

ACT Children & Young People
Death Review Committee

Annual Report 2017

ACT Children and Young People Death Review Committee

Who are we?

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

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

What do we do?

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

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

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

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

What do we do with the information on the Register?

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

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

The Committee is keen to receive advice and feedback from interested ACT residents

Enquiries about this publication should be directed to:
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ISSN 2205-7520

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Foreword

This is the sixth annual report of the ACT Children and Young People Death Review Committee (the Committee) and my second as Chair of the Committee. It is presented in line with the requirements of Section 19A.4 of the *ACT Children and Young People Act 2008* (the Act).

There are many ways we can work to better understand the patterns and trends in the ACT and then build on the strengths of our community to improve our systems. We can look at the distribution of death over age groups, sex, Aboriginal and Torres Strait Islander status and cause of death, and we can consider distinct population groups such as those children who are identified as more vulnerable due to the social and economic circumstances in which they live.

This year, the Committee's report focuses on presentation of the data and analysis relating to the deaths, as required by the Act, and two population groups, neonates and vulnerable children. The report concludes with contextual information about the Committee and its activities. As in previous reports, the detailed analysis of the data is based on the aggregation of five years of data (2013–17) because the numbers in any individual year are so small that individual privacy might otherwise be compromised.

The Committee has had a busy year continuing with the group review of deaths of children aged between 0-3 years. High mortality rates in this age group prompted the Committee to examine these deaths in light of a range of factors that increase the vulnerability of children and young people. This report will be made available by mid-2018.

This year has also been the final year of appointment for a number of committee members who have provided considerable expertise and support to the Committee since its establishment in 2012. I would like to extend our grateful thanks to Dr Michael Rosier, Ms Samantha Page, Ms Julie Tongs and ACT Policing representatives, Mathew Craft and Robert Rose for their valuable guidance and generous time given to the Committee's work.

The Committee will continue to work to improve systems intended to support children, young people and their families and to ensure they are effective at preventing harm.

Finally, I would like to thank the Secretariat and members of the Committee, who have done an outstanding job in preparing this report and in drawing out the key messages from the data. I would also like to extend our sincere condolences to the families, friends and communities who knew and loved the children and young people whose deaths are reported here.



Ms Margaret Carmody PSM

Chair, ACT Children and Young People Death Review Committee



ACT Children & Young People Death Review Committee

Letter of transmission

Minister for Disability, Children and Youth
ACT Legislative Assembly
London Circuit
CANBERRA ACT 2601

Dear Minister

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

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

While the report relates to 2017, it also presents data from 2013 to December 2017 and fulfils the Committee's statutory obligations under Section 727S of the Act.

Yours sincerely

Ms Margaret Carmody, PSM
Chair, ACT Children and Young People Death Review Committee
30 April 2018

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

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Executive summary

The ACT Children and Young People Death Review Committee (the Committee) is established under the *Children and Young People Act 2008* (the Act) to work towards reducing the number of deaths of children and young people in the Australian Capital Territory. The Committee reports to the Minister for Disability, Children and Youth.

In accordance with section 727S of the Act, this report provides information on the deaths of 159 children and young people up to the age of 18 years who were included on the Committee's Child and Young Person Deaths Register (the Register) between January 2013 and December 2017. Of the 159 deaths across the latest five year period, 15 are awaiting the findings of the Coroner and are therefore not able to be included in this report. The remaining 144 deaths on the Register include 36 deaths of children and young people who did not normally reside in the ACT.

Chapter 1 provides an introduction to the Children and Young People Death Review. It lays out the legislative requirements of this report and the limitations of the data. It also explains how to use this report.

Chapter 2 provides an overview of all deaths of children and young people residing in or visiting the ACT. It provides an overview of all registered deaths between January 2013 and December 2017, with particular reference to the current reporting period: 1 January 2017 to 31 December 2017.

Chapter 3 examines the deaths of ACT resident children and young people from the previous five years. Excluding those children and young people who normally resided interstate or elsewhere, the chapter provides demographic and individual characteristic analysis.

Chapter 4 is the first of two chapters investigating a specific population group. The first population focus is on neonates and infants. The chapter describes the indicative trends in the cohort.

Chapter 5, focuses on the second population group, vulnerable children and young people. For the purposes of this report, *vulnerability* is determined by engagement with either Child and Youth Protection Services (CYPS) or ACT Policing.

The final chapter, Chapter 6, describes the Committee's activities across 2017 and its continuing work for the next calendar year.

The appendices provide further helpful information for reading, understanding and interpreting the findings in this report.

Chapter 1 Introduction to the Children and Young People Death Review

This chapter describes the **role of the Committee** and important information for reading this report.

ACT Children and Young People Death Review Committee

The Committee is an independent committee established to review information about the deaths of children and young people in the ACT, identify emerging patterns and undertake research aimed at preventing or reducing the deaths of children.

The Committee has an important role: to examine information about all deaths of children and young people under the age of 18 years in the ACT, with the intention of preventing or reducing the number of future deaths. This report is the main vehicle to share the findings of that examination. The Committee wishes to share these findings and maintain a dialogue with the public, whose greater awareness of these issues may facilitate the reduction of preventable deaths in the future.

From these analyses the Committee is able to recommend changes to legislation, policies, practices and services that will help to reduce the number of future deaths of children or young people in the ACT.

Information about:

- previous reports
- additional reports on identified issues of concern
- governance and membership of the Committee
- legislation underpinning the work of the Committee

can all be found on the Committee's website: www.childdeathcommittee.act.gov.au

Annual report

This report is presented by the Committee for the purpose of disseminating information for the benefit of the public. The Committee has taken great care to ensure the information in this report is correct at the date of publication, however changes in circumstances after the time of publication may impact on the information presented. Differences in statistical methods and calculations, data updates and guidelines may result in the information contained in this report varying from previously published information.

NOTE: This report covers the period 1 January – 31 December 2017

This report will examine the deaths of all children and young people who died in the ACT as well as children and young people who usually reside in the ACT but who died elsewhere in the period 1 January – 31 December 2017.

