which constituted the majority of child deaths, and decreased by 2.0% per year on average
- deaths from external causes decreased by 2.4% per year on average.[8]

4 For a summary of the population data used to calculate rates, see **Appendix B—Methodology** (available at **www.qfcc.qld.gov.au/sector/child-death/child-death-reports-and-data**).

5 QFCC (2024) Australian and New Zealand child death statistics 2021. **www.qfcc.qld.gov.au/sector/child-death/child-death-statistics-anz**

6 Detailed tables with data on cause of death and other demographics can be found in **Appendix A**.

7 Tables with data for 2004–2024 are available online at **www.qfcc.qld.gov.au/sector/child-death/child-death-reports-and-data**

8 Average annual changes between 2004–09 and 2019–24 assume a linear change between the 2 periods.

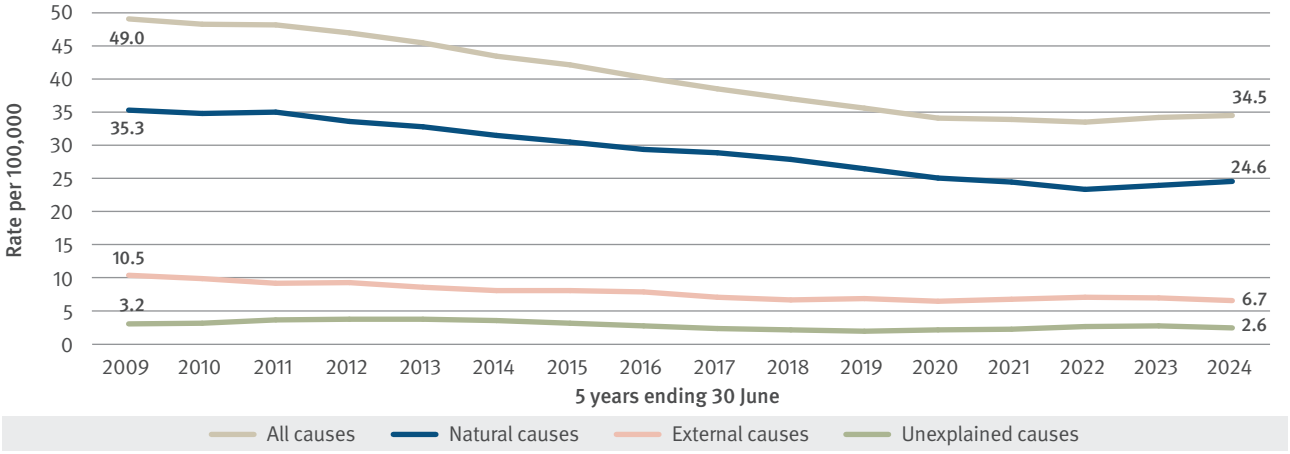
Five-year rolling mortality rates for external causes from 2004 to 2024 are illustrated in Figure 1.2. Transport had been the leading external cause of child death up until 2016, with rates at least twice those for other external causes. The transport mortality rate decreased 3.4% per year on average between 2004–09 and 2019–24. Notwithstanding the overall decrease since 2004, higher numbers of transport deaths especially in 2020 to 2023 have led to the rates increasing more recently.

In contrast, the rate of suicide has slowly increased over the period (up 0.6% per year on average), such that between 2013–17 and 2019–24 the rates of suicide and transport deaths have been at similar levels. High numbers of suicides recorded in 2018–19 and 2020–21 (37 and 30 respectively) contributed to an increase in rates, but with lower numbers in the last 3 years the suicide rate has decreased in the most recent period.

Rates of deaths from drowning, other non-intentional injury and fatal assault and neglect decreased between 2004–09 and 2019–24, with average annual decreases of 3.1%, 2.1% and 2.2% respectively.

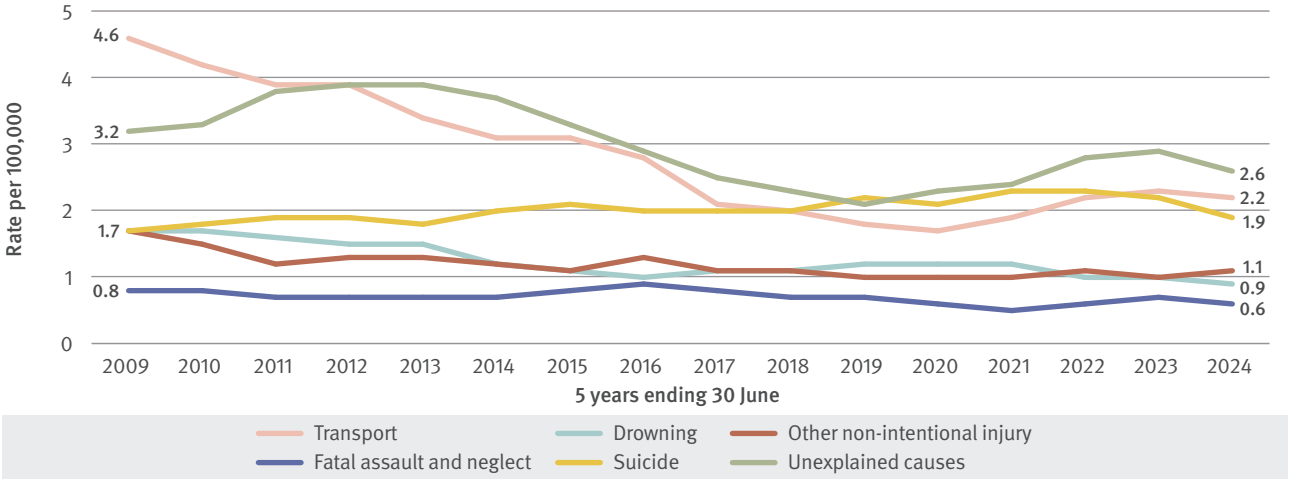
The mortality rate for deaths from unexplained causes is also illustrated on Figure 1.2. Between 2004–09 and 2019–24 the rate decreased by 1.3% per year on average. Almost all of this group are infant deaths certified as sudden infant death syndrome (SIDS) or undetermined causes. The dip in numbers and rates in the most recent periods is most likely due to the deaths which are pending a cause at the time of reporting, as opposed to an actual decrease.

