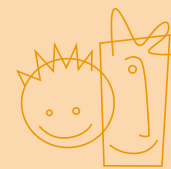


Summary Report

Child Death Review Team Annual Report 2004



nsw commission for
children & young people

The purpose of the New South Wales Child Death Review Team (the Team) is to prevent or reduce the number of deaths in New South Wales of children and young people from birth to 17 years of age.

The specific research functions of the Team are to maintain a Child Death Register, analyse the data regarding the causes of death, identify patterns and trends relating to these deaths and make recommendations to government and non-government agencies for the prevention of further child deaths.

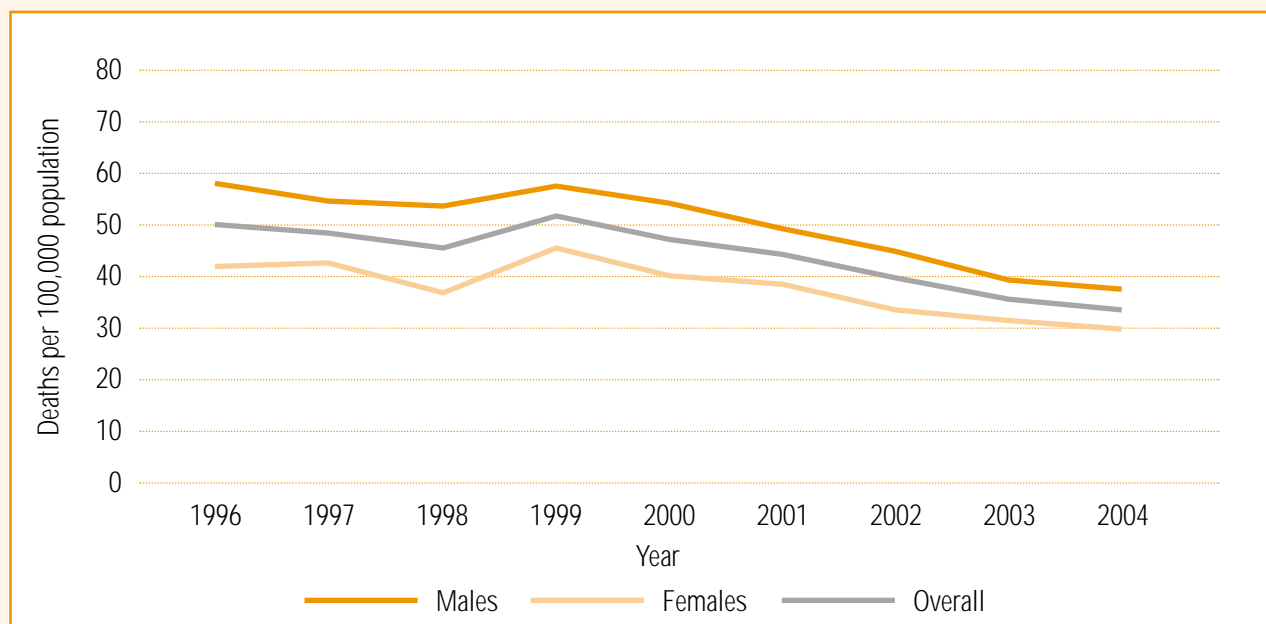
Key Findings

From January to December 2004, there were a total of 545 deaths of children and young people aged 0-17 years. Males accounted for 57.1 per cent of these deaths (311 deaths) and females made up 42.9 per cent (234 deaths).

The overall death rate is falling

Between 1996 and 2004, the overall death rate for children and young people aged 0-17 years decreased from 49.6 deaths per 100,000 (777 deaths) to 34.1 (545 deaths).