The ACT is fortunate that a relatively small number of deaths of children and young people occur each year. It is customary, due to the fewer deaths that occur in the ACT, to also report in five year aggregates. This report includes data from January 2013 to December 2017.

Chapter 19A, Part 19A.4, Section 727S of the Act requires the Committee to report on the following information about the deaths of children and young people included on its Register:

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

The Committee is committed to respecting the child, young person and their family's right to privacy. As per Chapter 19A, Section 727S(3) of the Act, the Committee must not disclose the identity of a child or young person who has died or allow the identity of a child or young person to be established.

As with previous years, the Committee has reported the incidence of death over a five-year period. This is largely in response to the small number of deaths that occur in the jurisdiction each year. Conducting and reporting on analyses over a five-year period brings a level of stability to the data allowing for generalisations to the broader population. It also minimises the risk of possible identification of any individual. Although greater rigour may be generated through the analysis of aggregate data, there are limitations and as such caution must be exercised when interpreting results.

Report period

Prior to the 2016 report, the Committee has reported annually on a financial year basis. In 2016, amendments to the Act changed the reporting period to a calendar year resulting in the necessity to produce an 18 month report in the transition period. This is the first report period of one full calendar year.

The focus period of this report is 1 January- 31December 2017.

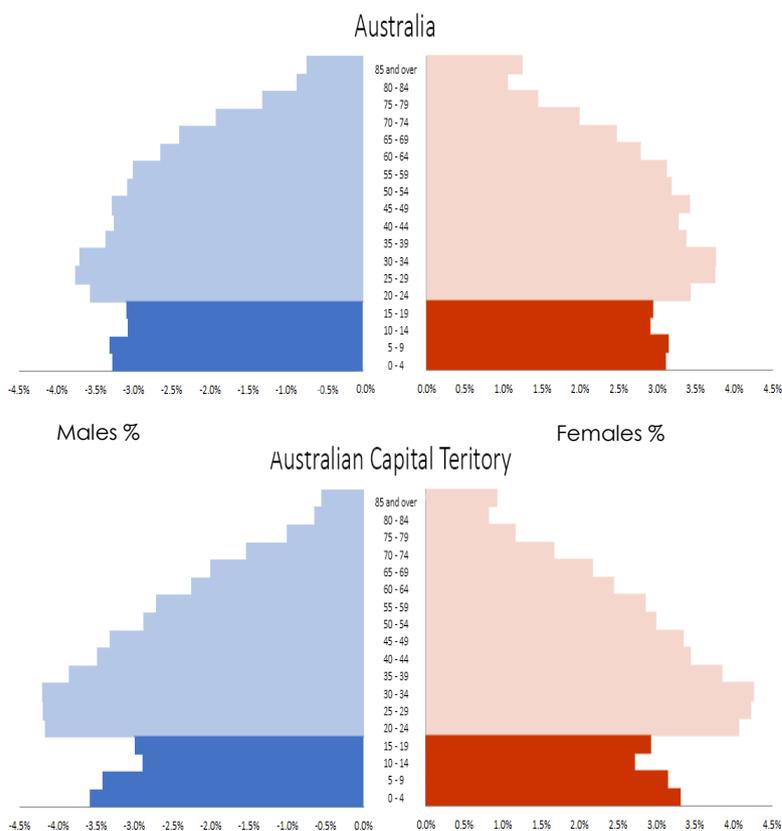
Using this report

The annual report is a legislated requirement of the Committee and can be utilised as a catalyst or foundation for further investigations. To facilitate clarity of understanding and enable greater use and reporting on the findings of this report it is important to clarify the methods used.

Age standardisation

Figure 1.1 shows the differences between the age structures of both the ACT and Australia. The focus of this report are those children and young people under the age of 18 years. This group is highlighted in the bolder colours.

Figure 1.1: Population ratios comparing males and females and total population between Australia and the ACT, 2017



The Australian figure shows a consistent rate through the early years of life for both males and females, with a slight drop around 10–14 years for both sexes. The ACT figure presents a sharper taper, indicating a greater change in the population during those years. If the age structures were the same we would expect to see a relatively similar shape across the base of both pyramids. There is some variability, however, which implies the age structures between the ACT and Australia differ and therefore comparisons between populations would be better served through standardisation.

Coronial counts

In previous reports, numbers of deaths being heard by the Coroner have been reported in different ways. This is largely due to the confidentiality concerns arising from the small number of cases and determinations on cause of death. The legislation clearly stipulates that the Committee must not report on the causes of death of those cases that are being heard in the Coroners court at the time of publishing. However, this stipulation does not exclude the reporting of total numbers of deaths, including those currently being heard by the Coroner. As such, in the early chapters of this report where total numbers are reported, these will include coronial cases that are open. The number of these will be indicated in brackets next to the total figure. These cases are excluded from subsequent analyses referring to cause of death or population in focus chapters.

International Classification of Diseases

Since the inception of the Register, reporting on main cause of death or leading cause of death has centred largely on indicative causes with reference made to the International Classification of Diseases (ICD). The Committee has made the determination to also report on the ICD framework, in line with World Health Organization standards (WHO, 2015). This report will continue the format adopted in the previous report and include both the indicative causes of death and the ICD.

Reporting fewer than five cases

Given the small number of incidents, in the ACT, of deaths of a child or young person and the broad range of causes of those deaths, often there will be only one or two individuals who have died. The same can be true when reporting on other factors, such as vulnerability, where the focus is on a small sub-sample of the cohort. The ACT is a small community and individuals may be identified through the reporting of these low numbers. Therefore, where they number fewer than five incidents, the symbol • will be used to indicate that deaths have occurred but not how many. In some instances, further data have been suppressed to prevent calculation of figures and subsequent identification of individuals. These numbers will remain included in total figures and aggregated counts over five.

Data sources

Unless otherwise stated all figures reported in this document are sourced from the Register. The information in this Register is compiled from information sourced from ACT Births, Deaths and Marriages, New South Wales Ombudsman, Northern Territory Office of the Coroner, Queensland Child Death Review Team, South Australia Child Death and Serious Injury Review Committee, Tasmanian Council of Obstetric and Paediatric Mortality and Morbidity, Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity, Western Australia Ombudsman, and the National Coronial Information System. It is important to note that data comparisons with previous annual reports must take into account that coronial findings will have been released thus enabling causes of death to be reported.

