

Australian child death statistics 2022

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Queensland
Family & Child
Commission



Queensland
Government

Australian and New Zealand Child Death Review and Prevention Group

The Australian and New Zealand Child Death Review and Prevention Group (ANZCDR&PG) is a collaboration of all state and territory child death review teams across Australia and New Zealand. It was established in 2005, with the aim of developing nationally and internationally comparable child death statistics, to better understand and prevent child deaths.

This report presents information on child mortality from all eight Australian states/territories. Each jurisdiction has individual legislative bases, differing functions and reporting requirements.

The Queensland Family and Child Commission (QFCC) has prepared this report on behalf of the ANZCDR&PG members.

Summary of findings

<ul style="list-style-type: none"> In total there were 1,605 child deaths across all Australian jurisdictions in 2022, a rate of 28.2 per 100,000 population. Child mortality rates varied between 22.5 and 67.9 per 100,000 population aged 0–17 years. 	<ul style="list-style-type: none"> Infants (children under 1 year) had the highest rate of death in all jurisdictions, accounting for 57% of all child deaths in Australia. Infant mortality rates varied between 2.3 and 7.3 per 1,000 live births.
<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander children constituted 6.8% of the child population within Australia yet accounted for 16.5% of the child deaths (265 of 1,605 deaths). Indigenous child mortality rates were 0.9 to 4.5 times higher than those for non-Indigenous children. 	<ul style="list-style-type: none"> There were 1,171 child deaths from diseases and morbid conditions across all Australian jurisdictions, a rate of 20.6 per 100,000 population. Deaths from diseases and morbid conditions accounted for 73% of all child deaths.
<ul style="list-style-type: none"> In total¹ in 2022 there were: <ul style="list-style-type: none"> 93 transport deaths, or 1.6 per 100,000 74 suicide deaths, or 1.3 per 100,000 54 deaths from other non-intentional injury, or 0.9 per 100,000 39 deaths from fatal assault and neglect, or 0.7 per 100,000 35 drowning deaths, or 0.6 per 100,000. 	<ul style="list-style-type: none"> Transport was the leading external cause of child death in four jurisdictions – New South Wales, Queensland, Western Australia and Tasmania. Rates of infant deaths from Sudden Infant Death Syndrome (SIDS) and undetermined causes ranged between 0.12 and 0.56 per 1,000 live births.

Australian child death statistics 2022

The analysis covers deaths of children from birth up to, but not including, 18 years of age occurring during the period 1 January 2022 to 31 December 2022. Deaths were counted based on the jurisdiction in which they occurred, not the residency of the deceased child.

The data provided for the individual jurisdictions currently differs in some respects. These differences, along with the methodology used in compiling this report, are described in the Methodology section.

Caution should be exercised when comparing rates between jurisdictions. Child deaths are rare events and variations in jurisdictional rates can be expected due to the small numbers involved. Although the rates are based on a population rather than a sample, common practice is to consider death a random event; and hence, have an associated sampling error. Current methodology calculates the crude rates for 2022 and should not be used to infer the general probability of death for specific cohorts.

The large differences between jurisdictions of the population component identifying as Indigenous (Aboriginal and Torres Strait Islander in Australia) affect the comparability of overall child mortality rates due to the considerable disparity between Indigenous and non-Indigenous child mortality rates.

Child mortality numbers and rates presented here may differ from those published in the reports of individual agencies due to differences in methodology or population estimates used.

Detailed tables are provided in the [Appendix](#).

¹ Excludes confidentialised data with small numbers.

All child deaths

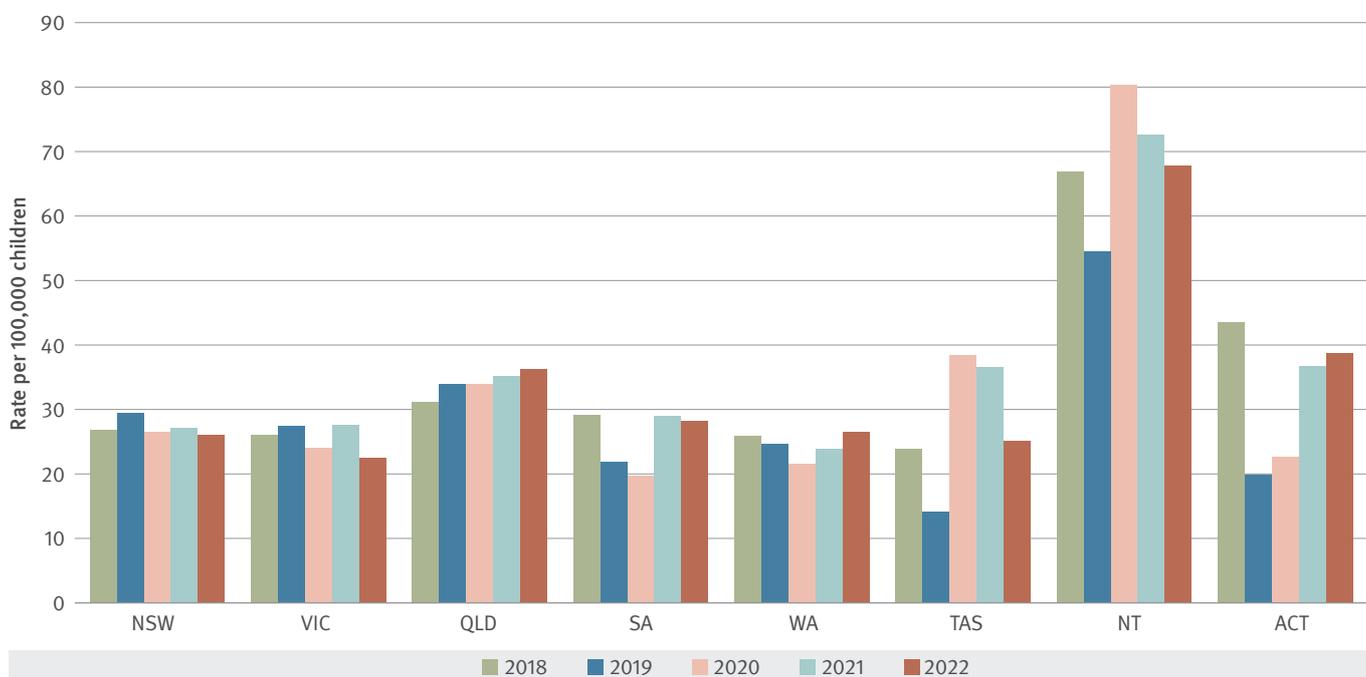
The mortality rates for all children (aged 0–17 years) in each jurisdiction are presented in Figure 1 for 2018 to 2022. Year to year changes should be interpreted with caution, especially for jurisdictions with smaller populations.

In 2022, child mortality rates per 100,000 population aged 0–17 years varied between 22.5 (Victoria) and 67.9 (Northern Territory).

In total there were 1,605 child deaths across all Australian jurisdictions, a rate of 28.2 per 100,000 population.

Most states and territories showed decreases in 2022 with the exception of Queensland, Western Australia and the Australian Capital Territory.

Figure 1: Rate of child deaths (aged 0–17 years) by jurisdiction 2018 to 2022



Notes. Refer to the methodology section for jurisdictional methodological differences and additional issues. Rates are calculated per 100,000 children aged 0–17 years in each jurisdiction and use as a denominator the ERP as at 30 June in the relevant year. Caution should be exercised when comparing rates between jurisdictions. Although the rates are based on a population rather than a sample, common practice is to consider death a random event; and hence, have an associated sampling error. This is particularly important when comparing rates from low numbers. Current methodology calculates the crude rates and should not be used to infer the general probability of death for specific cohorts.