Trends in deaths from all causes 0-17 years, 1996-2004: Sex

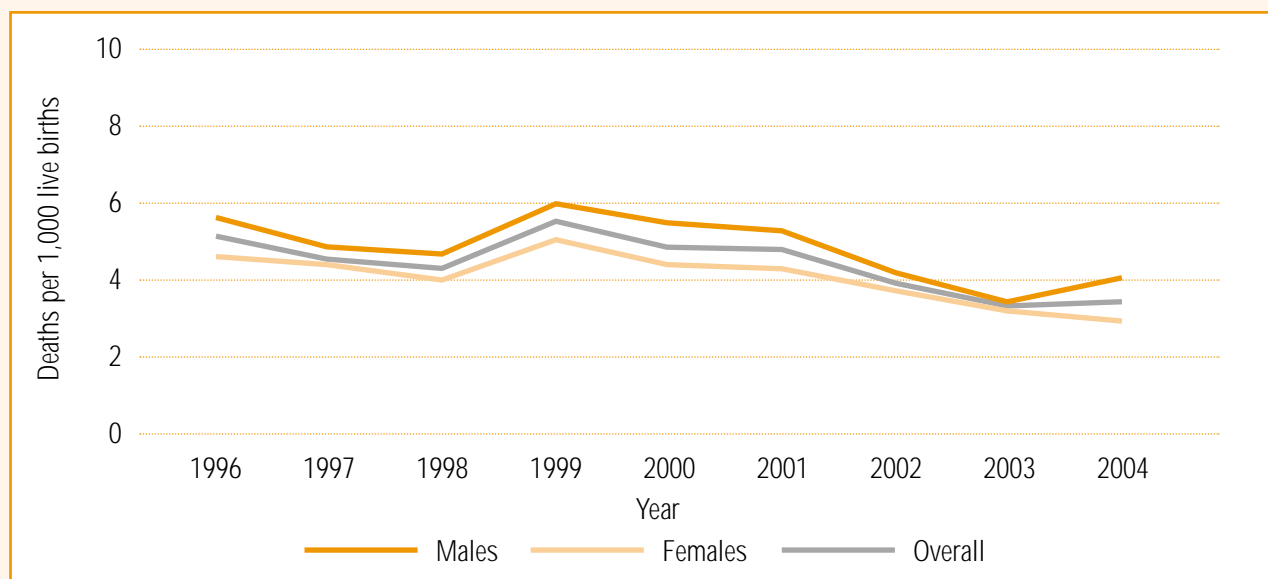




The Infant Mortality Rate is falling

This year the Infant Mortality Rate was similar to last year at 3.5 deaths per 1,000 live births (299 infant deaths), one of the lowest rates recorded since 1996.

Trends in deaths of infants from all causes, 1996-2004: Sex

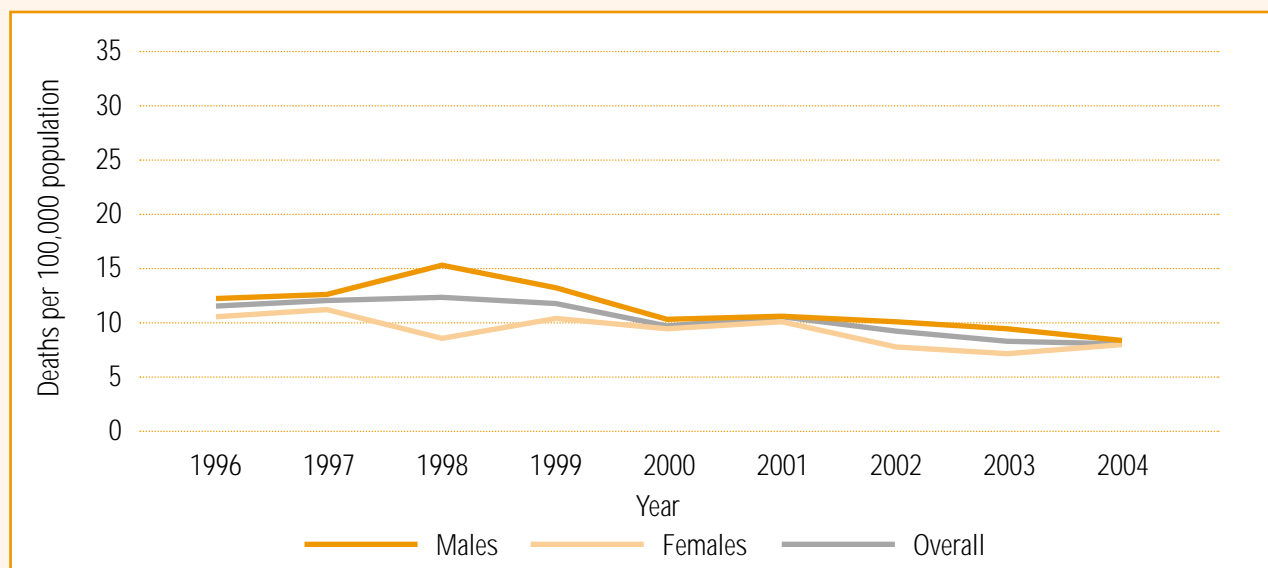


Source: NSW Midwives Data Collection, Centre for Epidemiology and Research, NSW Department of Health

The death rate due to diseases and morbid conditions is falling

The death rate from diseases and morbid conditions¹ among children and young people aged 1-17 years was the lowest since 1996 at 8.6 deaths per 100,000.