Data quality

The Committee continues to work to improve data quality to better and more accurately identify the contributing factors to deaths reported. While best efforts are made to obtain information about child deaths for the Register, the amount and format of information available to the Committee vary based on the individual entities providing the data.

The Committee continues to work collaboratively with ACT Policing, CYPs, Health and the Community Services Directorate to ensure that the data presented reflects the circumstances of death as accurately as possible, that the information provided is useful and that the methods used in our analysis are sound.

As noted earlier, the Committee takes great care to ensure the data provided in this report is correct at the date of publication, however changes in circumstances after the time of publication may impact on the information presented. Some caveats relating to data quality issues are included in the appropriate sections of this report and the data tables.

It is only once timely, complete and more reliable information is available that improvements to systems and processes can be identified to prevent or reduce deaths.

Chapter 2 All deaths of children and young people residing in or visiting the Australian Capital Territory

This chapter provides an overview of **all registered deaths** of children and young people that occurred in the ACT or involved ACT residents in the reporting period, with particular reference to the current reporting period: 1 January – 31 December 2017. Subsequent chapters in this report will focus on ACT residents only; however, this chapter takes a broad overview of all deaths that have occurred, including children and young people from interstate or elsewhere.

Overview

This section will look at the overall incidence of mortality among children and young people in the ACT. Table 2.1 provides a summary of all deaths on the Register for the five year period: January 2013 to December 2017.

In total, there were 159 children and young people who died in the period between January 2013 and December 2017. Of the 123 children and young people who were normally resident in the ACT, 113 deaths occurred in the ACT and 10 who died elsewhere. There were 36 deaths of children and young people who resided interstate or elsewhere. There are also 15 cases currently before the ACT Coroner.

The Committee collects information relating to all children and young people who die, and are normally resident in the ACT. This means that information on the Register relating to ACT residents who died outside of the ACT is often provided by similar committees in those jurisdictions. Information is shared between committees to ensure that each jurisdiction has accurate records.

Table 2.1: Deaths of children and young people on the Register in the five years between January 2013 and December 2017

DEATHS	NUMBER ^a	PER CENT
Total Number of deaths recorded	159	100%
ACT resident deaths in the ACT	113	71%
Interstate or overseas resident deaths	36	22%
ACT residents who died elsewhere	10	6%
Open Coronial cases	15	9%

a. Figures do not sum, coronial cases appear in more than one category.

Table 2.2: Annual deaths of children and young people in the ACT, including ACT residents who died elsewhere, January 2013 – December 2017

YEAR	ALL DEATHS ^a	ACT RESIDENTS		INTERSTATE RESIDENTS	
	number	number	per cent	number	per cent
Jan-Dec	159	123	77.3	36	22.6
2013	30	22	73.3	8	26.6
2014	30	22	73.3	8	26.6
2015	38	30	78.9	8	21.0
2016	31 ^b	27	87.1	•	•
2017	30	22	73.3	8	26.6
Mean	31.8	24.6		7.2	

a. These figures include cases currently before a Coroner. These cases will not be included in subsequent analyses.

b. This figure has been revised from the 2016 annual report. Further data were made available to the Committee.

Table 2.2 shows that the overall pattern of mortality for children and young people is relatively stable and year-on-year deaths all centre on the average of 31.8 deaths per year.

The number of ACT residents who die each year was higher in 2015 and 2016 but have reduced in number again in 2017. There is an average of 24.6 ACT resident deaths each year.

Distribution across characteristics: sex, age and cause of death

The following discussion focuses on the key demographic and individual characteristics of the children and young people who died. Examination of these variables allows comparisons between groups and identification of trends within the total population to better inform and advocate for system, service or programmatic change. Examined here are sex, age, Aboriginal and Torres Strait Islander status and cause of death.

Table 2.3: Key demographic and individual characteristics of all deaths of children and young people in the ACT, January – December 2017 and January 2013 – December 2017

CHARACTERISTICS	January -December 2017 (1 year) DEATHS		January 2013 – December 2017 (5 years) DEATHS	
	number	per cent	number	per cent
Total				
Persons 0–17 years of age	30	100	159	100
Sex				
Female	9	30	72	45.3
Male	21	70	87	54.7
Age				
Under 1 year	19	63.3	112	70.5
1–4 years	•	10	13	8.2
5–9 years	•	6.7	8	5.0
10–14 years	•	10	8	5.0
15–17 years	•	10	18	11.3
Aboriginal and Torres Strait Islander status				
Aboriginal and/or Torres Strait Islander	•	•	6	3.8
Neither Aboriginal nor Torres Strait Islander	27	90	145	91.2
No data	•	•	8	5

Table 2.3 shows the deaths of children and young people resident or visiting the ACT or who normally reside in the ACT but died elsewhere broken down by key demographic characteristics. Inherent in the data are fluctuations that are not necessarily observed in the five year data.

