


11 May 2018

Our reference: ADM/8333P02

Ms Megan Mitchell
National Children's Commissioner

via email: 

Dear Ms Mitchell

Call for information

Thank you for your invitation to provide information for your report to the United Nations Committee on the Rights of the Child about 'how Australia is progressing or not progressing in terms of preventing and reducing child deaths' and 'recent available headline data or research'. I understand you discussed this report with members of the Australia and New Zealand Child Death Review and Prevention Group (ANZCDR&PG) at their recent meeting in April 2018.

I trust the following information will be of assistance.

The most recent data published by the NSW Child Death Review Team (CDRT) concerns the deaths of children in 2015 (*Child death review report 2015*, tabled November 2016). Work is currently underway to prepare the CDRT's report of child deaths in 2016 and 2017.

In the 2015 report, we noted that since 1996, there has been a significant and continual overall decline in mortality rates for children aged less than 18 years; however, this decline has not been uniform. Of note, the mortality rate for Aboriginal and Torres Strait Islander children in 2015 was 2.3 times the mortality rate for non-Indigenous children (64.08 to 27.64), with injury-related causes the overall leading cause of death of Aboriginal and Torres Strait Islander children in 2015. Suicide was the leading cause of death for 15-17 year olds in 2015, and the suicide mortality rate for this age group in that year was the highest since 1997.

Over the past five years (2011-2015), there were 2,574 deaths in NSW of children aged 0-17 who lived in New South Wales when they died. This is equivalent to a child mortality rate of 31.5 deaths per 100,000 children aged 0-17. Over the five years:

- The highest proportion of deaths occurred during infancy (61.9%), followed by ages 15-17 years (12.1%) and 1-4 years (11.1%).
- Nearly 10% of deaths were Aboriginal and Torres Strait Islander children (9.8%).
Compared with non-Indigenous child deaths, a higher proportion of Indigenous child

deaths occurred during infancy, involved children with a child protection history, occurred outside major cities, and were due to external causes or SIDS and other unknown causes.

- One-fifth of all deaths involved children with a child protection history (20.2%). A higher proportion of deaths of children with a child protection history involved older children, external causes and SIDS and other unknown causes, compared with those without a child protection history.
- Sudden Infant Death Syndrome (SIDS) and other unknown causes accounted for 6.6% of all child deaths (9.4% of all infant deaths).

Geographic distribution and risk of child death

In April 2018, the NSW Child Death Review Team (CDRT) tabled a report in the NSW Parliament, *Spatial analysis of child deaths in New South Wales*. The report, prepared by the Australian Institute of Health and Welfare for the CDRT, covers the 15 years between 2001 and 2015. The report shows that the child mortality rate has declined in NSW, and no area in NSW has seen a significant increase in its child mortality rate. The differences in mortality rates between areas have also declined over time. These findings demonstrate that overall, the number and rate of child deaths in NSW is being reduced.

That said, some areas have experienced higher actual numbers of child deaths than others, or higher mortality rates. The report found that certain area characteristics are associated with an increased risk of death for children: child mortality rates are higher in areas of greater socio-economic disadvantage, in areas with higher levels of social exclusion, and in more remote areas. For example, the likelihood of dying during childhood is 1.7 times as high for children in areas with high poverty levels, compared with those in low poverty areas. Overcrowded housing, poor child health and development and low levels of school engagement are also associated with a greater likelihood of death in childhood.

The report is available on the NSW Ombudsman's website: [Spatial analysis report of child deaths in NSW](#)

Infectious diseases

I note you have specifically requested information on deaths due to illnesses. In 2016, the National Centre for Immunisation Research and Surveillance (NCIRS) published a report commissioned by the CDRT to review child deaths from vaccine preventable infectious diseases over the period 2005 to 2014. The report found that deaths in children from potentially preventable infectious diseases continue to occur in NSW, particularly in young infants. The report made a number of recommendations, including that:

- Immunisation of children at high risk (with predisposing medication conditions) is recommended
- Vaccines against influenza and meningococcal B disease are recommended for all Australian children
- Immunisation of household contacts and carers of children at high risk of influenza, pertussis and varicella is recommended
- Immunisation against pertussis and influenza is recommended during pregnancy

- Children should receive vaccines for which they are eligible under immunisation catch up programs

From April 2018, the NSW Government extended its free seasonal influenza vaccination program to include to all children aged 6 months to less than 5 years.

The report is available on the NSW Ombudsman's website:

<https://www.ombo.nsw.gov.au/news-and-publications/publications/reports/child-death-review-team/child-deaths-from-vaccine-preventable-infectious-diseases,-nsw-2005-2014>

Parliamentary Inquiry into youth suicide

I also note you have requested information and data on deaths due to suicide. Our data shows that while there has been a continual and statistically significant decline in the rate of child deaths over the past 20 years in NSW, suicide is one of the few causes of death – and the only external cause of death – that has not reduced. Suicide rates have been increasing since 2006, predominantly driven by increases in the suicide rate for 15-17 year-old males. For young people aged 15-17 years, suicide accounts for one-quarter (26%) of all deaths, and nearly half (42%) of external cause deaths. Our data also indicates that the suicide mortality rate for Indigenous children aged 10-17 is around four times that of non-Indigenous young people. The NSW Parliamentary Committee on Children and Young People is currently undertaking an Inquiry into the prevention of youth suicide.

The Inquiry's webpage can be accessed [here](#) or at:

<https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2447#tab-termsofreference>

Fact sheets

In addition to producing annual reports in relation to all child deaths (CDRT) and 'reviewable' child deaths (NSW Ombudsman), the CDRT and Ombudsman have produced a number of 'Fact sheets' covering a range of topics (both general and specific), including information about deaths associated with drowning, transport fatalities, Sudden and Unexpected Death in Infancy, injury, natural causes, and private swimming pool related deaths.

NSW Child Death Review Team Annual reports are available at:

<https://www.ombo.nsw.gov.au/news-and-publications/publications/annual-reports/nsw-child-death-review>

Reviewable Deaths Annual and Biennial Reports are available at:

<https://www.ombo.nsw.gov.au/news-and-publications/publications/annual-reports/reviewable-deaths-vol-1>

Fact sheets are available at:

<https://www.ombo.nsw.gov.au/news-and-publications/publications/fact-sheets/child-deaths-review-team>

Other work

In addition to the work and publications outlined above, you may be interested to note we are currently undertaking a number of other research projects for the purpose of helping to prevent or reduce the likelihood of deaths of children in NSW. This work includes:

1. A review and analysis of suicide clustering amongst school-aged children and young people and evidence-based prevention strategies (commissioned from the Australian Institute for Suicide Research and Prevention at Griffith University).
2. A review of the role of seatbelts and child restraints in car crashes involving deaths of children 12 years of age or younger, and the possible contribution of inadequate or inappropriate restraints in these deaths (commissioned from Dr Julie Brown from Neuroscience Research Australia).
3. A review of the role of alcohol and other drugs in child maltreatment deaths in NSW (commissioned from Monash University)

If you would like to any of the work or projects outlined above, please do not hesitate to contact [REDACTED] in the first instance, on [REDACTED]

Yours sincerely



Michael Barnes
Convenor, NSW Child Death Review Team
NSW Ombudsman