Trends in deaths from diseases and morbid conditions 1-17 years, 1996-2004: Sex



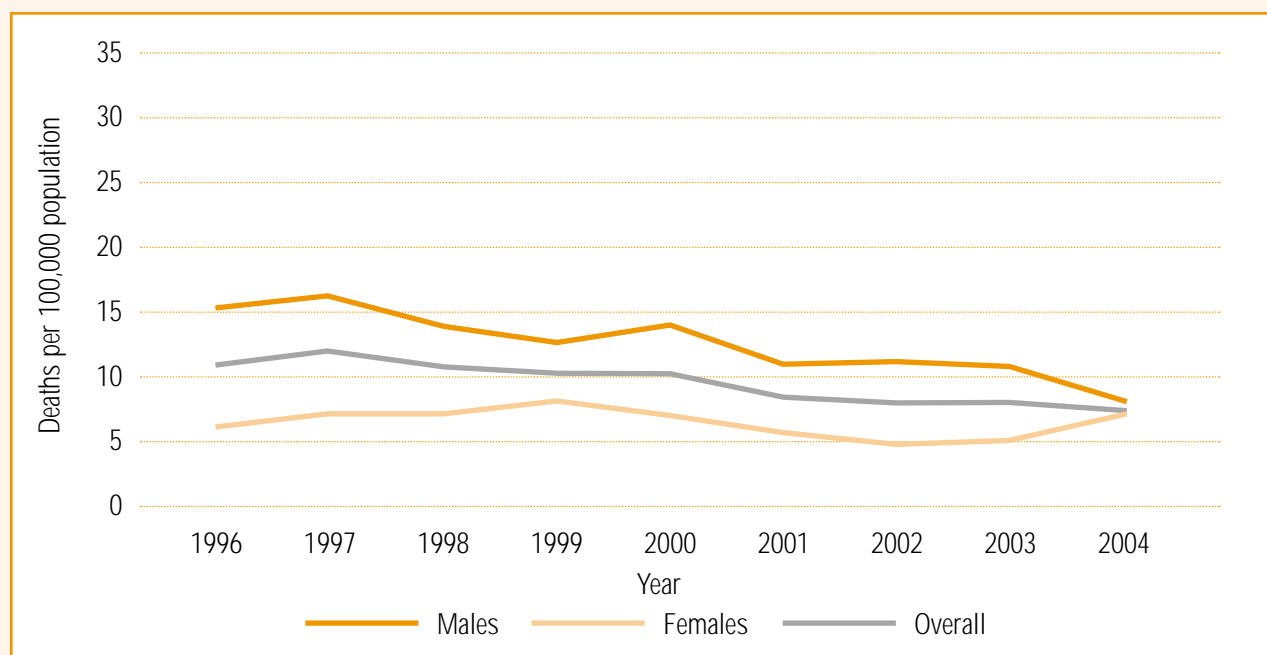
¹ Deaths due to diseases or morbid conditions include ICD-10 codes A00-R94.8.



The death rate due to external causes is falling

The death rate from external causes² among children and young people 1-17 years was the lowest since 1996 at 7.0 deaths per 100,000.

Trends in deaths from external causes 1-17 years, 1996-2004: Sex



The difference in death rates between males and females has narrowed

A pattern of higher overall death rates among males has been evident since 1996. However, the difference between the sexes has narrowed from 16.7 deaths in 1998 to 7.9 deaths in 2004. The overall death rate for males in 2004 was 37.9 per 100,000 (311 deaths) and the overall death rate for females was 30.0 per 100,000 (234 deaths).

Over previous reporting years, the rate of death from external causes has been consistently higher for males than females, with male death rates generally being at least twice that of female death rates. Males continue to be over-represented in external deaths. However, an overall decline in the male death rate from 2003 to 2004 (11.8 to 7.5 deaths per 100,000 males aged 1-17 years) and a slight increase in the female death rate from 2002 to 2004 (4.7 to 6.5 deaths per 100,000 females aged 1-17 years) has reduced this.