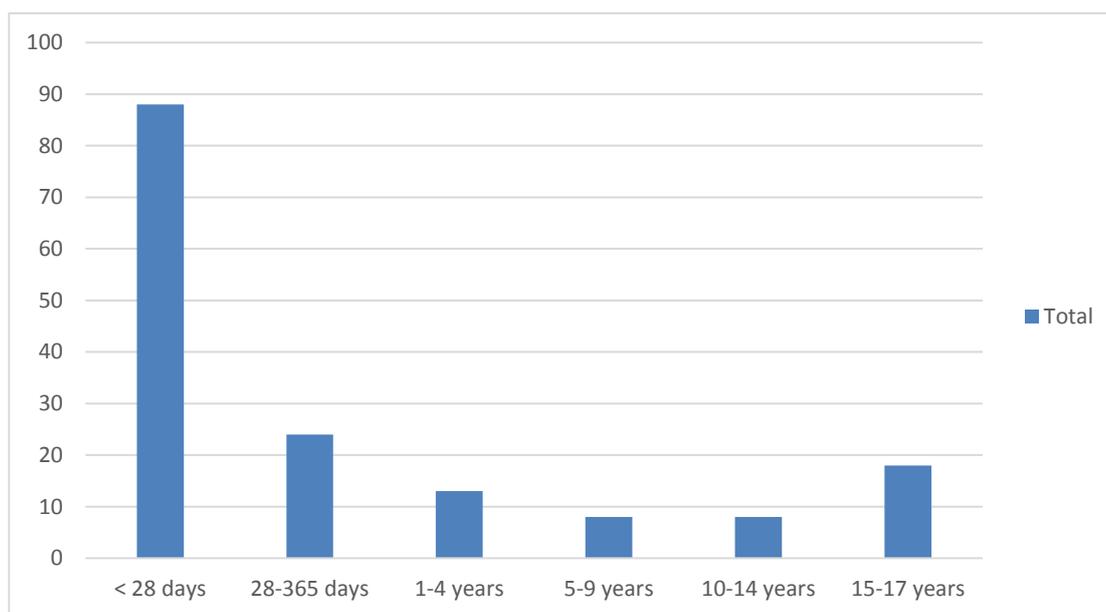
Sex

An example of variations between the two periods can be seen in the variation between male and female deaths. In the 2017 group of children and young people it can be seen that there was a higher incidence of male deaths (70%) but overall, there is a only a small difference between sexes.

Age

Age is a consistent predictor of mortality risk. As expected, figure 2.1 shows a higher number of deaths occurring in the early years followed by a substantial reduction through primary years with a subsequent increase again as the young person reaches adolescence and late teens. This pattern is perhaps more pronounced in the five year aggregate data. In the 2017 period deaths which occurred within the first year accounted for 63.3% (n=19), whereas in the five year aggregate period, deaths in the first year were 70.5% (n=112) of all deaths.

Figure 2.1: Distribution of deaths by age in the five years, January 2013 – December 2017



Cause of Death

Table 2.4 presents the indicative causes of all deaths for the five-year period, January 2013 to December 2017. The cause of death detailed in table 2.5 provides those categories outlined in the ICD-10 top level codes.

Also as noted previously, the majority of deaths occur in the neonatal period and are the result of extreme prematurity and other medical causes. ‘Certain conditions arising in the perinatal period’ are by far the highest cause of death (n=75) followed by ‘Congenital malformations, deformations and chromosomal abnormalities’ (n=15).

<i>Certain conditions originating in the perinatal period</i>	Deaths whose cause originates in that period, even though death may occur later. The perinatal period commences at 22 completed weeks (154 days) of gestation (the time when birth weight is normally 500 g), and ends seven completed days after birth (WHO 2011). The ACT definition differs in that the perinatal period begins from 20 weeks gestation and 400 grams in birthweight.
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<i>Congenital anomalies</i>	Deaths whose cause was from particular conditions provided there is no indication that they were acquired after birth.
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Deaths that are unascertained continue to present a challenge for the Committee. These deaths can be due to a range of actual causes but there is insufficient evidence to make an accurate determination. These deaths might include deaths ascribed to Sudden Infant Death Syndrome (SIDS) or the sudden unexpected death in infancy (SUDI). They can also include deaths that occurred from co-sleeping.

Table 2.4 Indicative cause of death January 2013 to December 2017

INDICATIVE CAUSE OF DEATH	< 28 days	28-365 days	1-4 years	5-9 years	10-14 years	15-17 years	TOTAL
Total	88	24	13	8	8	18	159
Extreme prematurity	57	7					64
Medical causes	25	8	8	5	5	7	58
Unascertained	•	5	•				10
Suicide					•	•	6
Unintentional injury/accident						•	•
Drowning			•				•
Transport				•			•
Open coronial cases	•	•	•	•	•	•	15
No data			•				•

Table 2.5 Causes of all deaths for the five-year period, ICD 10 codes January 2013 to December 2017

CAUSE OF DEATH - ICD 10	< 28 days	28-365 days	1-4 years	5-9 years	10-14 years	15-17 years	TOTAL
Total	88	24	13	8	8	18	159
Certain conditions originating in the perinatal period	66	9					75
Congenital malformations, deformations and chromosomal abnormalities	12	•					15
External causes of morbidity and mortality			•	•	•	7	11
Neoplasms			5	•	•	•	10
Symptoms, signs and abnormal clinical and laboratory finds, not where classified	•	5					8
Diseases of the nervous system		•	•	•	•	•	7
Diseases of the respiratory system			•	•			•
Endocrine, nutritional and metabolic disease	•	•				•	•
Diseases of the musculoskeletal system and connective tissue	•						•
Diseases of the circulatory system					•	•	•
Mental and behavioural disorders						•	•
Certain infectious and parasitic diseases			•				•
Disease of the blood and blood forming organs						•	•
Open coronial cases	•	•	•	•	•	•	15
No data	•	•	•				•

Chapter 3 Deaths of ACT resident children and young people: five-year review

This chapter provides an overview of the registered deaths of children and young people that occurred in the ACT or involved **ACT residents in the last five years** (that is, excluding interstate residents who were included in the previous overview chapter). It examines the incidence and causes, as well as other demographic and individual characteristics, of those deaths of ACT residents under the age of 18 years that occurred between 2013 and 2017.

Overview

In the five years between January 2013 and December 2017 a total of 159 children and young people died in the ACT. Currently there are 15 cases before the Coroner, 10 of which are ACT residents and 5 residents from elsewhere and of who are outside the scope of this chapter.

In total, 123 ACT residents under the age of 18 years died, with 10 of those having died elsewhere. Excluding interstate deaths, and cases before the Coroner the following discussion relates to the **113 children and young people** normally resident in the ACT who died in the last five years.

As noted in Chapter 1, this report includes some comparisons with the broader Australian population of children and young people. Table 3.2 shows the crude mortality rate for the ACT across years. Ranging between 3.04 and 4.36 deaths per 10 000 children and young people aged 0-17 years in the ACT, the mortality rate for children and young people is relatively stable. Variability between years has not been sufficient to judge a change in the rate of mortality, given the population size.