**Figure 1.1:** Child deaths by major cause group (5-year rolling rate), 2004–09 to 2019–24




*Notes: Rates calculated per 100,000 population aged 0–17 years, averaged over 5 years.*

**Figure 1.2:** External-cause deaths by primary cause (5-year rolling rate), 2004–09 to 2019–24




*Notes: Rates calculated per 100,000 population aged 0–17 years, averaged over 5 years.*

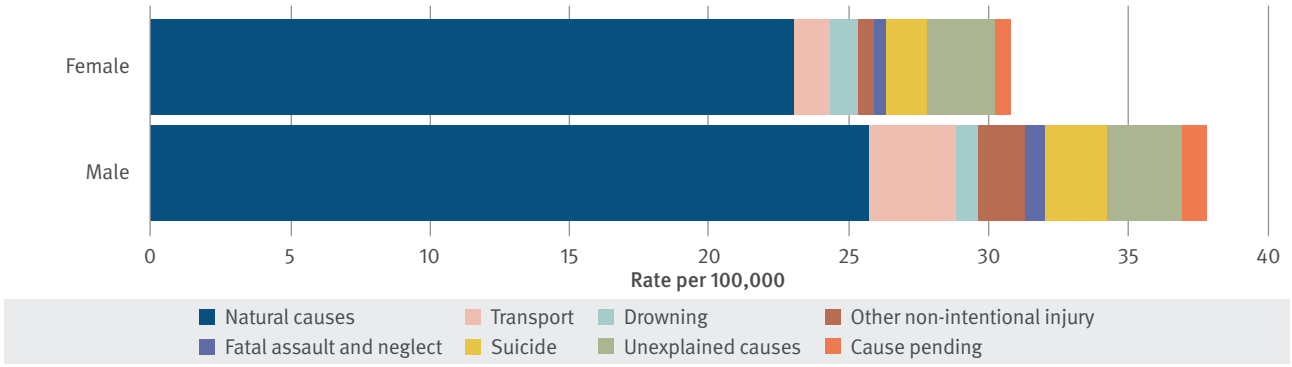
# Demographics

## Sex

In 2023–24, 57% of deaths were male children while 41% were female children. Eight deaths (1.9%) were infants of indeterminate sex.[9] The 5-year mortality rates per 100,000 population aged 0–17 years were 37.7 for males and 30.8 for females.

Males were over-represented across most categories of death, particularly in deaths from transport incidents and other non-intentional injuries. Males and females were more equally represented in child deaths from fatal assault and neglect and unexplained causes.

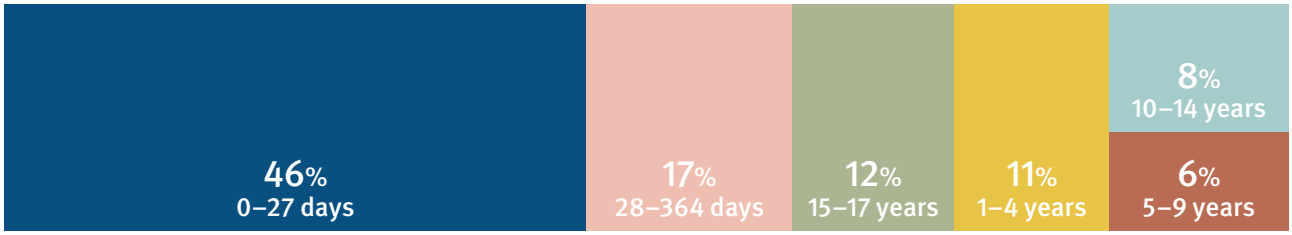
**Figure 1.3:** Deaths by sex and cause of death (rate), 2019–20 to 2023–24




## Age

Figures 1.4 to 1.6 reveal the considerable differences in child deaths by age and cause. As shown in Figure 1.4, over the last 5 years, 46% of all child deaths occurred in the first days and weeks of life (0–27 days), and a further 17% were post-neonatal infants (28–364 days).