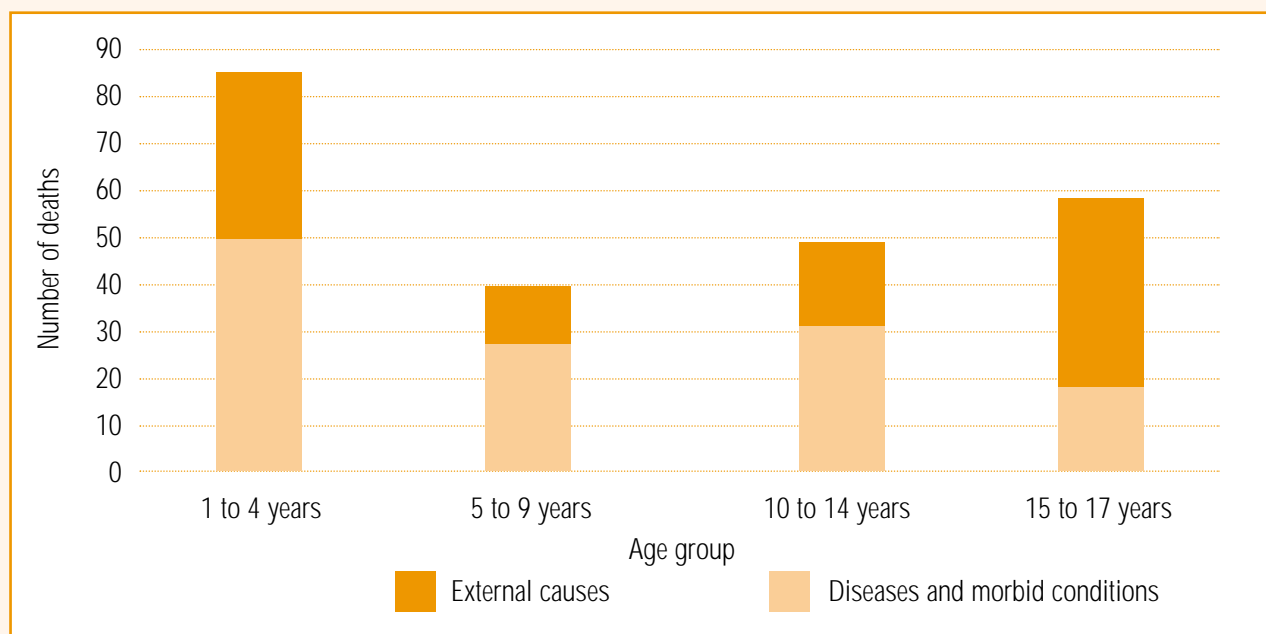
² Deaths due to external causes include ICD-10AM codes S00-Y98.



Age patterns are evident

Consistent with previous years, the data support an association between age, development and type of death.

Child deaths 1-17 years, 2004: Age



Note: Cause of death is not presented for infants due to difficulties in classification.

Under one year: Infants under one year of age accounted for over half of all deaths (299 deaths; 54.9%). One hundred and fifty-two of the infant deaths (50.8%) were due to conditions originating in the perinatal period, with the majority of these deaths occurring within the first week of life.

One to four years: Children aged 1-4 years accounted for 91 deaths (16.7%). Fifty of their deaths (54.9%) were due to diseases and morbid conditions and 35 deaths (38.5%) were due to external causes. Transport incidents were the leading cause of death in this age group (12 deaths). Other common external causes among this age group were drowning (8 deaths) and house fires (5 deaths).

The type of external deaths among pre-school children reflects a growing curiosity and eagerness to explore the world around them and a failure of the environment to account for this. Their increasing mobility and independence can lead them into dangerous situations of which they have limited understanding.

Five to nine years: Children aged 5-9 years accounted for 41 deaths (7.5%), the lowest rate of death of all age groups (9.2 deaths per 100,000 children aged 5-9 years). Twenty-seven of the 41 children (65.9%) died from diseases and morbid conditions and 13 (31.7%) from external causes. Transport fatalities were the most common external cause of death among this group (9 deaths).



Ten to fourteen years: Children aged 10-14 years accounted for 53 deaths (9.7%) and had the second lowest death rate of all age groups (11.5 deaths per 100,000 children aged 10-14 years). Thirty-one of the 53 children (58.5%) died from diseases and morbid conditions and 18 (34.0%) from external causes. The most common external causes of death were transport fatalities (9 deaths) and suicide (6 deaths).

Fifteen to seventeen years: Teenagers aged 15-17 years accounted for 61 deaths (11.2%). Nineteen of these deaths (31.1%) were due to diseases and morbid conditions. Forty deaths (65.6%) resulted from external causes. The most common causes of death were transport incidents (22 deaths) and suicide (10 deaths).

As seen in previous years, external deaths among teenagers were often associated with risk-taking behaviours, such as alcohol and substance use, unsafe driving practices and overestimation of abilities.