Table 3.2: Crude mortality rates (per 10 000) of ACT residents aged 0-17 years for the ACT in the five years between January 2013 and December 2017

YEAR	POPULATION 0-17 years	DEATHS number	ACT CMR per 10 000
2013	83 573	30	3.59
2014	85 104	30	3.53
2015	87 073	38	4.36
2016	88 699	31	3.04
2017	92 095	30	3.25

Overview Table 3.1: Breakdown of cases included in analysis, January 2013– December 2017

DEATHS	NUMBER	PER CENT
All deaths ^b	123	100%
ACT residents who died in the ACT ^a	113	91.9%
ACT residents who died elsewhere ^a	10	8.1%
Total cases before the Coroner	15	12.2%

a. Included in further analyses

b. Figures do not sum, interstate deaths are excluded and coronial cases appear in more than one category.

Distribution across characteristics: sex, age and cause of death

The following discussion focuses on the key demographic and individual characteristics of the ACT resident population. Examination of these variables allows comparisons between groups and identification of trends within the total population to better inform and advocate for system, service or programmatic change. Table 3.3 details the sex and age of ACT residents in the five years between January 2013 and December 2017. The cause of death of ACT residents is discussed toward the end of this chapter.

Table 3.3: Key demographic and individual characteristics of deaths of children and young people usually residing in the ACT for the five years between January 2013 and December 2017 ^a.

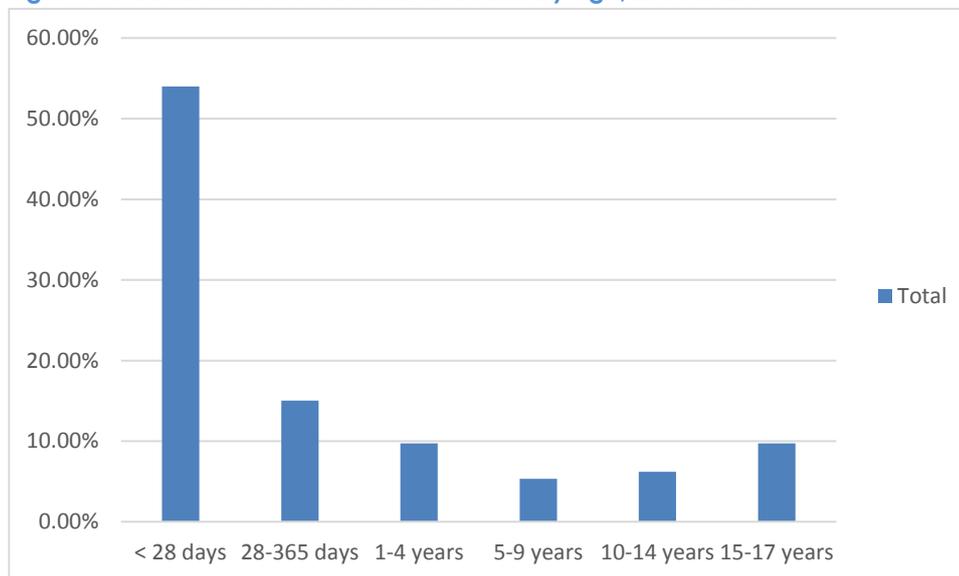
CHARACTERISTIC	DEATHS 2013 -2017		Deaths 2017	
	number	per cent	number	per cent
Total				
Persons 0–17 years of age	113	100	18	100
Sex				
Female	54	47.8	•	22.2
Male	59	52.2	14	77.8
Age				
Under 1 year	78	69.1	9	50
1–4 years	11	9.7	•	16.7
5–9 years	6	5.3	•	•
10–14 years	7	6.2	•	16.6
15–17 years	11	9.7	•	11.1

a. Cases currently before the Coroner are not included in these analyses.

Age

Figure 3.2 shows the distribution of deaths by age for each year. A similar pattern to that shown in Chapter 2 has been repeated whereby the proportion of deaths that occur between 5 and 14 years of age is lower than the other age cohorts. In the five years between January 2013 and December 2017, this age bracket accounts for 11% of all deaths. This is in keeping with previous periods.

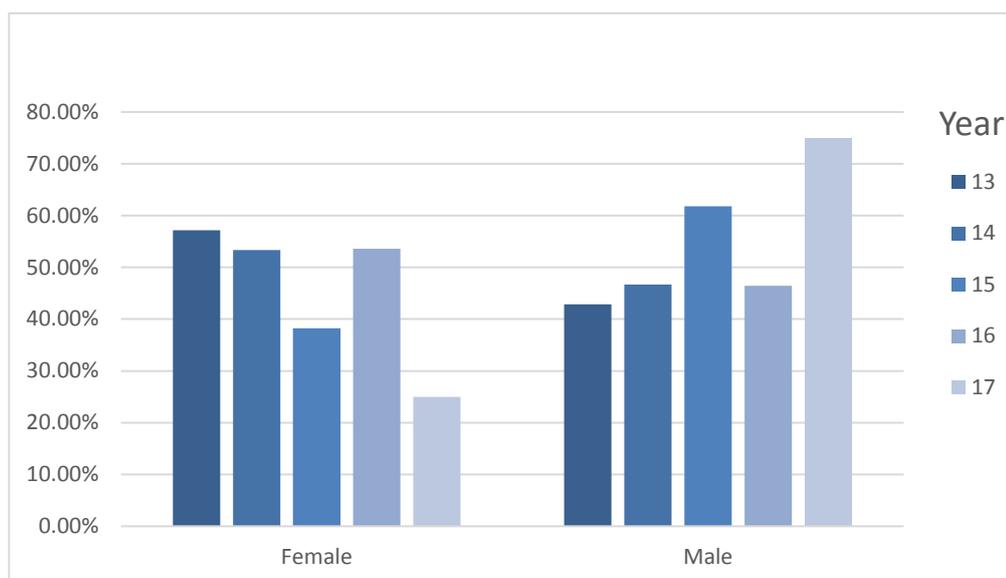
Figure 3.1: Distribution of ACT resident deaths by age, 2013 to 2017



Gender

In the five years covered by this report a slightly widening gap between the number of males (n=59) and females (n=54) who died was observed. The incidence of female deaths has usually been slightly higher than those of males except for in 2015. 2017 has seen a return to an increased number of males dying.