Indigenous status

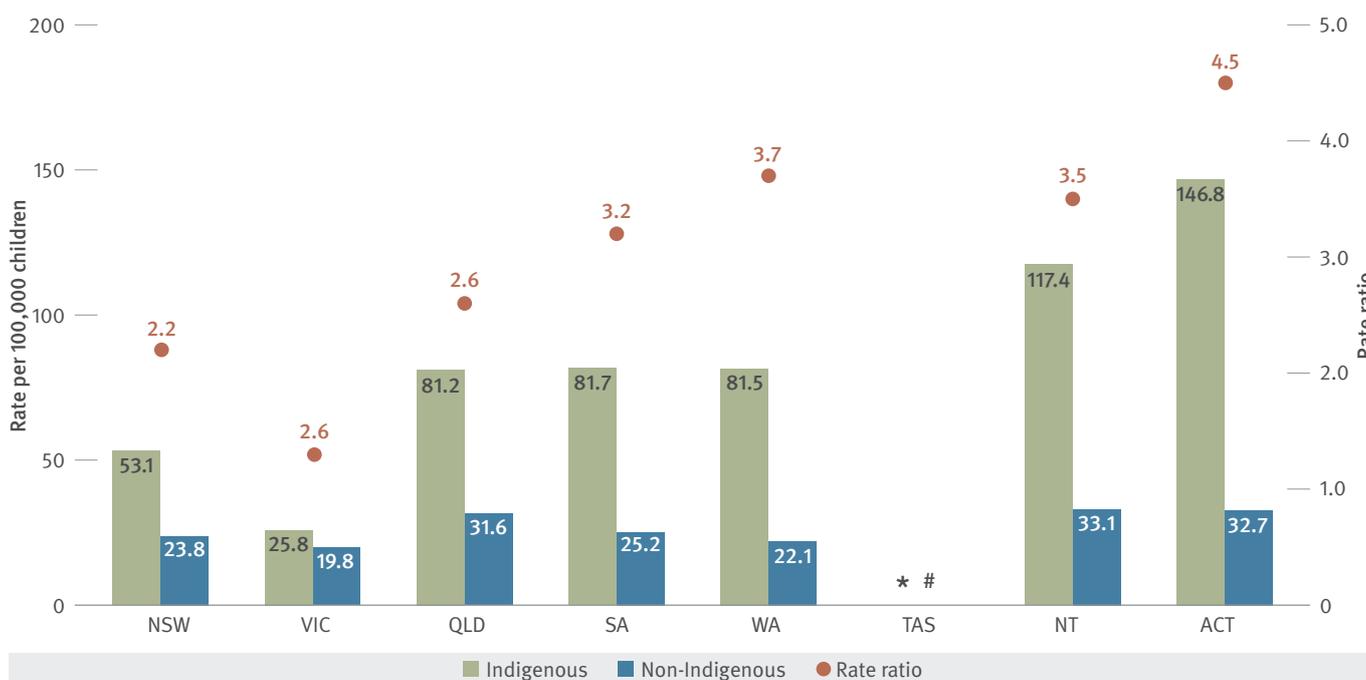
There is considerable variation between jurisdictions in the proportion of the population identified as Indigenous (Aboriginal and Torres Strait Islander in Australia), from 2.2% in Victoria to 41.3% in the Northern Territory. [Table A.10](#) in the Appendix provides the proportions for each jurisdiction.

Figure 2 presents Indigenous and non-Indigenous child mortality rates in each jurisdiction. [Table A.2](#) provides the corresponding numbers and rates in each jurisdiction.

In 2022, Indigenous child mortality rates were higher than the non-Indigenous rates within all jurisdictions, where both rates could be calculated.

Aboriginal and Torres Strait Islander children constituted 6.8% of the child population within Australia yet accounted for 16.5% of the child deaths (265 of 1,605 deaths). As illustrated in Figure 2, Indigenous children were over-represented in child deaths in comparison to non-Indigenous children, with the rate ratios ranging between 1.3 (Victoria) and 4.5 (Australian Capital Territory).

Figure 2: Rate of child deaths (aged 0–17 years) by Indigenous status and jurisdiction 2022



* Rates have not been calculated for numbers less than 4 or where small numbers have been confidentialised by the source jurisdiction.

Value suppressed to prevent calculation of a confidentialised value.

Notes: Refer to the methodology section for jurisdictional methodological differences and additional issues. Rates are calculated per 100,000 Indigenous children aged 0–17 years and per 100,000 non-Indigenous children aged 0–17 years in each jurisdiction and use as a denominator the ERP as at 30 June 2022. Caution should be exercised when comparing rates between jurisdictions. Although the rates are based on a population rather than a sample, common practice is to consider death a random event, and hence have an associated sampling error. This is particularly important when comparing rates from low numbers. Current methodology calculates the crude rates for 2022 and should not be used to infer the general probability of death for specific cohorts.

Age

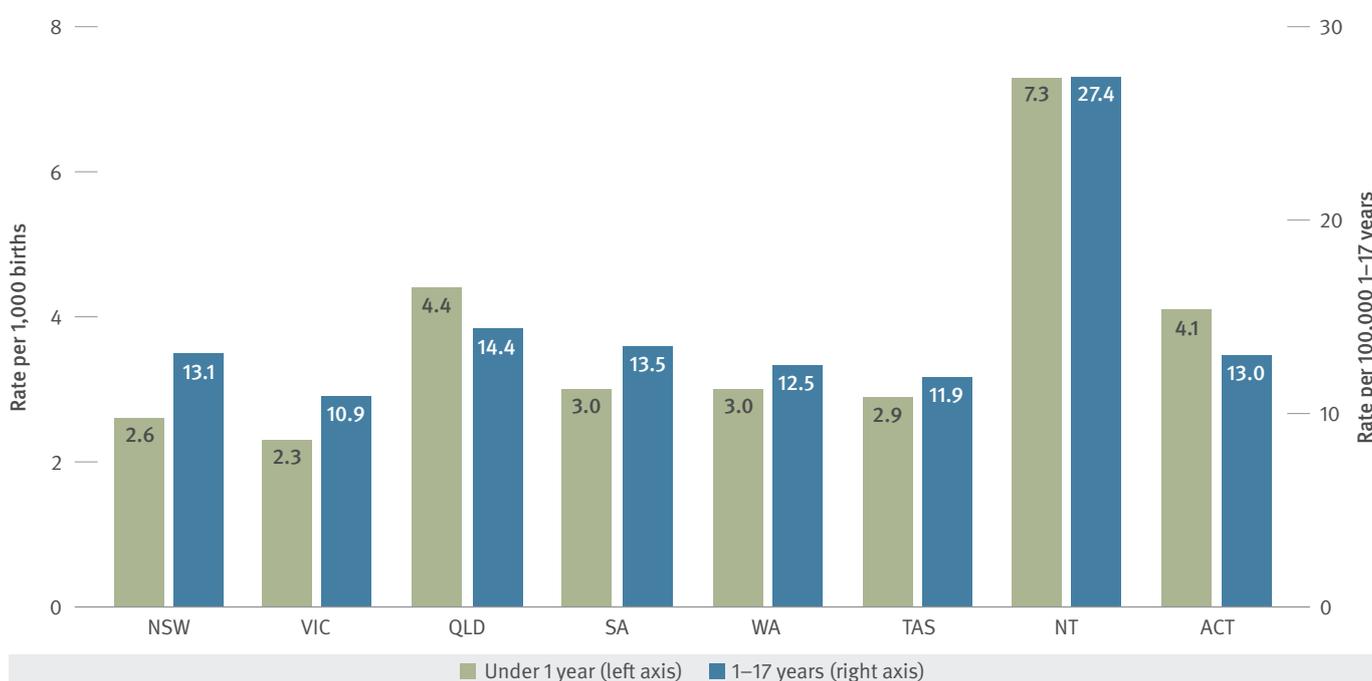
Infants (children under 1 year) accounted for 56.6% of all child deaths in Australia (see [Table A.1](#) in the Appendix).