Aboriginal and Torres Strait Islander children and young people are over-represented

Of the 545 children and young people who died in 2004, 41 (7.5%) were Aboriginal and Torres Strait Islander; 48.8 per cent of these deaths resulted from diseases or morbid conditions; 29.3 per cent from external causes and 7.3 per cent from ill-defined or unknown causes. In 2001, 3.5 per cent of all children and young people aged 0-17 years in New South Wales were Aboriginal and Torres Strait Islander³. Based on these data, the rate of death among Aboriginal and Torres Strait Islander children and young people in 2004 is estimated to be more than twice the death rate evident among all children in New South Wales. The over-representation of Aboriginal and Torres Strait Islander children and young people in deaths has been a consistent finding of the Team.

Remote areas have higher rates of death

The most remote regions in New South Wales have the highest rate of child deaths in the state. In 2004, the rate in the most remote regions was 111.7 per 100,000 children 0-17 years. This is more than three times greater than the death rates seen in highly accessible and accessible areas (31.6 and 29.5 deaths respectively per 100,000 children 0-17 years). This pattern is consistent with findings since 2000.

The distribution of child death varies across NSW

Higher than average rates of child death were evident in some Statistical Divisions (SDs) in New South Wales, including the Mid North Coast and Northern NSW SDs. Further, extremely high average death rates were seen in the Nowra-Bomaderry area of the Illawarra SD.



Children in areas of greatest relative socio-economic disadvantage are over-represented

Children and young people living in the most disadvantaged areas of the state showed higher death rates both from external causes and diseases and morbid conditions, compared with children and young people living in the least disadvantaged areas.

Vulnerable children are over-represented in external causes of death

Vulnerable children and young people⁴ are more likely to die from external causes of injury than children and young people not identified as vulnerable.

MOST COMMON CAUSES OF DEATH

Diseases and morbid conditions

Diseases and morbid conditions resulted in 370 deaths (67.9%) of children and young people in 2004.

Conditions originating in the perinatal period were the most common primary cause of death (152; 27.9% of all deaths). The majority of these deaths occurred within the first week of life and were due to disorders relating to length of gestation and small growth. Diseases of the respiratory system were the next most common primary cause of death (51; 9.4% of all deaths).

External causes of death

A total of 117 children and young people (21.5%) died from external causes. The most common external causes of death included transport incidents (53; 44.9% of external deaths); drowning (16; 13.6%) and suicide (16; 13.6%).

CATEGORIES OF CHILD DEATHS

Rates reported in the following categories should be interpreted with caution as they are based on a small number of cases.

Transport fatalities

Each year transport fatalities have been the leading external cause of death for children and young people aged 0-17 years. Since 1996, transport fatality rates have shown little change, fluctuating between 3.3 deaths per 100,000 in 2004 and 4.9 deaths in 2000 (between 53 and 78 deaths).

Since 2002 the rate of male deaths has declined from 5.7 to 3.7 deaths per 100,000 males aged 0-17 years and the rate of female deaths has increased from 2.0 deaths per 100,000 females aged 0-17 years in 2001 to 3.0 deaths in 2004.

4 A child is considered vulnerable if they, or a sibling, have been reported as at risk of harm to the Department of Community Services within the three years prior to the death.



Trends in motor transport fatalities 0-17 years, 1996 - 2004: Sex



In 2004, 53 children and young people died as a result of transport fatalities (30 males and 23 females). The majority of these deaths were passenger fatalities, a consistent pattern since 1996.

Issues of ongoing concern include the disproportionate number of fatalities occurring on rural and regional roads and adolescent risk-taking. In 2004, males aged 15-17 years accounted for 22 transport fatalities (41.5%). Most of these incidents involved drivers losing control of the vehicle, and occurred when a number of factors, such as alcohol use, excessive speed, peer group interactions or low visibility were combined. Engagement in serious risk-taking behaviours was seen among young drivers and also among passengers.

Sudden Unexpected Deaths in Infancy

In 2004, there were 43 unexpected deaths of infants after being placed for sleep (28 males and 15 females). The majority of these deaths were attributed to ill-defined or unknown causes, including Sudden Infant Death Syndrome and other sudden and unknown causes of death.

Consistent with the Team's recent research report on sudden unexpected deaths in infancy⁵ a number of modifiable risk factors were associated with these deaths, including exposure to tobacco smoke (25 infants), inappropriate sleeping position (13 infants) and unsafe bedding including placement of infants in an environment that contains pillows and the use of doonas with infants (21 infants). Recent infant illness, an emerging modifiable risk factor, was evident for 15 infants.