Figure 3.2: Distribution of ACT resident deaths by gender, 2013 to 2017



Cause of Death

Table 3.4 presents the indicative cause of death and Table 3.5 causes of death by ICD-10 grouping, for ACT residents in the period January 2013 to December 2017. As expected, 'certain conditions originating in the perinatal period' account for the majority of those deaths (n=53).

'Chromosomal or congenital anomalies' (n=12) and 'external causes of morbidity and mortality' (n=8) and Neoplasms (n=10), round out the leading causes of death of ACT children and young people under the age of 18 years, as they did in the all-inclusive figures noted in Chapter 2.

In deaths caused by 'external causes of morbidity and mortality' the majority of deaths can be attributed to suicide. Suicide remains a concern with intentional self harm resulting in at least one death a year.

Table 3.4 Indicative Cause of death for children and young people usually residing in the ACT for the five years between January 2013 and December 2017

INDICATIVE CAUSE OF DEATH	< 28 days	28-365 days	1-4 years	5-9 years	10-14 years	15-17 years	Total	
Total	61	17	11	6	7	11	113	
Medical causes	17	7	8	5	5	6	48	
Extreme prematurity	41	5					46	
Unascertained	•	5	•				9	
Suicide						•	•	6
SIDS and undetermined	•						•	
Transport					•		•	
Unintentional injury/accident						•	•	
No data			•				•	

Table 3.5: ICD-10 cause of death by age bracket for children and young people usually residing in the ACT for the five years between January 2013 and December 2017

CAUSE OF DEATH	< 28 days	28-365 days	1-4 years	5-9 years	10-14 years	15-17 years	Total
Total	61	17	11	6	7	11	113
Certain conditions originating in the perinatal period	46	7					53
Congenital malformations, deformations and chromosomal abnormalities	9	•					12
Neoplasms			5	•	•	•	10
Symptoms, signs and abnormal clinical and laboratory finds, not where classified	•	5					8
External causes of morbidity and mortality					•	•	5
Diseases of the respiratory system			•	•			•
Diseases of the nervous system			•	•	•	•	6
Endocrine, nutritional and metabolic disease	•	•				•	•
Certain infectious and parasitic diseases			•				•
Disease of the blood and blood forming organs						•	•
Diseases of the circulatory system					•		•
Diseases of the musculoskeletal system and connective tissue	•						•
Mental and behavioural disorders						•	•
no data	•	•	•				•

Certain conditions originating in the perinatal period

Deaths whose cause originates in that period, even though death may occur later. The perinatal period commences at 22 completed weeks (154 days) of gestation (the time when birth weight is normally 500 g), and ends seven completed days after birth (WHO, 2011). The ACT definition differs in that the perinatal period begins from 20 weeks gestation and at least 400 grams in birthweight.

Congenital anomalies

Deaths whose cause was from particular conditions provided there is no indication that they were acquired after birth.

Neoplasms

Any new and abnormal growth, specifically one in which cell multiplication is uncontrolled and progressive. Neoplasms may be benign or malignant (Miller-Keane, 2003).

Symptoms, signs and abnormal clinical and laboratory finds, not where classified

Deaths where no more specific cause or diagnosis can be made even after all the facts bearing on the case have been investigated (WHO, 2010).

Chapter 4 Population focus: neonates and infants

This chapter examines the incidence and causes, as well as other demographic and individual characteristics, of those deaths of **ACT residents under the age of one year** that occurred in the ACT with particular reference to the last five years.

Overview

This chapter examines the incidence and causes, as well as other demographic and individual characteristics, of those deaths of **ACT residents under the age of one year**, with particular reference to the last five years.

This section looks at the broader incidence of mortality among neonates and infants in the ACT.

Table 4.1 provides a breakdown of all ACT resident deaths under the age of one, January 2013 to December 2017. In total there were 112 deaths under the age of one, of which 85 were ACT residents and 27 were interstate residents who died in the ACT. Fewer than five cases of ACT residents also died interstate. There are 7 cases before the Coroner.

Table 4.1: Breakdown of ACT deaths under the age of one January 2013 to December 2017

DEATHS	NUMBER	PER CENT
Total^a	112	100
ACT residents who died	85	75.9
Interstate and overseas residents who died in the ACT	27	24.1
Cases before the Coroner	7	6.2
ACT residents who died interstate	•	•

- a. Included in further analyses
- b. These figures do not sum due to coronial cases appearing in two categories.

Table 4.2 details the breakdown of all registered deaths of neonates, from birth up to 28 days, and for infants, aged from 28 days to one year of age. A higher number of deaths occur under 28 days.

Table 4.2: All neonatal and Infant deaths January 2013 to December 2017

DEATHS	2013-2017		2017	
	NUMBER	PER CENT	NUMBER	PER CENT
Total deaths 0-1 year	112	100	19	100
Neonatal deaths under 28 days	88	78.6	16	84.2
Infant deaths 28-365 days	24	21.4	•	•

The Committee is working more closely with the ACT Perinatal Mortality Committee. While these analyses examine the numbers of deaths within this cohort, detailed analyses are available through the reports of the ACT Perinatal Mortality Committee. These can be found on the ACT Health website.

Distribution across characteristics: sex and cause of death

The following discussion focuses on the key demographic and individual characteristics of ACT resident neonates and infants who died in the ACT in the five year period 2013-2017. 112 children under the age of 1 year died in the five year period. With those who usually reside elsewhere (n=27), open coronial cases (n=7) and those who died interstate removed from these analyses, the following analysis relates to a total of **75 neonates and infants** who were residents of the ACT.

Examination of these variables allows comparisons between groups and identification of trends within the total population to better inform and advocate for system, service or programmatic change. Examined here are sex and cause of death.