**Figure 1.4:** Deaths by age (proportion), 2019–20 to 2023–24



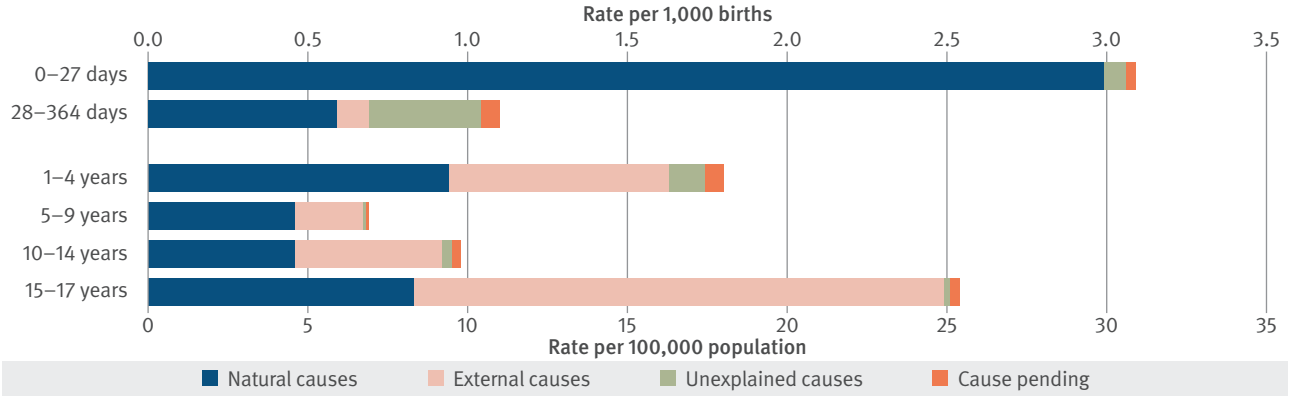

*Notes: Percentages may not add to 100 due to rounding.*

In Figure 1.5, rates of death are presented as per 1,000 live births for infants and per 100,000 population for older age groups. Almost all deaths in the 0–27 days age group were from natural causes, with a rate of 3.0 natural-cause deaths per 1,000 live births compared with the total mortality rate of 3.1 per 1,000. In all other age groups, however, between one-third and just over half of the mortality rates were from natural causes. For example, in the 1–4 age group the rate of natural-cause deaths was 9.4 per 100,000 while the total mortality rate was 18.0 per 100,000.

Unexplained causes made a greater contribution to the overall mortality rate for infants aged 28–364 days than in any other age group. External causes were larger contributors to overall mortality in older age groups. This was most marked for children aged 15–17 years (16.6 external-cause deaths per 100,000 and 25.4 total deaths per 100,000) and 1–4 years (6.9 external-cause deaths per 100,000 and 18.0 total deaths per 100,000).

9 Arises in births of extreme prematurity.

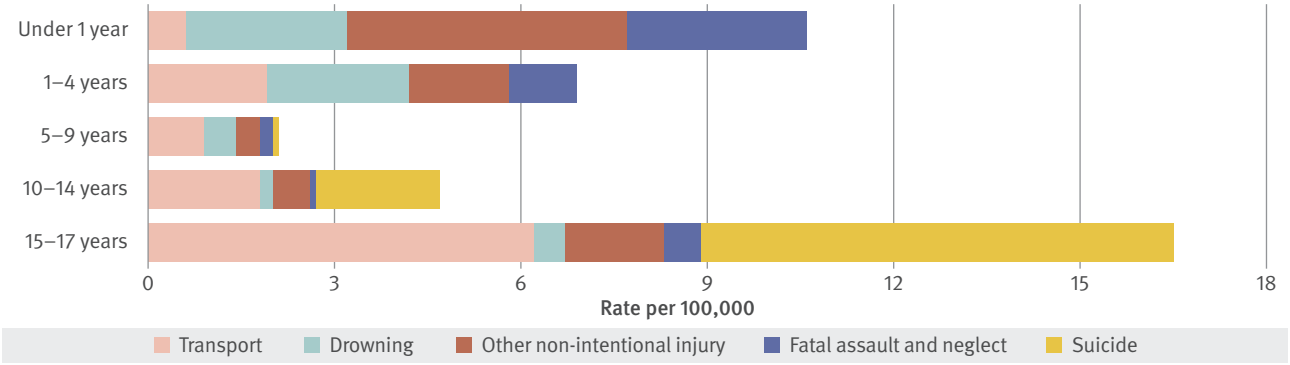
**Figure 1.5:** Deaths by age and major cause group (rate), 2019–20 to 2023–24




*Notes: Rates for 0–27 days and 28–364 days calculated per 1,000 live births and, for age 1–17 years, per 100,000 population in each age category, averaged over 5 years.*

Patterns in rates of external-cause deaths by age are indicated in Figure 1.6. Children aged 15–17 years and infants under 1 year had the highest rates of death from external causes, followed by children aged 1–4 years. Suicide was the leading external cause for children aged 10–14 and 15–17 years, while drowning was the leading external cause for children aged 1–4 years. The leading external causes for infants under 1 year were other non-intentional injuries, fatal assault and neglect and drowning.

**Figure 1.6:** External-cause deaths by age (rate), 2019–20 to 2023–24




## Leading causes of death

Table 1.1 indicates the leading causes of death in each age category, based on deaths in the last 5 years. The table uses categories from the *International Classification of Diseases and Related Health Problems, tenth revision* (ICD-10). Further detail on causes of death by age can be found in **Appendix D** (available at **www.qfcc.qld.gov.au/sector/child-death/child-death-reports-and-data**)

The leading causes of death for infants 0–27 days were perinatal conditions followed by congenital anomalies. For infants 28–364 days, the leading cause was SIDS and undetermined causes (as a group).

Cancers and tumours and transport incidents were among the top 3 leading causes for each age category from 1–17 years. Cancers and tumours were the leading cause of death for children aged 1–4 years and 5–9 years.

Suicide and transport were leading causes of death for children aged 15–17 years and for those aged 10–14 years.

Young children aged 1–4 years are more vulnerable to external causes of death. After cancers and tumours, drowning, transport and other non-intentional injuries were leading causes in this age group.

**Table 1.1:** Top 4 leading causes of death by age (rate per 1,000/100,000), 2019–20 to 2023–24

| Age category | 1st | 2nd | 3rd | 4th |
|---|---|---|---|---|
| 0–27 days | Perinatal conditions (2.2) | Congenital anomalies (0.8) | SIDS and undetermined causes (0.07) | Cancers and tumours; Circulatory system (0.02) |
| 28–364 days | SIDS and undetermined causes (0.3) | Congenital anomalies (0.3) | Perinatal conditions (0.2) | Nervous system diseases (0.05) |
| Under 1 year | Perinatal conditions (2.3) | Congenital anomalies (1.0) | SIDS and undetermined causes (0.4) | Nervous system diseases (0.06) |
| 1–4 years | Cancers and tumours (2.8) | Drowning (2.3) | Transport (1.9) | Other non-intentional injury; Congenital anomalies (1.6) |
| 5–9 years | Cancers and tumours (1.8) | Nervous system diseases (1.0) | Transport (0.9) | Congenital anomalies (0.7) |
| 10–14 years | Suicide (2.0) | Cancers and tumours (1.8) | Transport (1.8) | Nervous system diseases (1.1) |
| 15–17 years | Suicide (7.6) | Transport (6.2) | Cancers and tumours (2.3) | Nervous system diseases (2.2) |
| 0–17 years | Perinatal conditions (12.2) | Congenital anomalies (6.1) | SIDS and undetermined causes (2.6) | Transport (2.2) |