Figure 3 presents infant mortality per 1,000 live births and deaths of children aged 1–17 years per 100,000 population in each jurisdiction.

Infant mortality rates per 1,000 live births varied between 2.3 (Victoria) and 7.3 (Northern Territory).

Child mortality rates were substantially lower after infancy. Child mortality rates per 100,000 population aged 1–17 years varied between 10.9 (Victoria) and 27.4 (Northern Territory).

Figure 3: Rate of child deaths by age group and jurisdiction 2022



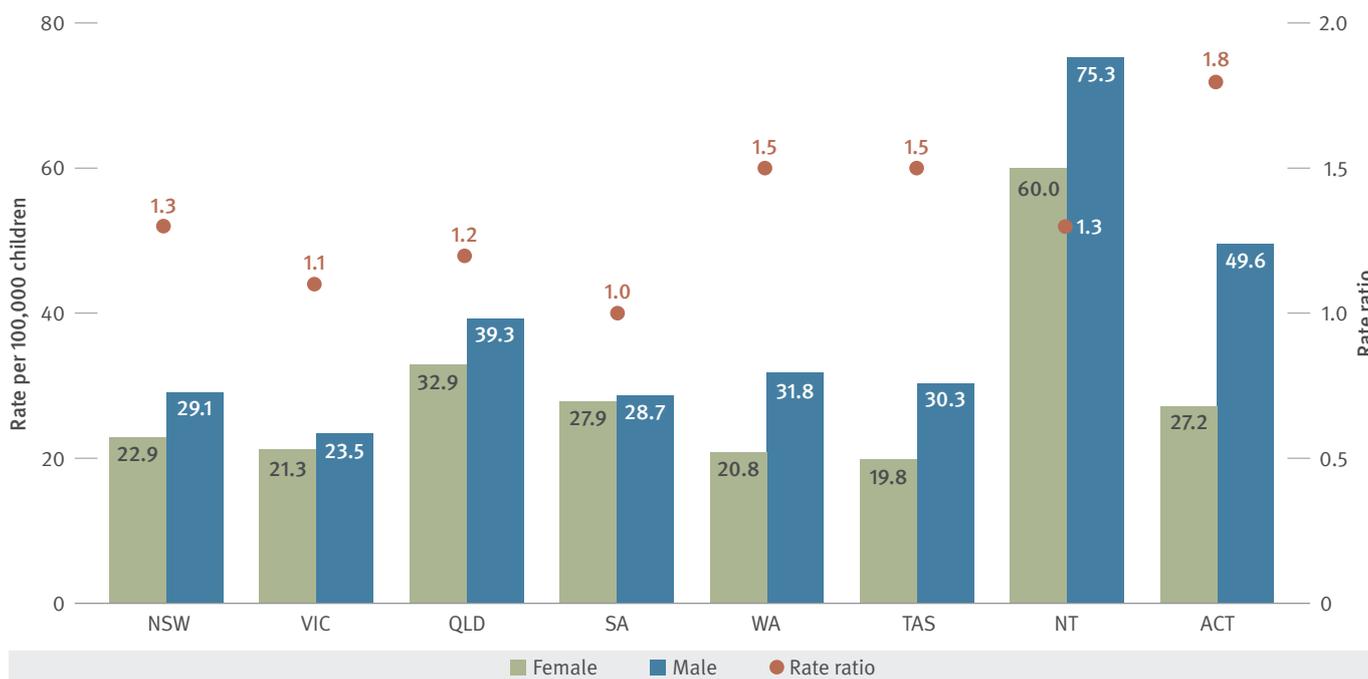
Notes: Refer to the methodology section for jurisdictional methodological differences and additional issues. Rates are calculated per 1,000 live births and per 100,000 children aged 1–17 years in each jurisdiction and use as respective denominators live births in 2022 and ERP as at 30 June 2022. Caution should be exercised when comparing rates between jurisdictions. Although the rates are based on a population rather than a sample, common practice is to consider death a random event, and hence have an associated sampling error. This is particularly important when comparing rates from low numbers. Current methodology calculates the crude rates for 2022 and should not be used to infer the general probability of death for specific cohorts.

Sex

Figure 4 provides the child mortality rates by sex in each jurisdiction during 2022. The numbers and rates by sex are also presented in [Table A.3](#) in the Appendix.

In 2022, the child mortality rates for males were higher than the female rates in all jurisdictions. The male mortality rates were between 1.0 and 1.8 times the female mortality rates.

Figure 4: Rate of child deaths (aged 0–17 years) by sex and jurisdiction 2022



Notes: Refer to the methodology section for jurisdictional methodological differences and additional issues. Rates are calculated per 100,000 females and per 100,000 males aged 0–17 years in each jurisdiction and use as a denominator the ERP as at 30 June 2022. Caution should be exercised when comparing rates between jurisdictions. Although the rates are based on a population rather than a sample, common practice is to consider death a random event, and hence have an associated sampling error. This is particularly important when comparing rates from low numbers. Current methodology calculates the crude rates for 2022 and should not be used to infer the general probability of death for specific cohorts.

Diseases and morbid conditions

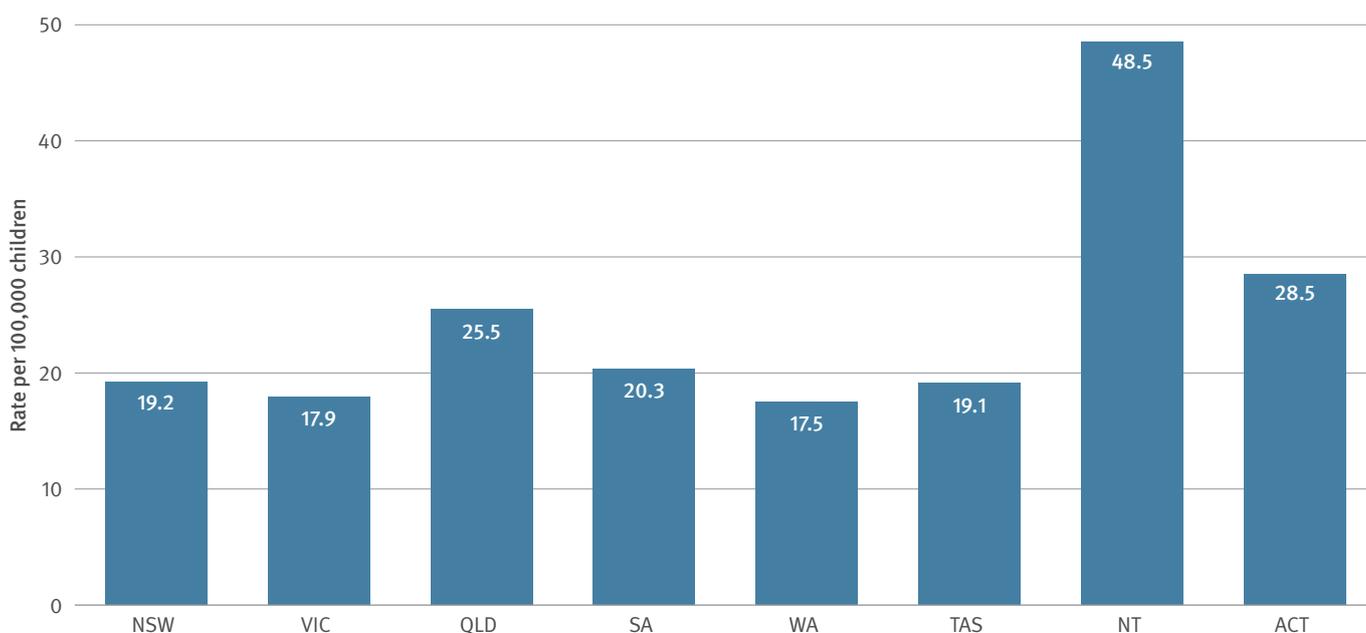
Deaths from diseases and morbid conditions are those deaths whose underlying cause is an infection, disease, congenital anomaly or other naturally occurring condition. This category excludes deaths from Sudden Infant Death Syndrome (SIDS) and undetermined causes (ICD-10 codes R95 and R99) which are presented in a subsequent section of this report.