Table 4.3: Characteristics of the deaths of ACT resident neonate and infant children January 2013 – December 2017

CHARACTERISTIC	< 28 days		28-365 days	
	NUMBER	PER CENT	NUMBER	PER CENT
Total No	59	100	16	100
Female	26	44	7	43.8
Male	33	56	9	56.2
Aboriginal and Torres Strait Islander Status				
Aboriginal / Torres Strait Islander	•	6.7		
Neither Aboriginal or Torres Strait Islander	53	89.9	15	93.8
No data	•	3.4	•	•

Sex

In the five years to December 2017, 75 children died in the first year of life with a higher number of male deaths than females in both age groups. The distribution between male and female deaths in the period between 1 January 2017 and 31 December 2017 is higher than the previous years but this is likely due to year on year fluctuations.

Cause of death

Table 4.3 below presents the main causes of death for the five years between January 2013 and December 2017 of ACT children under the age of one year. As highlighted in a previous chapter, this cohort accounts for a large proportion of all deaths. Of all ACT resident deaths in the five-year period to December 2017, children under the age of one year account for 70.4% of all ACT deaths.

Table 4.4: ICD-10 cause of death of all neonate and infants in the five years, January 2013 to December 2017

Cause of Death ICD 10 Grouping	NUMBER	PER CENT
Total all deaths	75	100
Certain conditions originating in the perinatal period	52	69.3
Congenital malformations, deformations and chromosomal abnormalities	11	14.7
Symptoms, signs and abnormal clinical and laboratory finds, not where classified	8	10.7
Diseases of the musculoskeletal system and connective tissue	•	•
Endocrine, nutritional and metabolic disease	•	•
no data	•	•

In keeping with patterns from the broader population, 'certain conditions originating in the perinatal period' (n=52) are the major cause of death for this cohort, followed by 'chromosomal or congenital anomalies' (n=11). There were eight incidents of death where the cause could not be ascertained (including those deaths with indicative causes of SIDS or SUDI, and where there was no data).

The ICD is the tool adopted by the international community to analyse the health of population groups in terms of studying the incidence and prevalence of morbidity and mortality (WHO 2011). As a classification system, it provides a common framework to report on rates of morbidity and mortality, making it an invaluable tool for

jurisdictions to determine health and population policy. The ICD-10 also serves as an international benchmark, allowing the World Health Organization to develop national and international mortality and morbidity statistics.

The ICD-10 defines the category of 'certain conditions originating in the perinatal period' as deaths whose cause originates in that period, even though death may occur later. These can include but are not limited to complications during labour and delivery, infections specific to the perinatal period, blood disorders and concerns, other internal disorders (such as endocrine or respiratory disorders for example) and temperature regulation (WHO 2010).

Table 4.5 details the indicative cause of death for both ACT neonates and infants over the five year period. Extreme prematurity and medical causes account for the main causes of deaths for children under 28 days.

Examining the Register further reveals that the main cause of death listed on death certificates for the 59 neonates was extreme prematurity, prematurity and termination of pregnancy due to major foetal abnormalities.

Table 4.5: Indicative cause of death of neonate and infants in the five years, January 2013 to December 2017

CAUSE of DEATH	< 28 days		28-365 days		TOTAL
	NUMBER	PER CENT	NUMBER	PER CENT	
Total all deaths	59	100	16	100	75
Extreme prematurity	40	67.8	5	31.3	45
Medical causes	16	27.1	6	37.4	22
Unascertained	•	3.4	5	31.3	7
SIDS and Undetermined	•	1.7			•

Chapter 5 Population focus: vulnerable children and young people

This chapter provides an overview of the registered deaths of children and young people that occurred in the ACT or that involved ACT residents in the **last five years and who had experienced factors of vulnerability** (defined below). It examines the incidence and causes, as well as other demographic and individual characteristics, of those deaths of ACT residents under the age of 18 years that occurred in the five years between January 2013 and December 2017.

Overview

This section looks at the overall incidence of mortality among children and young people in the ACT who were experiencing particular vulnerability risk factors at the time of death. Open coronial cases will not be included in the data analysis. While the Committee acknowledges that all children and young people are vulnerable and are in need of safe environments in which to grow and flourish, in this, and previous reports the involvement of CYPs and/or ACT Policing (the police) were the two proxy indicators of vulnerability. The Committee also continues to focus on Aboriginal and Torres Strait Islander children and young people.

There are several reasons why the Committee focuses on child protective services and the justice system in particular: firstly, it is a requirement of the legislation but more importantly, these are the systems that often come into play when difficulties arise in a child's life and therefore are indicators of unusual vulnerability. This and other jurisdictions have also found an over-representation of Aboriginal and Torres Strait Islander children in these systems.

Distribution across characteristics: sex, age and cause of death by engagement with protective services

Table 5.1 outlines the number of children and young people or their families who were known to CYPs or the police. In the five years between January 2013 and December 2017, 113 residents of the ACT under the age of 18 years died. Overall, 19 children and young people were known to child protective services and 31 were known to police either due to the death of the child or due to a previous or current criminal conviction of a parent. It is important to note that these broad figures do not account for the extent to which the child or their family was involved with these protective systems.

Fifteen ACT children and young people who died in the last five years were known both to CYPs and the police (noting that in regard to police, the majority are through the death incident only). Over two thirds of children and young people (n=78) were known neither by CYPs nor the police. This remains consistent with previous annual reports.

Table 5.2 below shows the number of children and young people under the age of 18 years who normally reside in the ACT and who died in the five years between January 2013 and December 2017. It also shows the number of those children and young people who were known to either—or both—CYPs and the police by age.