*SIDS Sudden infant death syndrome.*
*Notes: The 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) is used in this table and may therefore differ from other cause of death comparisons within the report. Rates are averaged over 5 years and calculated per 1,000 births for infants under 1 year and per 100,000 population in age categories 1–17 years.*

## Regional and remote areas

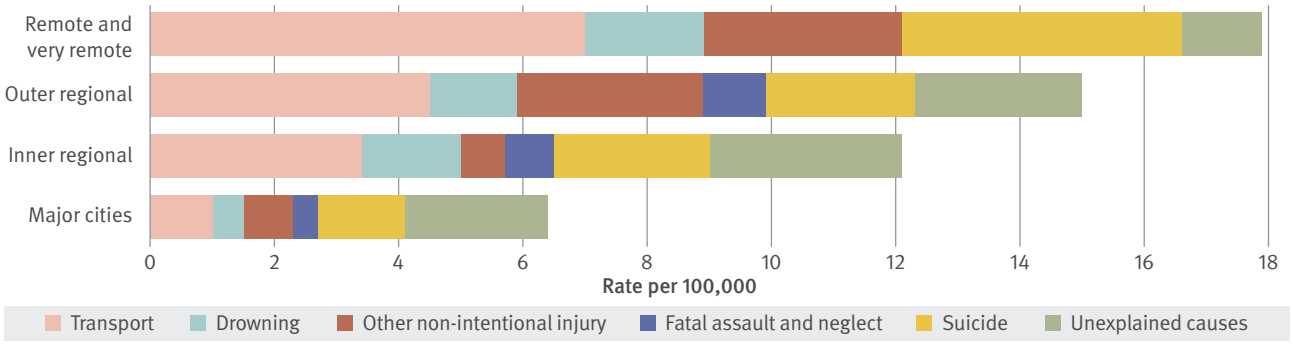
The child mortality rate from all causes was highest in remote and very remote areas and outer regional areas of Queensland, with rates of 44.6 per 100,000 children aged 0–17 years in both area groupings, compared with 36.8 in inner regional areas and 30.2 in major cities (5-year average).[10,11]

Figure 1.7 illustrates that rates of deaths from external and unexplained causes, taken together, increase with increasing remoteness from population centres and services. In particular, the differences in transport death rates between major cities and other areas were found to be statistically significant.

10 Analysis based on the Accessibility/Remoteness Index of Australia Plus (ARIA+) for the child's place of usual residence. ARIA+ is a measure of remoteness that ranks locations based on their distance by road to a centre that provides services. www.qgso.qld.gov.au/about-statistics/statistical-standards-classifications/accessibility-remoteness-index-australia

11 Rates exclude deaths of children whose usual residence was outside Queensland. See the *20-year data tables* available on the report home page for detailed data www.qfcc.qld.gov.au/about-us/publications/child-death-reports-and-data

**Figure 1.7:** ARIA+ of usual place of residence by selected causes of death (rate), 2019–20 to 2023–24



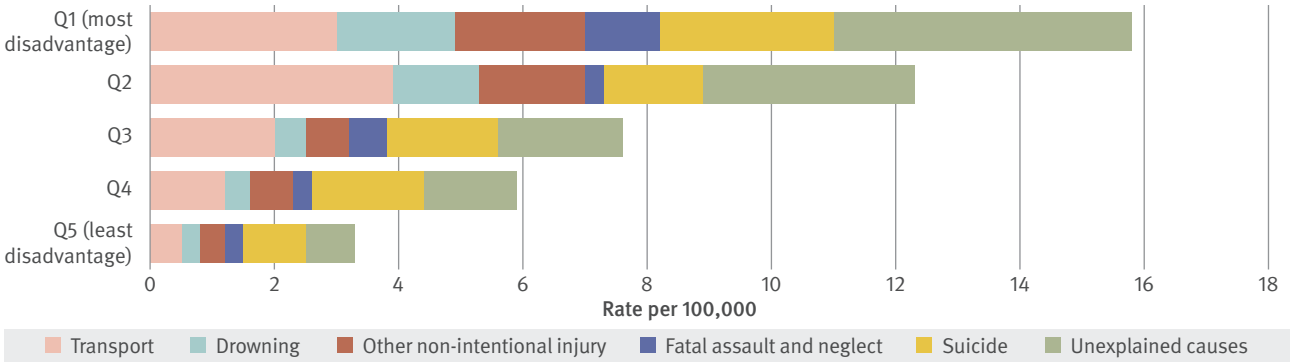

*Notes: Rates calculated per 100,000 population aged 0–17 years in each ARIA+ category, averaged over 5 years. Excludes the deaths of children whose usual place of residence was outside Queensland.*

## Socio-economic disadvantage

The child mortality rate from all causes was highest in areas with the greatest levels of socio-economic disadvantage.[12] The rate of child deaths in quintile 1 areas (most disadvantaged) was 49.7 per 100,000 children aged 0–17 years, compared with 33.0 in quintile 3 areas and 16.7 in quintile 5 areas (least disadvantaged) (5-year average).[13]

Figure 1.8 illustrates that rates of death from external and unexplained causes, taken together, increase with increasing socio-economic disadvantage. The differences in rates of death between areas of greatest and least disadvantage were statistically significant for transport, drowning, suicide, and unexplained causes (although the raw numbers for quintile 5 were low).