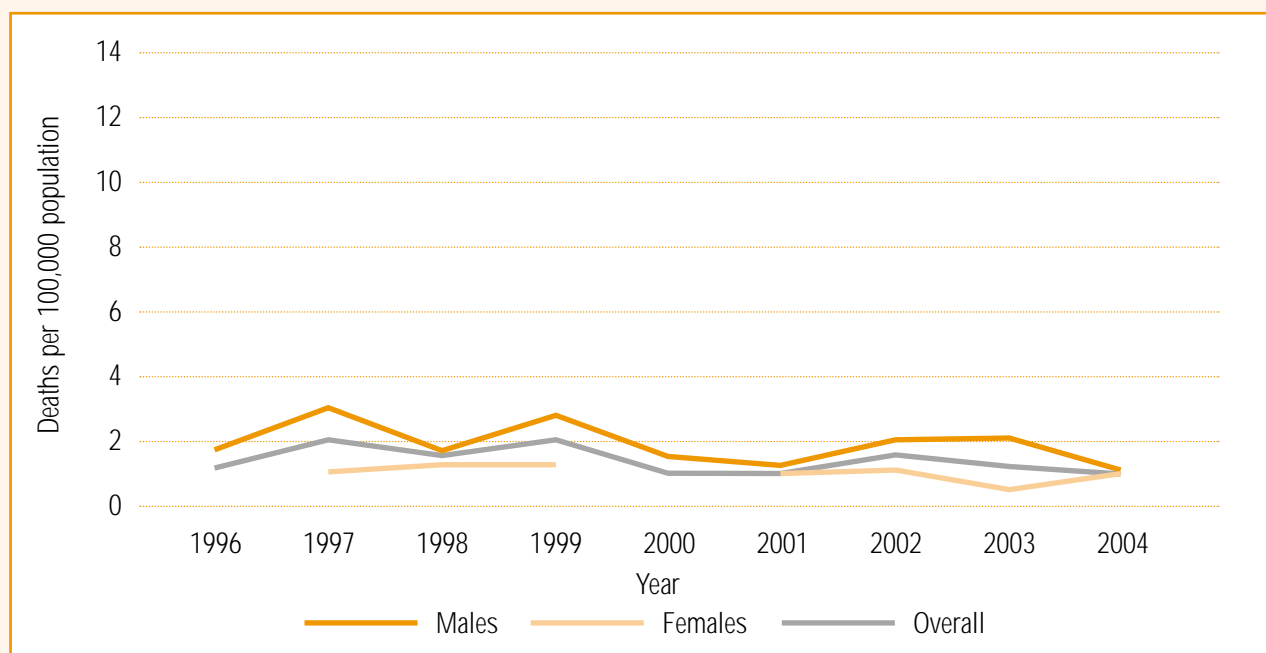
5 NSW Child Death Review Team (2005). *Sudden unexpected deaths in infancy: the New South Wales experience*. Research undertaken and report written for the NSW Child Death Review Team by the Commission for Children and Young People (Patricia Malins, Sharon Burke, Karen Freeman, Dr Ruth Lawrence, Christine Blatch, Penelope Irvine and Dr Melissa Sankey), Sydney: NSW Child Death Review Team.



Drowning

Each year, drowning has been one of the leading causes of death for children and young people aged 0-17 years. Drowning rates have shown little change since 1996, ranging between 0.9 deaths per 100,000 children and young people aged 0-17 years in 2001 and 2.0 deaths in 1997 and 1999. While in previous reporting years drowning rates have been higher among males than females, 2004 was the first year in which the rate of drowning was higher for females than males (1.2 deaths per 100,000 for females and 0.9 deaths for males). Drowning rates have consistently been highest among the 1-4 year age group.

Trends in drowning fatalities 0-17 years, 1996-2004: Sex



Note: Rates have not been calculated for females in 1996 and 2000 because they are unreliable (n<4).

In 2004, 16 children and young people died due to drowning (seven males and nine females). Consistent with previous years, nearly two-thirds of the children were in the 1-4 year age category, making drowning the second most common external cause of death in this age group.

Private swimming pools or outdoor spas were the most common location for drowning, consistent with previous reporting periods. Natural bodies of water, including the beach, were the next most common location for drowning, followed by bathtubs.