Figure 5 provides the child mortality rate from diseases and morbid conditions in each jurisdiction during 2022. The rates from diseases and morbid conditions per 100,000 ranged between 17.5 (Western Australia) and 48.5 (Northern Territory).

The mortality numbers and rates from diseases and morbid conditions by age category are provided in [Table A.4](#) in the Appendix. Deaths from diseases and morbid conditions accounted for 73% of child deaths in 2022. Infants (children under 1 year) exhibited the highest mortality rate from diseases and morbid conditions in all jurisdictions in Australia.

In total there were 1,171 child deaths from diseases and morbid conditions across all Australian jurisdictions, a rate of 20.6 per 100,000 population.

Figure 5: Rate of child deaths (aged 0–17 years) from diseases and morbid conditions by jurisdiction 2022



Notes: In some jurisdictions, the coroner is yet to determine the official cause of death for some cases and these deaths are not included in information by cause of death type. In some instances these deaths have been included on the basis of general information regarding the circumstances of death. Hence, the overall numbers and rates are subject to change. Refer to the methodology section for jurisdictional methodological differences and additional issues. Rates are calculated per 100,000 children aged 0–17 years in each jurisdiction and use as a denominator the ERP as at 30 June 2022. Caution should be exercised when comparing rates between jurisdictions. Although the rates are based on a population rather than a sample, common practice is to consider death a random event, and hence have an associated sampling error. This is particularly important when comparing rates from low numbers. Current methodology calculates the crude rates for 2022 and should not be used to infer the general probability of death for specific cohorts.

External-cause deaths

External-cause deaths are those resulting from environmental events and circumstances causing injury, poisoning and other adverse effects. The child mortality rates from all external causes in each jurisdiction are presented in Figure 6. The rates of death from external causes ranged between 3.4 per 100,000 (Victoria) and 11.3 per 100,000 (Northern Territory).

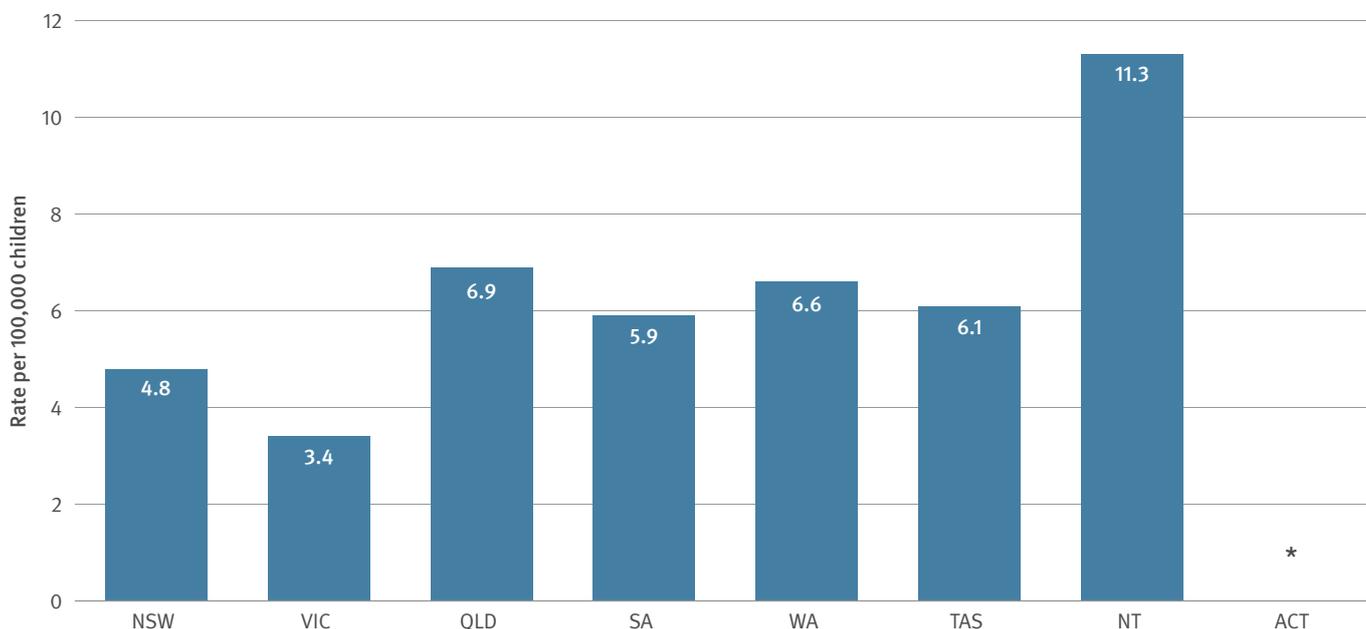
Table A.5 in the Appendix also provides the numbers and rates of child deaths from various external causes in each jurisdiction during 2022. Transport was the leading external cause of death in New South Wales, Queensland, Western Australia and Tasmania. Suicide was the leading external cause of death in Victoria and South Australia. Other non-intentional injury was the leading cause in the Northern Territory.

In total² in 2022, across the Australian jurisdictions there were:

- 93 transport deaths, or 1.6 per 100,000
- 74 suicides, or 1.3 per 100,000
- 54 deaths from other non-intentional injury, or 0.9 per 100,000
- 39 deaths from fatal assault and neglect, or 0.7 per 100,000
- 35 drowning deaths, or 0.6 per 100,000.

Notably in 2022, 39 Australian children died from fatal assault and neglect, a large increase from 24 in 2021 and 20 in 2020.

Figure 6: Rate of child deaths (aged 0–17 years) from external causes by jurisdiction 2022



* Rates have not been calculated for numbers less than 4 or where small numbers have been confidentialised by the source jurisdiction.

Notes: Classification of external-cause deaths may differ from jurisdiction to jurisdiction. The methodology section in this report provides further details. In some jurisdictions, the coroner is yet to determine the official cause of death for some cases and these deaths are not included in information by cause of death type. In some instances these deaths have been included on the basis of general information regarding the circumstances of death. Hence, the overall numbers and rates are subject to change. Refer to the methodology section for jurisdictional methodological differences and additional issues. Rates are calculated per 100,000 children aged 0–17 years in each jurisdiction and use as a denominator the ERP as at 30 June 2022. Caution should be exercised when comparing rates between jurisdictions. Although the rates are based on a population rather than a sample, common practice is to consider death a random event, and hence have an associated sampling error. This is particularly important when comparing rates from low numbers. Current methodology calculates the crude rates for 2022 and should not be used to infer the general probability of death for specific cohorts.