**Figure 1.8:** SEIFA quintile of usual place of residence by selected causes of death (rate), 2019–20 to 2023–24




*Notes: Rates calculated per 100,000 population aged 0–17 years in each SEIFA quintile, averaged over 5 years. Excludes the deaths of children whose usual place of residence was outside Queensland.*

12 Analysis is based on the Socio-Economic Indexes of Australia (SEIFA) score for the child's place of the usual residence. SEIFA is allocated to geographic areas to represent their level of advantage or disadvantage from Census data. **www.abs.gov.au/websitedbs/censushome.nsf/home/seifa**

13 Rates exclude deaths of children whose usual residence was outside Queensland. See the *20-year data tables* available on the report home page for detailed data.

## Aboriginal and Torres Strait Islander children

The deaths of 91 Aboriginal and Torres Strait Islander children were registered in 2023–24, of which:

- 67 were from natural causes
- 11 were external causes
- 2 were unexplained causes
- 11 deaths were pending a cause at the time of reporting.

The 91 deaths in the latest year were a small decrease from 94 in 2022–23. There was an increase in deaths from natural causes (from 64 to 67), however there was a decrease in deaths from external causes from 18 to 11.

Aboriginal and Torres Strait Islander children are over-represented in child deaths. The mortality rate for Aboriginal and Torres Strait Islander children was 79.8 deaths per 100,000 Aboriginal and Torres Strait Islander children aged 0–17 years, compared with 30.4 deaths per 100,000 non-Indigenous children (5-year average). The Aboriginal and Torres Strait Islander mortality rate was 2.6 times the rate for non-Indigenous children for all causes.[14]

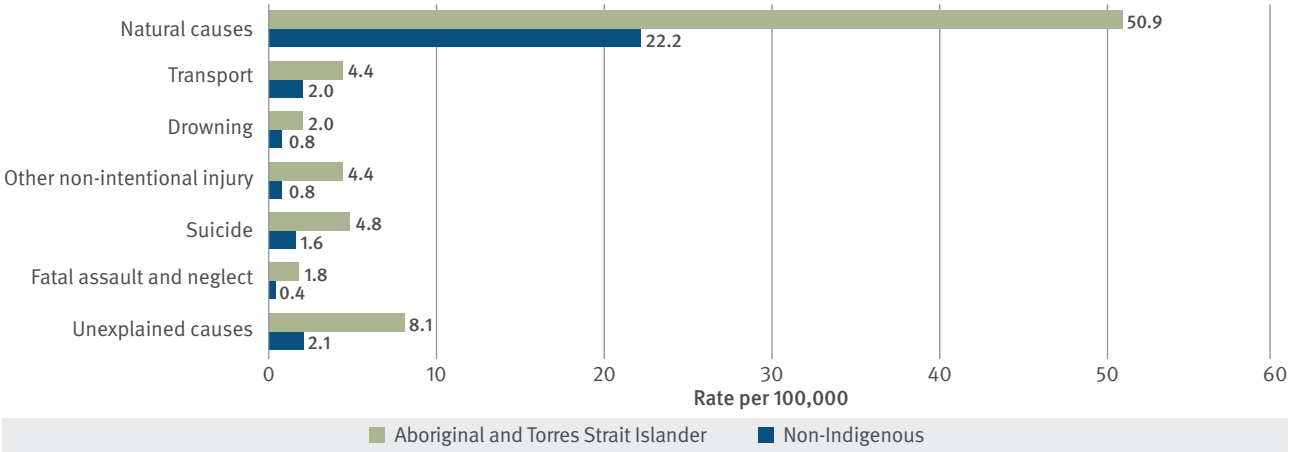
The Aboriginal and Torres Strait Islander infant mortality rate was 7.2 deaths per 1,000 Aboriginal and Torres Strait Islander births, compared with 3.8 deaths per 1,000 non-Indigenous births (5-year average).

The level of over-representation was higher for certain causes of death, as illustrated in Figure 1.9. Mortality rates for Aboriginal and Torres Strait Islander children were more than 3 times higher than the non-Indigenous child mortality rates for:

- other non-intentional injury
- suicide
- fatal assault and neglect
- unexplained causes.

Aboriginal and Torres Strait Islander infants were also over-represented in sudden unexpected death in infancy with a mortality rate 3.8 times that for non-Indigenous infants (1.7 and 0.4 per 1,000 births, respectively).

**Figure 1.9:** Cause of death by Aboriginal and Torres Strait Islander status (rate), 2019–20 to 2023–24




*Notes: Rates calculated per 100,000 Aboriginal and Torres Strait Islander and non-Indigenous children aged 0–17 years, averaged over 5 years.*