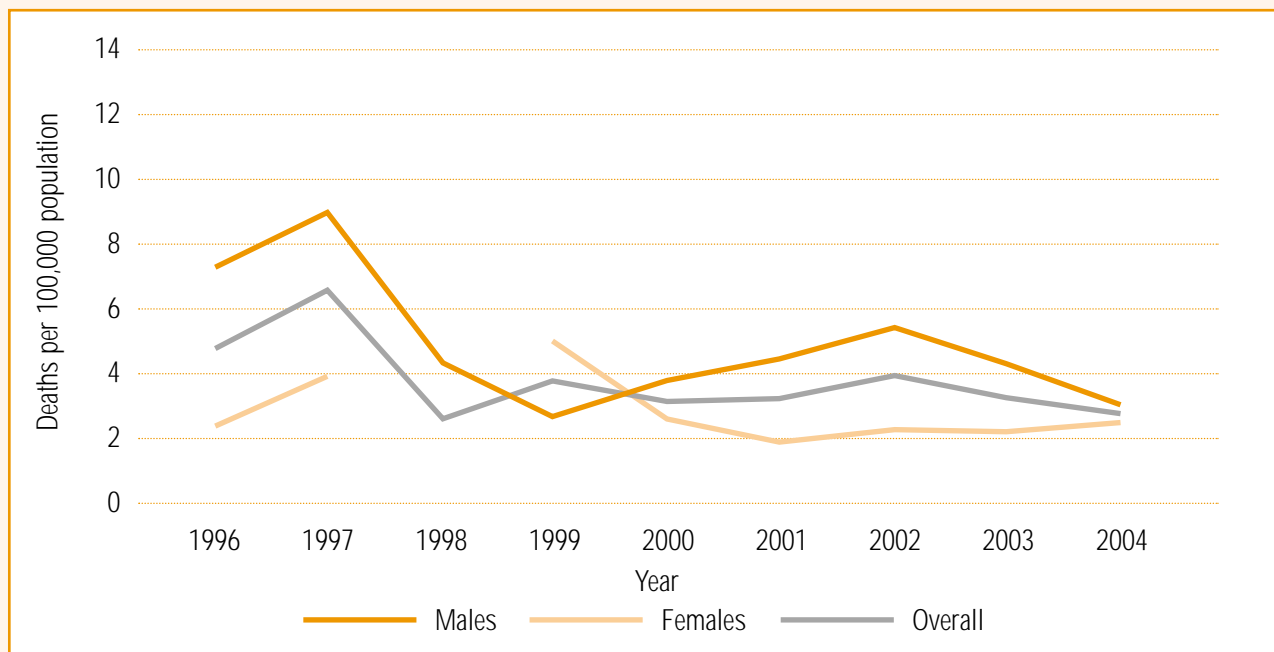


Factors associated with these deaths included inadequate adult supervision of young children in and around bodies of water; pool fencing and accessibility of backyard swimming pools; environmental factors; and existing medical conditions.

Suicide

Suicide has been among the most common external causes of death of children and young people since 1996, and was the second leading cause of death of young people aged 15-17 years in 2004. With the exception of 1999, more males than females died by suicide each year. However, the rate of death for males has been declining since 2002, while the rate of death for females has remained fairly steady since 2000, leading to similar rates of death this year (2.9 deaths per 100,000 male children and young people 12-17 years and 2.6 deaths per 100,000 female children and young people 12-17 years).

Trends in suicide fatalities 12-17 years, 1996-2004: Sex



Notes: Rates have not been calculated for females in 1998 because they are unreliable ($n < 4$).

Rates have been calculated using the NSW population of 12-17 year olds, as no children less than 12 years of age died by suicide during the period 1996 to 2002. One 10 year old child died by suicide in 2003, and one 11 year old died by suicide in 2004. Both of these cases have been excluded from trend analyses.