² Excludes confidentialised data with small numbers.

SIDS and undetermined causes

Sudden Unexpected Death in Infancy (SUDI) is a term used to group together deaths of apparently well infants who would be expected to thrive, yet, for reasons often unknown, die suddenly and unexpectedly. Some deaths may be found to have an explained cause through post-mortem investigation (e.g. infant illness, sleep accident or inflicted injury).

Deaths from Sudden Infant Death Syndrome (SIDS) and undetermined causes are a grouping where the cause of death remains unexplained after coronial investigations have been completed (causes with ICD-10 codes R95 and R99). SIDS is defined as:

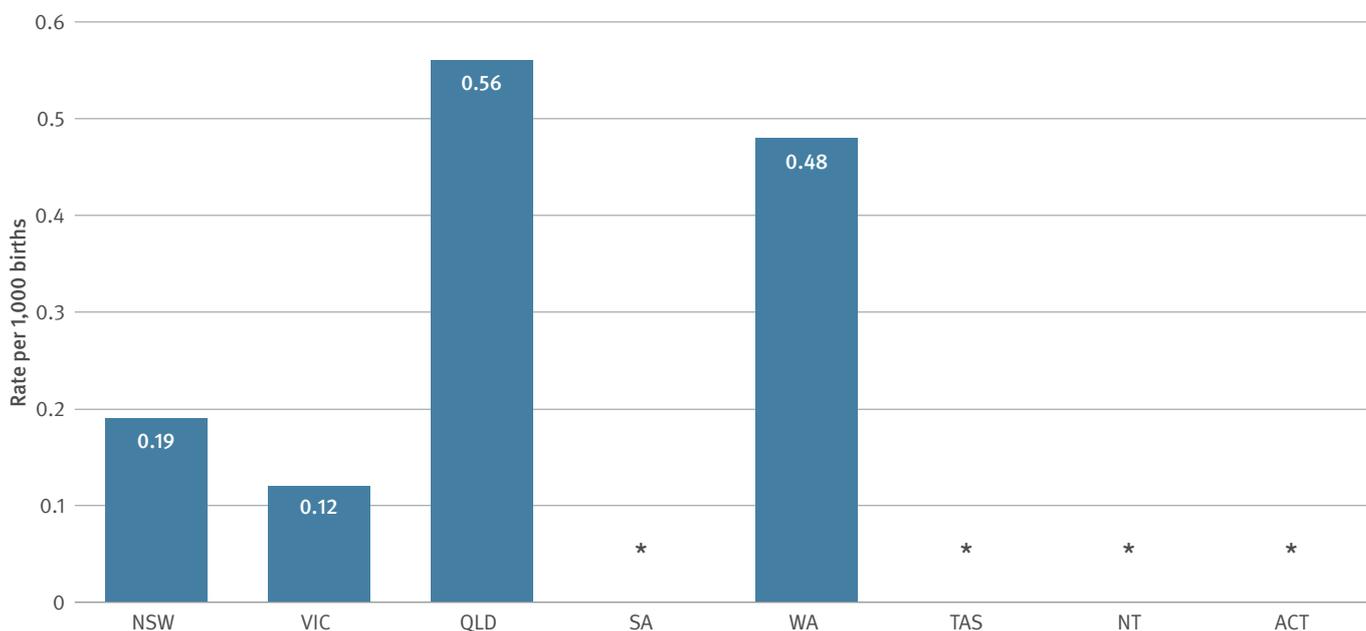
*The sudden, unexpected death of an infant under 1 year of age, with onset of the fatal episode apparently occurring during sleep, that remains unexplained after a thorough investigation including performance of a complete autopsy and review of the circumstances of death and the clinical history.*³

In total, 83 infants under 1 year died from SIDS and undetermined causes in Australia in 2022, a rate of 0.3 per 1,000 live births.

Figure 7 presents the rates of infant death from SIDS and undetermined causes in each jurisdiction in 2022. The rates of unexplained infant deaths per 1,000 live births in 2022 ranged between 0.12 (Victoria) and 0.56 (Queensland).

Table A.6 in the Appendix provides the numbers and rates of child deaths from SIDS and undetermined causes by age in each jurisdiction during 2022. Most of the deaths in this grouping were in infants aged under 1 year (84%).

Figure 7: Rate of infant deaths (under 1 year) from SIDS and undetermined causes by jurisdiction 2022



* Rates have not been calculated for numbers less than 4 or where small numbers have been confidentialised by the source jurisdiction.

Notes: Classification of SIDS and undetermined-cause deaths may differ from state to state. The methodology section in this report provides further details. In some jurisdictions, the coroner is yet to determine the official cause of death for some cases and these deaths are not included in information by cause of death type. In some instances these deaths have been included on the basis of general information regarding the circumstances of death. Hence, the overall numbers and rates are subject to change. Refer to the methodology section for jurisdictional methodological differences and additional issues. Rates are calculated per 1,000 live births in each jurisdiction in 2022. Caution should be exercised when comparing rates between jurisdictions. Although the rates are based on a population rather than a sample, common practice is to consider death a random event, and hence have an associated sampling error. This is particularly important when comparing rates from low numbers. Current methodology calculates the crude rates for 2022 and should not be used to infer the general probability of death for specific cohorts.

3 Krous HF, Beckwith JB, Byard RW, Rognum TO, Bajanowski T, Corey T, Cutz E, Hanzlick R, Keens TG & Mitchell EA (2004) 'Sudden infant death syndrome and unclassified sudden infant deaths: a definitional and diagnostic approach', *Pediatrics*, 114:234–8, <https://doi.org/10.1542/peds.114.1.234>

Cause of death pending

Classification methodologies may vary across jurisdictions in relation to categorising cause of death. Where official cause of death information has not yet been received to enable classification, where there is no immediately obvious cause of death (such as a sudden unexpected death of an infant), or where an investigation has not been finalised by a coroner, deaths may be categorised as ‘cause of death pending’. The numbers and rates by cause of death (i.e. diseases and morbid conditions, external causes and SIDS and undetermined causes) are therefore subject to change until further cause of death information is received. [Table A.7](#) in the Appendix provides the number of deaths where a cause had not yet been allocated at the time of reporting.

Methodology

Data sources

Jurisdictional mortality statistics have been provided by the following member teams and committees of the ANZCDR&PG:

- New South Wales Child Death Review Team, NSW Ombudsman www.ombo.nsw.gov.au/about-us/what-we-do/our-statutory-functions/child-death-review-team-cdrt
- Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity www.safercare.vic.gov.au/about/ccopmm
- Queensland Family and Child Commission www.qfcc.qld.gov.au/sector/child-death
- South Australian Child Death and Serious Injury Review Committee <https://cdsirc.sa.gov.au/annual-reports/>
- Ombudsman Western Australia www.ombudsman.wa.gov.au
- Tasmanian Council of Obstetric and Paediatric Mortality and Morbidity www.health.tas.gov.au/about/corporate-and-industry-information/council-obstetric-and-paediatric-mortality-and-morbidity-copmm
- Northern Territory Child Deaths Review and Prevention Committee <https://agd.nt.gov.au/attorney-general-and-justice/committees-and-boards/child-deaths-review-and-prevention-committee>
- Australian Capital Territory Children and Young People Death Review Committee www.childdeathcommittee.act.gov.au/home

Analysis period

The analysis covers deaths that occurred during the period 1 January 2022 to 31 December 2022.