14 See **Appendix A**, **Table A.2** for detailed data.

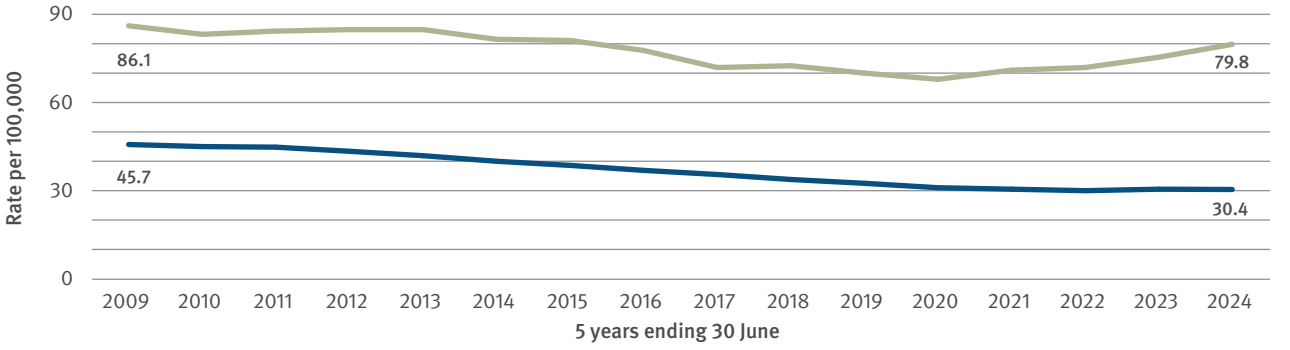
## Trends

Aboriginal and Torres Strait Islander child mortality rates have decreased over the 20-year period. Between 2004–09 and 2019–24 the Aboriginal and Torres Strait Islander mortality rate (0–17 years) decreased 0.5% per year on average while the non-Indigenous rate decreased 2.2% on average. As shown in Figure 1.10, while decreases in the Aboriginal and Torres Strait Islander child mortality rate mirrored decreases in the non-Indigenous mortality rate over much of the period, the Aboriginal and Torres Strait Islander rate increased in the last 4 years whereas the non-Indigenous rate plateaued.

### Aboriginal and Torres Strait Islander population estimates

Calculations of mortality rates for Aboriginal and Torres Strait Islanders in this report use as a denominator the estimated resident population (ERP), excepting for the age group under 1 year where the number of live births is used as the denominator. In July 2024, the Australian Bureau of Statistics released new estimates and projections for Aboriginal and Torres Strait Islander Australians based on Census 2021.[15] Readers are advised; however, that rates presented in this report used the ERPs based on Census 2016 as the Queensland estimates by age were not available at the time of reporting.

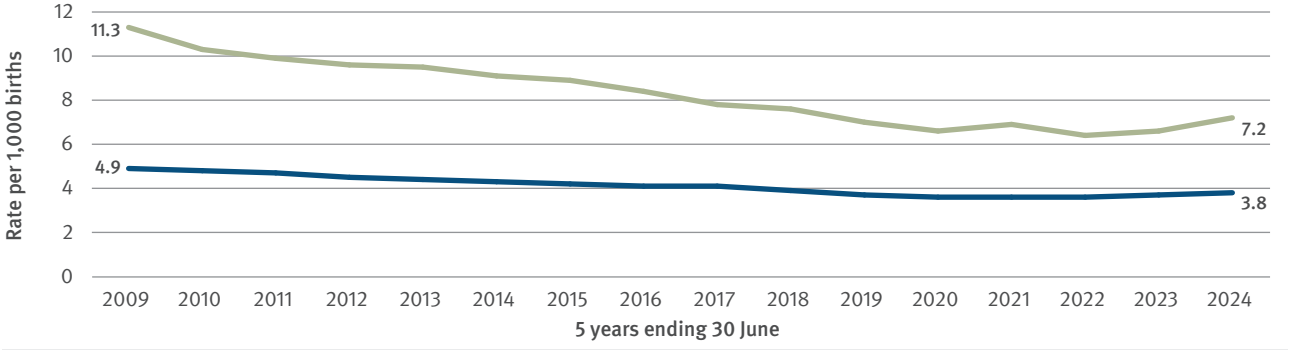
**Figure 1.10:** Child deaths by Aboriginal and Torres Strait Islander status (5-year rolling rate), 2004–09 to 2019–24




*Notes: Rates calculated per 100,000 Aboriginal and Torres Strait Islander and non-Indigenous children aged 0–17 years, averaged over 5 years.*

For infant deaths, there was a greater reduction in the Aboriginal and Torres Strait Islander infant mortality rate, which decreased from 11.3 per 1,000 live births in 2004–09 to 7.2 per 1,000 births in 2019–24 (down 2.4% per year on average). The non-Indigenous infant mortality rate decreased by 1.5% per year on average over the same period.

**Figure 1.11:** Infant deaths by Aboriginal and Torres Strait Islander status (5-year rolling rate), 2004–09 to 2019–24




*Notes: Rates calculated per 1,000 Aboriginal and Torres Strait Islander and non-Indigenous live births, averaged over 5 years.*

15 ABS (2024) *Estimates and projections of the Aboriginal and Torres Strait Islander population for 2011 to 2031.* https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/latest-release

## Children known to the child protection system

The Department of Child Safety, Seniors and Disability Services, specifically Child Safety, administers the child protection system in Queensland. 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
- 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
- Child Safety took action under the *Child Protection Act 1999*, or
- the child was in the custody or guardianship of Child Safety.

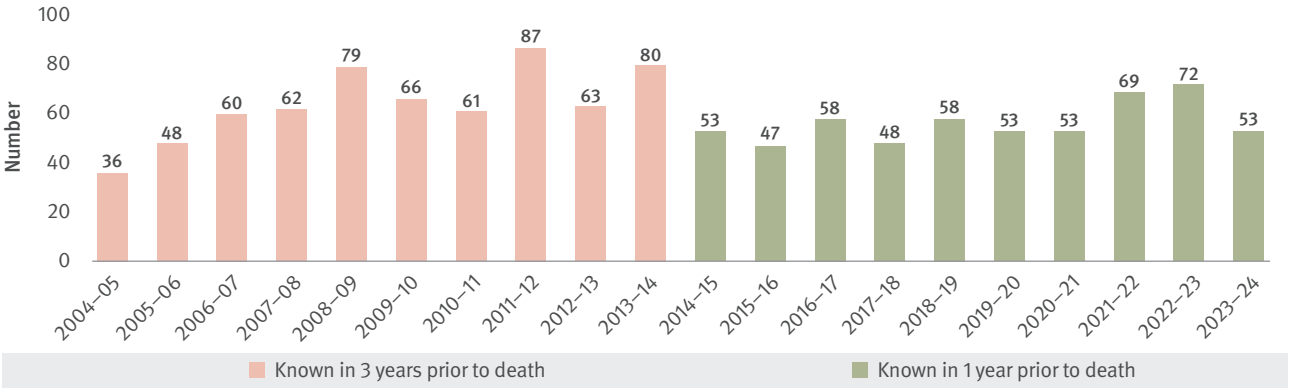
Fifty-three children who died in 2023–24 were known to Child Safety in the 12 months prior to their deaths, a decrease from 72 deaths in 2022–23. Twenty-three of these children died from natural causes, 19 from external causes, 2 from unexplained causes and 9 deaths were pending a cause at the time of reporting.