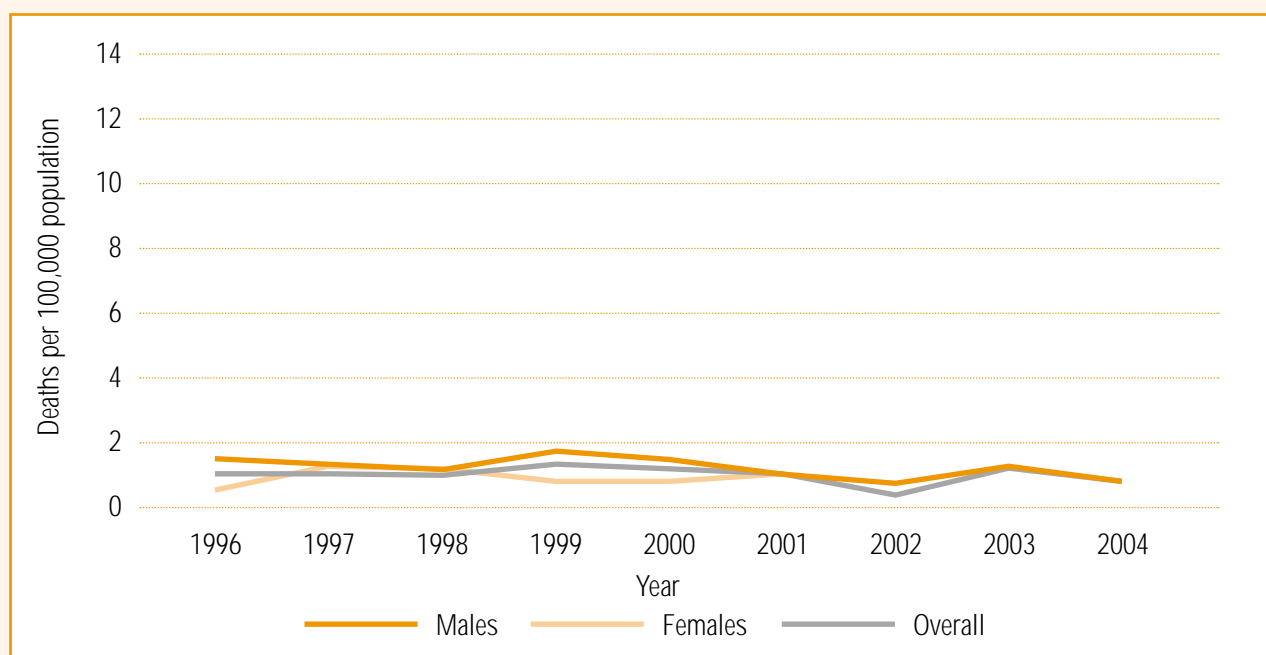
In 2004, 16 children and young people died by suicide (nine males and seven females). The majority of suicide fatalities were of young people aged 15-17 years (10 deaths).

Nearly half of the children and young people who died by suicide had experienced enduring difficulties including mental health difficulties, school-related difficulties and chronic family dysfunction. The use of alcohol and drugs was also associated with the deaths of some of these young people. These findings are consistent with previous research undertaken by the Team into the suicide and risk-taking deaths of children and young people⁶.

Fatal assault

Rates for fatal assault have been quite stable since 1996, ranging between 0.4 deaths per 100,000 children and young people aged 0-17 years in 2002 and 1.1 deaths in 1997, 1999 and 2003.

Trends in fatal assault fatalities 0-17 years, 1996-2004: Sex



Notes: Rates have not been calculated for females in 2002 and males in 2004 because they are unreliable (n<4).



In 2004, eight children and young people died as a result of fatal assault (five females and three males). The deaths of these children and young people will be reviewed in detail by the NSW Ombudsman. The majority of these children were aged four years or younger.

In some cases of fatal assault, the children were known to be vulnerable, highlighting the continuing need for human service systems to respond early so that appropriate interventions are made available. However, in other cases there were no prior indicators of family stress, making prevention of these deaths very difficult.

House fires

This is the first year that the Team has reported in detail on house fires. Eight children died as a result of house fires in this reporting period (five males and three females). Just over half of the children who died were in the 1-4 year age group making house fires the third most common external cause of death in this age group. Five of the eight children who died were Aboriginal or Torres Strait Islander.

Factors associated with these deaths included inappropriate or unsafe use of heating devices and gas cylinders and inadequate adult supervision of young children around fires and lighting devices.

PREVENTING FURTHER DEATHS

Each year the Team makes recommendations aimed at preventing or reducing child deaths. This year the Team reviewed 16 recommendations made in previous years. The Team will continue to monitor progress in relation to 14 of these recommendations.



CONCLUSIONS

The Team reports on cause of death, demographic criteria and other factors to understand the causes of child death and prevent these fatalities. This Annual Report provides information on the deaths of children and young people aged 0-17 years whose deaths were registered in New South Wales between January and December 2004. This is a descriptive report.

The Team has commenced a special research study examining the 10 years of data in the Child Death Register between 1996 and 2005. The study will focus on trends in particular causes of child deaths and in the deaths of specific groups of children.

The Team is concerned about the high death rate in the Nowra-Bomaderry area. As a result, the Team will conduct detailed reviews of all the deaths that occurred in this area in the 2004 reporting period and advise NSW Health of any issues that arise from the reviews.

WANT MORE INFORMATION

This information is a summary of the NSW Child Death Review Team's *2004 Annual Report*. The full report and other Child Death review Team reports are available at www.kids.nsw.gov.au/publications/cdrt2000.html

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