Date of death and place of residence

Jurisdictions provided raw numbers of the deaths of all children from birth up to, but not including, 18 years of age occurring in 2022, independent of when these deaths were registered with the Registry of Births, Deaths and Marriages.

Data for the Australian states and territories relates to deaths occurring within the jurisdiction regardless of their usual place of residence.

Recording deaths based on the jurisdiction in which they occurred can have an impact on rates of deaths. Rates of death in South Australia, for example, may be artificially inflated by the number of deaths of residents from surrounding areas of the Northern Territory occurring within South Australian boundaries. A similar situation is also known to occur between the Australian Capital Territory and New South Wales.

Caution on comparability of calculated rates

Caution should be exercised when comparing rates between jurisdictions. Although the rates are based on a population rather than a sample, common practice is to consider death a random event; and hence, have an associated sampling error. This is particularly important when comparing rates from low numbers. Current methodology calculates the crude rates for 2022 and should not be used to infer the general probability of death for specific cohorts.⁴

Population data by age and sex

The population figures used in the analysis are estimated resident populations (ERP) for each jurisdiction as at June 2022 sourced from the Australian Bureau of Statistics (see Appendix [Table A.8](#) for ERP by age and [Table A.9](#) for ERP by sex).

To ensure comparability of child death rates between jurisdictions, all rates have been calculated using these population data, and therefore may differ from those published in the reports of individual agencies.

⁴ Rates presented here are crude rates rather than adjusted rates as used in some jurisdictions and may also account for some differences between the rates published here and those published in other reports.

Indigenous population data

Estimates for the Australian Aboriginal and Torres Strait Islander child population for each jurisdiction as of June 2022 were used to calculate Indigenous and non-Indigenous mortality rates. Estimates of the non-Indigenous child populations for each jurisdiction were obtained by subtracting the estimated Indigenous population from the overall child ERP in 2022. [Table A.10](#) in the Appendix provides these population estimates, and the percentage of the child population identified as Indigenous.

Challenges are faced in obtaining accurate population data for Indigenous people. Some jurisdictions also experience difficulty with the collection of Indigenous status in child death data. Problems in collecting Indigenous status data for death registrations may result in an undercount of Indigenous deaths, limiting the comparability of the data. Therefore, mortality rates for Indigenous and non-Indigenous children should be interpreted with caution.

Live births data

The data used as a denominator for the 'under 1 year' mortality rate, is the number of live births registered in each jurisdiction in the calendar year 2022. Using live births as the denominator for infant mortality is the internationally accepted standard. The data are provided in Appendix [Table A.11](#).

Data extraction and methodological differences

To assist with comparative research regarding the prevention of child deaths, the ANZCDR&PG has agreed to report under a number of research categories based on the circumstances of death. These categories are diseases and morbid conditions (sometimes called natural causes of death) and the major external causes of death — transport, drowning, suicide, other non-intentional injury (accidental and fire-related deaths), fatal assault and neglect.

Additional to these is the grouping SIDS and undetermined causes (causes with ICD-10 codes R95 and R99).

It is important to recognise deaths are categorised by each particular agency as per their individual classification rules. In many cases, agencies have multiple sources of information available concerning children (including health, welfare and education records) and are not limited

to the causes of death recorded in post-mortem reports or death certificates. Accordingly, a team or committee's classification for a particular death may vary from classifications within the World Health Organization's (WHO) International statistical classification of diseases and related health problems, tenth revision (ICD-10).

Most jurisdictions access multiple sources of information on Indigenous status to improve the quality of the data and reduce the limitations in relying on a single source.

Sources available vary but can include birth and death registrations, coronial records, and child protection and patient records. Differences may also exist in approaches taken to link the data which may in turn affect death data counted by Indigenous status.

Further caveats and jurisdictional notes are listed below:

- Neonatal deaths less than 20 weeks gestation and/or less than 400 grams birth weight are excluded in data for: South Australia; Western Australia; and Tasmania.
- Neonatal deaths less than 20 weeks gestation or less than 400 grams birth weight where gestation is unknown are excluded in data for Victoria.
- Neonatal deaths as a result of planned termination of pregnancy, irrespective of whether they showed signs of life after birth, are excluded in data for: Victoria; South Australia; Western Australia; and the Australian Capital Territory.
- Raw figures are suppressed for small values for: New South Wales (<4); Victoria (<4); South Australia (<4); Tasmania (<4); and the Australian Capital Territory (<5).

More detailed information on sources and methodologies may be found in the respective source agency publications on child death reviews within the jurisdictions. Links to the source agency websites can be found in the Data sources earlier in this report.

Disclaimer

We are grateful to CCOPMM for providing access to the de-identified data used for this project and for the assistance of the staff at the Consultative Councils Unit, Safer Care Victoria. The conclusions, findings, opinions and views or recommendations expressed in this report are strictly those of the author(s). They do not necessarily reflect those of CCOPMM.

List of abbreviations

ABS	Australian Bureau of Statistics
ANZCDR&PG	Australian and New Zealand Child Death Review and Prevention Group
CCOPMM	Consultative Council on Obstetric and Paediatric Mortality and Morbidity, Victoria
ERP	Estimated resident population
ICD-10	International statistical classification of diseases and related health problems, tenth revision
NA	Not available at time of reporting
QFCC	Queensland Family and Child Commission
SIDS	Sudden Infant Death Syndrome
WHO	World Health Organization

Data for prevention activities

The QFCC works with researchers and government agencies to raise community awareness and develop prevention programs and policies, by identifying risk factors, trends and emerging safety hazards. The QFCC can provide detailed Queensland child death data to researchers and organisations at no cost.

Email child_death_prevention@qfcc.qld.gov.au

Appendix – Detailed tables

Table A.1: Number and rate of child deaths by age and jurisdiction 2022

Jurisdiction		Age category						Total
		Under 1 year	1–4 years	5–9 years	10–14 years	15–17 years	1–17 years	
NSW	Number	245	62	44	41	74	221	466
	Rate per 1,000 births	2.6	–	–	–	–	–	–
	Rate per 100,000	–	16.3	8.8	8.0	25.5	13.1	26.1
VIC	Number	173	40	30	41	36	147	320
	Rate per 1,000 births	2.3	–	–	–	–	–	–
	Rate per 100,000	–	13.0	7.4	10.2	15.7	10.9	22.5
QLD	Number	272	47	27	48	42	164	436
	Rate per 1,000 births	4.4	–	–	–	–	–	–
	Rate per 100,000	–	19.3	8.0	13.5	20.6	14.4	36.3
SA	Number	58	14	11	5	18	48	106
	Rate per 1,000 births	3.0	–	–	–	–	–	–
	Rate per 100,000	–	17.9	10.5	4.6	28.7	13.5	28.3
WA	Number	93	15	24	14	22	75	168
	Rate per 1,000 births	3.0	–	–	–	–	–	–
	Rate per 100,000	–	11.0	13.2	7.7	21.6	12.5	26.5
TAS	Number	16	<4	<4	<4	7	13	29
	Rate per 1,000 births	2.9	–	–	–	–	–	–
	Rate per 100,000	–	*	*	*	35.1	11.9	25.2
NT	Number	26	3	5	2	6	16	42
	Rate per 1,000 births	7.3	–	–	–	–	–	–
	Rate per 100,000	–	*	28.0	*	64.5	27.4	67.9
ACT	Number	26	<5	<5	6	<5	12	38
	Rate per 1,000 births	4.1	–	–	–	–	–	–
	Rate per 100,000	–	*	*	21.8	*	13.0	38.7

Data source: Australian and New Zealand Child Death Review and Prevention Group (2024)

* Rates have not been calculated for numbers less than 4 or where numbers are confidentialised or suppressed by the source jurisdiction.