On occasion, children, who were not previously known, may come to the attention of Child Safety due to an incident causing critical injuries and subsequently died in hospital from their injuries. In 2023–24, 5 children of the 53 who were known to Child Safety at the time of death did not have a child protection history prior to the incident, or had a protection history but the contact was more than 12 months before the incident.

The mortality rate for children known to Child Safety was almost twice the Queensland child mortality rate (60.4 deaths per 100,000 and 34.5 deaths per 100,000 respectively, averaged over 5 years).[16,17]

The trends in deaths of children known to the child protection system are presented in Figure 1.12. From 2004–05 to 2013–14, statutory reviews were required for children known to child protection in the 3 years prior to their death. Following changes to the child protection system as a result of the Queensland Child Protection Commission of Inquiry, reviews since 2014–15 are only completed for children known to Child Safety in the 12 months prior to their death.[18]

**Figure 1.12:** Deaths of children known to the child protection system (number), 2004–05 to 2023–24




16 The population used as a denominator for 'children known to Child Safety' is the number of children known to Child Safety (as the subject of, or mentioned in, a child concern report, intake inquiry, notification, investigation and assessment, ongoing intervention, child protection orders or placements) in the 12 months before the relevant year (e.g. the denominator for 2023–24 is the number of children known to Child Safety during 2022–23).

17 See **Appendix A**, **Table A.3** for detailed data.

18 **www.childprotectioninquiry.qld.gov.au**

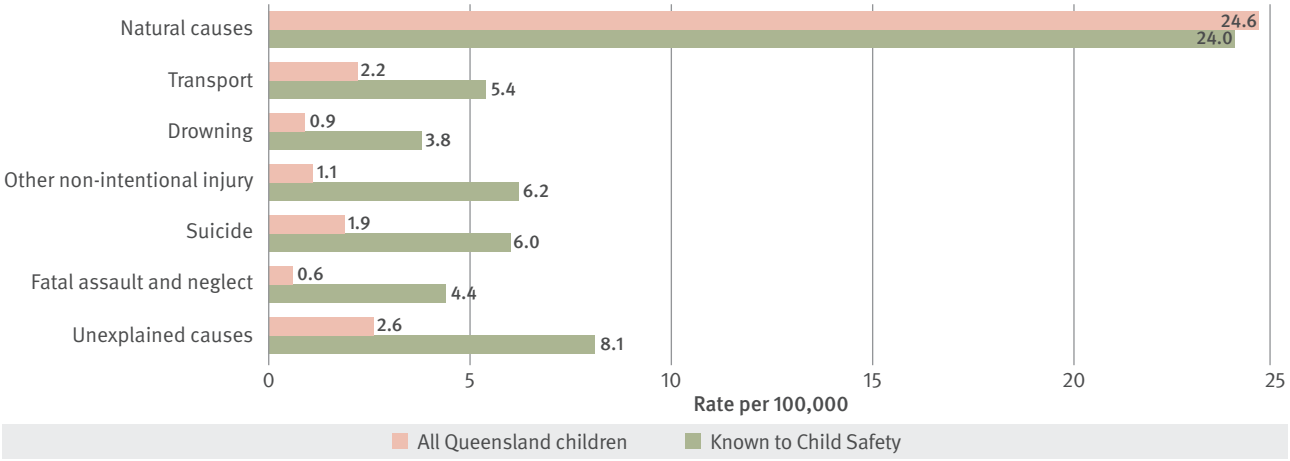
Figure 1.13 illustrates the over-representation of children known to Child Safety in deaths from external and unexplained causes (noting these figures include reference to those children who came to the attention of Child Safety as a result of the incident causing critical injuries and subsequent death). Over the last 5 years, mortality rates for children known to Child Safety have been more than 3 times higher than the Queensland child mortality rates for:

- fatal assault and neglect
- other non-intentional injury
- drowning
- suicide
- unexplained causes.

Children known to the child protection system were also over-represented in sudden unexpected infant deaths, with a mortality rate almost 4 times the rate for all Queensland infants (respectively 2.3 and 0.6 per 1,000).

Children who are at increased risk of child maltreatment are often from families with higher levels of economic disadvantage, poor parental mental health and problematic substance use and social instability. All of which are risk factors for adverse childhood outcomes—including death.[19] It is therefore not the fact that being known to the child protection system that increases the risk of death, but the significant disadvantage, abuse and neglect that children experienced before they came to the attention of Child Safety and the multiple complex risk factors present in their lives.