– Rate not applicable for this category.

1. Refer to the methodology section for jurisdictional methodological differences and additional issues.
2. Rates for under 1 year are calculated per 1,000 births and use as a denominator live births in each jurisdiction in 2022. Rates for all other age groups and the total are calculated per 100,000 children in each age category using the Estimated Resident Population (ERP) as of 30 June 2022.
3. Caution should be exercised when comparing rates between jurisdictions. Although the rates are based on a population rather than a sample, common practice is to consider death a random event; and hence, have an associated sampling error. This is particularly important when comparing rates from low numbers. Current methodology calculates the crude rates for 2022 and should not be used to infer the general probability of death for specific cohorts.

Table A.2: Number and rate of child deaths (aged 0–17 years) by Indigenous status and jurisdiction 2022

Jurisdiction		Indigenous status	
		Indigenous	Non-Indigenous
NSW	Number	73	393
	Rate per 100,000	53.1	23.8
VIC	Number	8	276
	Rate per 100,000	25.8	19.8
QLD	Number	91	345
	Rate per 100,000	81.2	31.6
SA	Number	17	89
	Rate per 100,000	81.7	25.2
WA	Number	38	130
	Rate per 100,000	81.5	22.1
TAS	Number	<5	#
	Rate per 100,000	*	*
NT	Number	30	12
	Rate per 100,000	117.4	33.1
ACT	Number	5	31
	Rate per 100,000	146.8	32.7

Data source: Australian and New Zealand Child Death Review and Prevention Group (2024)

* Rates have not been calculated for numbers less than 4 or where small numbers are confidentialised or suppressed by the source jurisdiction.

Value suppressed to prevent calculation of a confidentialised value.

1. Refer to the methodology section for jurisdictional methodological differences and additional issues.
2. Rates are calculated per 100,000 Indigenous children aged 0–17 years and per 100,000 non-Indigenous children aged 0–17 years in each jurisdiction and use as a denominator the ERP as at 30 June 2022.
3. In addition, deaths were recorded as Indigenous status unknown in Victoria (36) and the Australian Capital Territory (<5).
4. Caution should be exercised when comparing rates between jurisdictions. Although the rates are based on a population rather than a sample, common practice is to consider death a random event, and hence have an associated sampling error. This is particularly important when comparing rates from low numbers. Current methodology calculates the crude rates for 2022 and should not be used to infer the general probability of death for specific cohorts.

Table A.3: Number and rate of child deaths (aged 0–17 years) by sex and jurisdiction 2022

Jurisdiction		Sex	
		Female	Male
NSW	Number	198	268
	Rate per 100,000	22.9	29.1
VIC	Number	148	172
	Rate per 100,000	21.3	23.5
QLD	Number	192	243
	Rate per 100,000	32.9	39.3
SA	Number	51	55
	Rate per 100,000	27.9	28.7
WA	Number	64	104
	Rate per 100,000	20.8	31.8
TAS	Number	11	18
	Rate per 100,000	19.8	30.3
NT	Number	18	24
	Rate per 100,000	60.0	75.3
ACT	Number	13	25
	Rate per 100,000	27.2	49.6

Data source: Australian and New Zealand Child Death Review and Prevention Group (2024)

1. In addition, deaths were recorded as sex indeterminate/unknown in Queensland (1).
2. Refer to the methodology section for jurisdictional methodological differences and additional issues.
3. Rates are calculated per 100,000 females and per 100,000 males aged 0–17 years in each jurisdiction and use as a denominator the ERP as at 30 June 2022.
4. Caution should be exercised when comparing rates between jurisdictions. Although the rates are based on a population rather than a sample, common practice is to consider death a random event, and hence have an associated sampling error. This is particularly important when comparing rates from low numbers. Current methodology calculates the crude rates for 2022 and should not be used to infer the general probability of death for specific cohorts.

Table A.4: Number and rate of child deaths from diseases and morbid conditions by age and jurisdiction 2022

Jurisdiction		Age category						Total
		Under 1 year	1–4 years	5–9 years	10–14 years	15–17 years	1–17 years	
NSW	Number	213	51	34	22	23	130	343
	Rate per 1,000 births	2.5	–	–	–	–	–	–
	Rate per 100,000	–	13.4	6.8	4.3	7.9	7.7	19.2
VIC	Number	157	29	23	35	11	98	255
	Rate per 1,000 births	2.1	–	–	–	–	–	–
	Rate per 100,000	–	9.4	5.6	8.7	4.8	7.3	17.9
QLD	Number	229	22	19	21	15	77	306
	Rate per 1,000 births	3.7	–	–	–	–	–	–
	Rate per 100,000	–	9.0	5.6	5.9	7.4	6.8	25.5
SA	Number	51	9	6	5	5	25	76
	Rate per 1,000 births	2.6	–	–	–	–	–	–
	Rate per 100,000	–	11.5	5.7	4.6	8.0	7.0	20.3
WA	Number	74	11	11	6	9	37	111
	Rate per 1,000 births	2.4	–	–	–	–	–	–
	Rate per 100,000	–	8.0	6.1	3.3	8.8	6.2	17.5
TAS	Number	15	<5	<5	<5	<5	7	22
	Rate per 1,000 births	2.7	–	–	–	–	–	–
	Rate per 100,000	–	*	*	*	*	6.4	19.1
NT	Number	20	1	5	1	3	10	30
	Rate per 1,000 births	5.6	–	–	–	–	–	–
	Rate per 100,000	–	*	28.0	*	*	17.1	48.5
ACT	Number	22	<5	0	<5	<5	6	28
	Rate per 1,000 births	3.5	–	–	–	–	–	–
	Rate per 100,000	–	*	*	*	*	6.5	28.5

Data source: Australian and New Zealand Child Death Review and Prevention Group (2024)

* Rates have not been calculated for numbers less than 4 or where small numbers are confidentialised or suppressed by the source jurisdiction.

– Rate not applicable for this category.

1. In some jurisdictions, the coroner is yet to determine the official cause of death for some cases and these deaths are not included in information by cause of death type. In some instances these deaths have been included on the basis of general information regarding the circumstances of death. Hence, the overall numbers and rates are subject to change.
2. Refer to the methodology section for jurisdictional methodological differences and additional issues.
3. Rates for under 1 year are calculated per 1,000 births and use as a denominator live births in each jurisdiction in 2022. Rates for all other age groups and the total are calculated per 100,000 children in each age category using the ERP as of 30 June 2022.
4. Caution should be exercised when comparing rates between jurisdictions. Although the rates are based on a population rather than a sample, common practice is to consider death a random event; and hence, have an associated sampling error. This is particularly important when comparing rates from low numbers. Current methodology calculates the crude rates for 2022 and should not be used to infer the general probability of death for specific cohorts.

Table A.5: Number and rate of child deaths (aged 0–17 years) from external causes by jurisdiction 2022

Jurisdiction		Cause of death					Total
		Transport	Drowning	Other non-intentional injury	Suicide	Fatal assault and neglect	
NSW	Number	29	9	17	25	6	86
	Rate per 100,000	1.6	0.5	1.0	1.4	0.3	4.8
VIC	Number	11	5	12	15	6	49
	Rate per 100,000	0.8	0.4	0.8	1.1	0.4	3.4
QLD	Number	28	12	14	16	13	83
	Rate per 100,000	2.3	1.0	1.2	1.3	1.1	6.9
SA	Number	7	<4	<4	8	<4	22
	Rate per 100,000	1.9	*	*	2.1	*	5.9
WA	Number	13	<6	<6	9	11	42
	Rate per 100,000	2.0	*	*	1.4	1.7	6.6
TAS	Number	4	<4	<4	<4	<4	7
	Rate per 100,000	3.5	*	*	*	*	6.1
NT	Number	1	1	3	1	1	7
	Rate per 100,000	*	*	*	*	*	11.3
ACT	Number	0	0	0	0	0	0
	Rate per 100,000	*	*	*	*	*	*

Data source: Australian and New Zealand Child Death Review and Prevention Group (2024)

* Rates have not been calculated for numbers less than 4 or where small numbers are confidentialised or suppressed by the source jurisdiction.

1. Classification of external-cause deaths may differ from state to state. The methodology section in this report provides further details.
2. In some jurisdictions, the coroner is yet to determine the official cause of death for some cases and these deaths are not included in information by cause of death type. In some instances these deaths have been included on the basis of general information regarding the circumstances of death. Hence, the overall numbers and rates are subject to change.
3. Refer to the methodology section for jurisdictional methodological differences and additional issues.
4. Rates are calculated per 100,000 children aged 0–17 years in each jurisdiction and use as a denominator the ERP as of 30 June 2022.
5. Caution should be exercised when comparing rates between jurisdictions. Although the rates are based on a population rather than a sample, common practice is to consider death a random event; and hence, have an associated sampling error. This is particularly important when comparing rates from low numbers. Current methodology calculates the crude rates for 2022 and should not be used to infer the general probability of death for specific cohorts.

Table A.6: Number and rate of child deaths from SIDS and undetermined causes by age and jurisdiction 2022

Jurisdiction		Age category		Total 0–17 years
		Under 1 year	1–17 years	
NSW	Number	18	1	19
	Rate per 1,000 births	0.19	–	–
	Rate per 100,000	–	*	1.1
VIC	Number	9	7	16
	Rate per 1,000 births	0.12	–	–
	Rate per 100,000	–	0.5	1.1
QLD	Number	35	7	42
	Rate per 1,000 births	0.56	–	–
	Rate per 100,000	–	0.6	3.5
SA	Number	#	<4	7
	Rate per 1,000 births	*	–	–
	Rate per 100,000	–	*	1.9
WA	Number	15	0	15
	Rate per 1,000 births	0.48	–	–
	Rate per 100,000	–	*	2.4
TAS	Number	0	0	0
	Rate per 1,000 births	*	–	–
	Rate per 100,000	–	*	*
NT	Number	0	0	0
	Rate per 1,000 births	*	–	–
	Rate per 100,000	–	*	*
ACT	Number	0	0	0
	Rate per 1,000 births	*	–	–
	Rate per 100,000	–	*	*

Data source: Australian and New Zealand Child Death Review and Prevention Group (2024)

* Rates have not been calculated for numbers less than 4 or where small numbers are confidentialised by the source jurisdiction.

Value suppressed to prevent calculation of a confidentialised value.

– Rate not applicable for this category.

1. Classification of SIDS and undetermined-cause deaths may differ from state to state. The methodology section in this report provides further details.
2. In some jurisdictions, the coroner is yet to determine the official cause of death for some cases and these deaths are not included in information by cause of death type. In some instances these deaths have been included on the basis of general information regarding the circumstances of death. Hence, the overall numbers and rates are subject to change.
3. Refer to the methodology section for jurisdictional methodological differences and additional issues.
4. Rates are calculated per 1,000 births in 2022 (for deaths under 1 year) and per 100,000 ERP as at 30 June 2022 in each jurisdiction (for 1–17 years and total).
5. Caution should be exercised when comparing rates between jurisdictions. Although the rates are based on a population rather than a sample, common practice is to consider death a random event; and hence, have an associated sampling error. This is particularly important when comparing rates from low numbers. Current methodology calculates the crude rates for 2022 and should not be used to infer the general probability of death for specific cohorts.

Table A.7: Number of child deaths pending a cause of death by jurisdiction 2022

Jurisdiction	Case status		Total
	Cause of death allocated	Cause of death pending	
NSW	448	18	466
VIC	320	0	320
QLD	431	5	436
SA	105	1	106
WA	168	0	168
TAS	29	0	29
NT	37	5	42
ACT	28	10	38

Data source: Australian and New Zealand Child Death Review and Prevention Group (2024)

1. Refer to the methodology section for jurisdictional methodological differences and additional issues.

Table A.8: Estimated resident population by age category and jurisdiction as at June 2022

Jurisdiction	Age category					Total
	Under 1 year	1–4 years	5–9 years	10–14 years	15–17 years	
NSW	99,725	380,286	502,352	512,597	290,550	1,785,510
VIC	77,490	307,794	407,569	402,088	229,328	1,424,269
QLD	62,902	243,631	336,516	355,287	203,885	1,202,221
SA	19,391	78,225	105,257	108,741	62,711	374,325
WA	33,474	136,651	181,436	180,961	102,072	634,594
TAS	5,776	23,552	31,819	33,938	19,920	115,005
NT	3,515	13,810	17,887	17,316	9,308	61,836
ACT	5,522	21,102	29,009	27,522	15,014	98,169

Data source: Australian Bureau of Statistics (Mar 2024), 'Estimated Resident Population By Single Year Of Age' (Tables 51–58) [time series spreadsheets], <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release>, accessed 23 October 2024

Table A.9: Estimated resident population aged 0–17 years by sex and jurisdiction, as at June 2022

Jurisdiction	Sex	
	Female	Male
NSW	865,734	919,776
VIC	693,642	730,627
QLD	583,320	618,901
SA	182,524	191,801
WA	307,771	326,823
TAS	55,628	59,377
NT	29,979	31,857
ACT	47,738	50,431

Data source: Australian Bureau of Statistics (Mar 2024), 'Estimated Resident Population By Single Year Of Age' (Tables 51–58) [time series spreadsheets], <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release>, accessed 23 October 2024

Table A.11: Live births by jurisdiction 2022

Jurisdiction	Live births
NSW	95,758
VIC	76,187
QLD	62,310
SA	19,502
WA	31,474
TAS	5,498
NT	3,577
ACT	6,375

Data source: Australian Bureau of Statistics (Oct 2024) 'Births registered by state and territory' [dataset], <https://www.abs.gov.au/statistics/people/population/births-australia/2023>, accessed 23 October 2024

Table A.10: Estimated resident population aged 0–17 years by Indigenous status and jurisdiction, as at June 2022

Jurisdiction	Indigenous status		Indigenous %
	Indigenous children	Non-Indigenous children	
NSW	137,563	1,647,947	7.7%
VIC	30,955	1,393,314	2.2%
QLD	112,038	1,090,183	9.3%
SA	20,811	353,514	5.6%
WA	46,600	587,994	7.3%
TAS	13,046	101,959	11.3%
NT	25,556	36,280	41.3%
ACT	3,405	94,764	3.5%

Data source: Australian Bureau of Statistics (Jul 2024) 'Estimated resident and projected population, Aboriginal and Torres Strait Islander population, medium series, single year of age, by states and territories, 2011 to 2031' (Tables 1–8) [dataset] https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/2011-2031/32380DO004_20112031.xlsx, accessed 23 October 2024



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