**Figure 1.13:** Deaths by child protection system status and cause of death (rate), 2019–20 to 2023–24



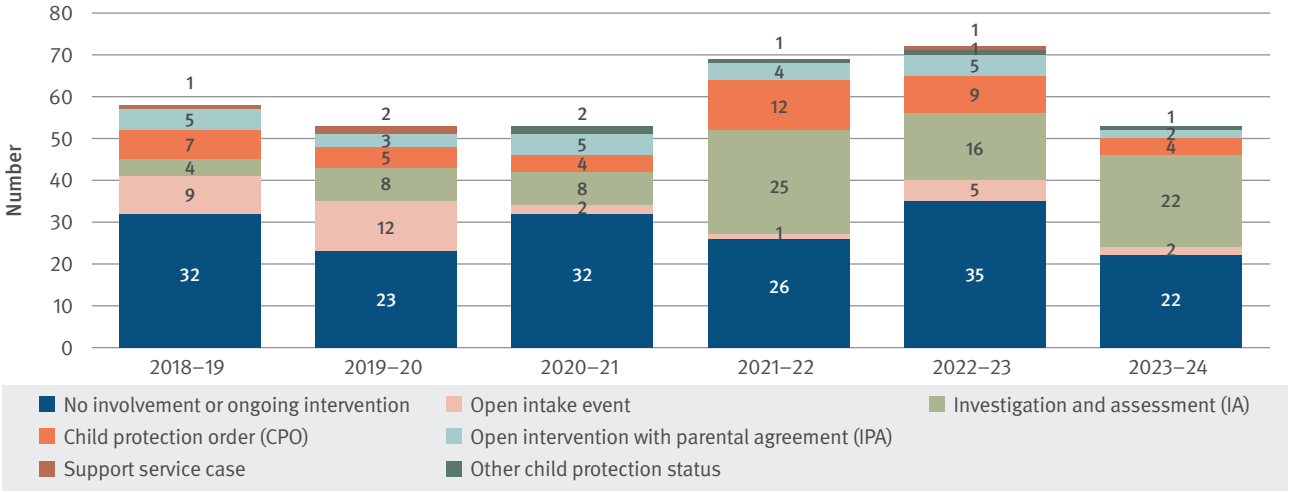

*Notes: Rates calculated per 100,000 children known to Child Safety in the year prior to 30 June and per 100,000 population aged 0–17 years, averaged over 5 years.*

19 Doidge J, Higgins D, Delfabbro P, Segal L (2017) 'Risk factors for child maltreatment in an Australian population-based birth cohort', *Child Abuse & Neglect*, 64, pp. 47–60.

'Known to child protection' is a broad cohort of children and is a proxy indicator for family wellbeing. Figure 1.14 provides, for the last 6 years, the child protection status recorded at the time of death. With reference to deaths in the last 5 years (only), the types of child protection status included:

- 46% – no involvement or ongoing intervention
- 26% – investigation and assessment (IA)
- 11% – child protection order (CPO)
- 7% – open intake event
- 6% – intervention with parental agreement (IPA).

**Figure 1.14:** Deaths of children known to the child protection system by status at the time of death (number), 2018–19 to 2023–24



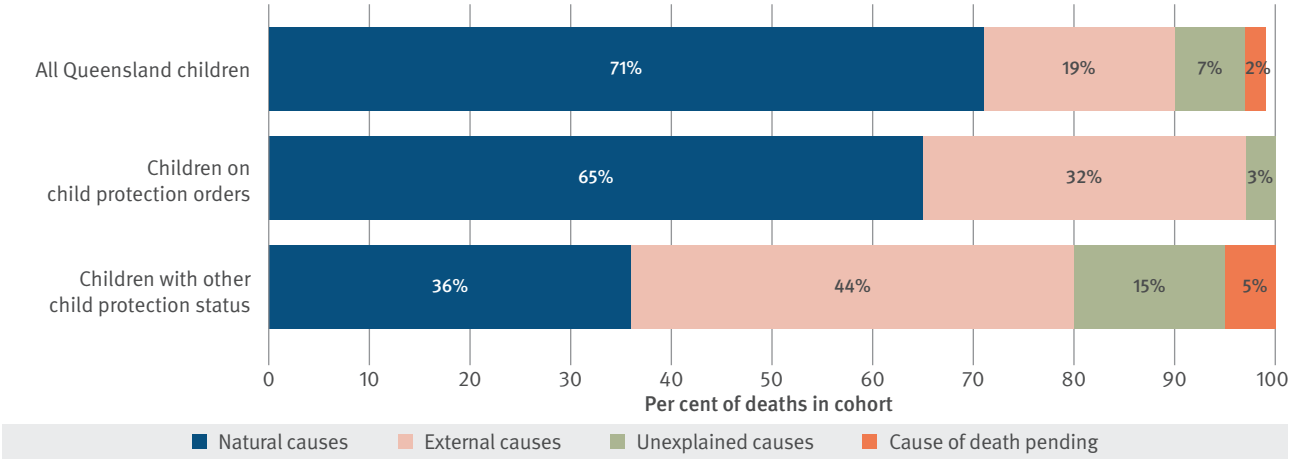

## Children on child protection orders

A child protection order is an order made by the Childrens Court under the *Child Protection Act 1999*, when a child is assessed to be in need of protection. Custody or guardianship of a child may be granted to the chief executive (Director-General) of the department, or to a suitable person.

Four children who died in 2023–24 were subject to child protection orders at the time of death. In the last 5 years, 34 children were subject to child protection orders at the time of their death, representing 11% of the 300 deaths of children who were known to the child protection system.

Figure 1.15 illustrates the proportions of deaths by the major cause groups, in the cohorts of all Queensland children, children subject to child protection orders and children with other child protection statuses. The majority of children subject to child protection orders died from natural causes (65%). Some 32% of children subject to child protection orders died from external causes, which was a larger proportion than for Queensland deaths (19%) but a smaller proportion than deaths for all other children known to child protection (44%).

**Figure 1.15:** Deaths of children by child protection system by major cause group (per cent), 2019–20 to 2023–24




## 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.[20]

During 2023–24, 6 children in total had been reported missing to the police in relation to their death, 3 of the deaths were from drowning, one each from suicide, transport, and other non-intentional injury. One child reported missing was also known to Child Safety, but was not in out-of-home care.

20 QFCC (2016) *When a child is missing: Remembering Tiahleigh—a report into Queensland's children missing from out-of-home care*, Queensland Government. www.qfcc.qld.gov.au/sector/child-death/system-reviews-after-child-death