Table 5.1: ACT children and young people who have died and were known to CYPs or ACT Policing, January 2013 – December 2017^a

YEAR	TOTAL	KNOWN TO CYPs	KNOWN TO ACT POLICING
	113	19	31
2013	21	9	8
2014	22	7	10 ^b
2015	26	0	7
2016	26	•	•
2017	18	0	•
Average	22.6	3.8	5

- a. Figures include ACT residents only and do not include open coronial cases
- b. This figure has been revised from the 2016 annual report

Table 5.2: Number of deaths by system engagement risk factors and age for the five years between January 2013 and December 2017

	0-1 YEARS	1-4 YEARS	5-9 YEARS	10-14 YEARS	15-17 YEARS	TOTAL
Known to CYPS	12	•	•	•	•	19
Police involved	10	•			•	15
Police not involved	•	•				•
Not known to CYPS	66	7	6	7	8	94
Police involved	8	•	•	•	•	16
Police not involved	58	6	•	5	5	78
TOTAL	78	11	6	7	11	113

Known to CYPS When a report is initially made to CYPS it is known as a 'Child Concern Report', which is a record of information regarding the child or young person made by either a voluntary or mandatory reporter. CYPS then conducts an initial assessment of the issues raised in the Child Concern Report and if this assessment allows the Director-General to form a reasonable belief that a child or young person is in need of protection then a 'Child Protection Report' is recorded in accordance with section 360(5) of the legislation. It is under this same legislation that the Committee is required to provide this report to the Minister each calendar year about the deaths of children and young people with particular demographic and individual characteristics and trends relating to such (s727S).

Police involved Not all deaths of children and young people require the involvement of police. Where a child or young person clearly dies as a result of medical causes in a setting where professionals are able to make a determination of death, such as a hospital, police are not necessarily informed or called. Police often become involved in a death where people aware of the death call emergency services, where the coroner makes a determination that further inquiries are required or where the individual or persons associated with the individual have current or previous histories with police.

Sex

Table 5.3 shows the number of children and young people who were known to CYPS or the police broken down by sex and level of knowledge of the child or young person by the relevant agency.

Table 5.3: ACT children and young people who have died by child protection reports, police involvement and by sex for the five years between January 2013 and December 2017 ^a

	CHILD & YOUTH PROTECTION SERVICES			ACT POLICING	
	Prenatal	Concern	protection	significant adult ^a	death incident only
Deaths					
Persons 0-17 years of age	6	11	8	13	17
Sex					
Female	•	7	5	9	6
Male	•	•	•	•	11

^a Figures do not sum as cases can be included in more than one row

Females experienced higher representation than males in regard to deaths of children known to the protection and justice systems. The only exception to this pattern in this period is the police involvement in death incidents only, which is higher for males (n=11) than females (n=6). This is consistent with the pattern reported in previous reports.

The previous Annual Report identified that the distribution of concern and protection reports was even. However, this year there is a slight increase in the number of females being the subject of concern and protection reports.

Although this is most likely due to year-on-year fluctuations. Females were twice as likely to have a significant adult in their life, known to the police. This could be one or both parents, or a close relative.

Age

Table 5.4 presents the number of children and young people who died that were also the subject of a Child Concern or Child Protection report, noting the different definitions above. The number of individuals who were not the subject of a report was at 83.2%, up from previous reports. The proportion of Child Concern reports has remained consistent and Child Protection reports have decreased since the last annual review (down from 8% in 2016). Given the already low numbers in the ACT these changes are likely due to normal fluctuations.

Table 5.4: Number of ACT notification reports of children who have died by age in the five years between January 2013 and December 2017

CHILD NOTIFICATION	<1 YEAR	1–4 YEARS	5–9 YEARS	10–14 YEARS	15–17 YEARS	TOTAL	PER CENT
Total	78	11	6	7	11	113	100
Child Concern Report	6	•			•	11	9.7
Child Protection Report	6	•				8	7.1
No report	66	7	6	7	8	94	83.2

The majority of all reports are received within the first year of life (n=12) including in the prenatal period. It is interesting to note, however, the pattern highlighted in previous chapters (where there were fewer deaths of those aged between five and 14 years of age) seems to be replicated here with fewer reports made on children in the same age bracket.

Children's vulnerability changes during the life course and at each developmental stage children are at risk of different causes of death. Given their physical vulnerability, research has consistently found that the youngest children are the most vulnerable (Welch & Bonner, 2013). The Australian Institute of Health and Welfare, in its *Child Protection Australia* report (AIHW, 2016) posit that younger children are regarded as the most vulnerable, and most jurisdictions have specific policies and procedures in place to protect them.

Table 5.5: Number of ACT child deaths known to ACT Policing by age in the five years between January 2013 and December 2017

KNOWN TO POLICE	<1 YEAR	1–4 YEARS	5–9 YEARS	10–14 YEARS	15–17 YEARS	TOTAL ^a	PER CENT
Level of involvement							
Known to police	18	•	•	•	6	31	27.4
Involvement in death incident only	10	•	•	•	6	22	19.5
No involvement						80	70.8

a Figures do not sum as cases can be included in more than one row

Table 5.5 shows the number of deaths of children and young people who were known—or not—to ACT Policing. Close to 30% of all children who died in the five years to December 2017 were known to the police. However, 19 of these children or young people who died were known to the police through the death incident only. Nearly a third (32%) of children and young people who were known to police had at least one of their parents or other significant adult known to the police for either current or previous criminal activity. In less than half of those cases, both parents were known to the police.

Aboriginal and Torres Strait Islander status

Across the ACT, the 2016 Census calculates Aboriginal and Torres Strait Islander people as comprising 1.6 % of the total territory population (ABS, 2017). However, Aboriginal and Torres Strait Islander people continue to have a much younger age profile and structure than the non-Indigenous population across Australia.

Census data indicates that more than half (53%) Aboriginal and Torres Strait Islander people in Australia were aged under 25 years. In comparison, almost one in three (31%) non-Indigenous people were aged under 25 (ABS, 2017).

It is generally accepted that there are complexities in ensuring accurate representation in census data of Aboriginal and Torres Strait Islander people (AIHW, 2012). Using moderate projections on Aboriginal and Torres Strait Islander population growth from census data as a proportion of mid-year resident population data over the five years between January 2013 and December 2017, the proportion of children and young people under the age of 18 years and who are of Aboriginal and Torres Strait Islander background is closer to 2.8%.

In total there were six children and young people (3.8%) who were identified as Aboriginal and Torres Strait Islander that died in the five years between January 2013 and December 2017.

In a previous report, the Committee reported an over-representation of Aboriginal and Torres Strait Islander children, however these reports used a larger sample. The very low numbers present particular challenges in calculating and understanding the representation of deaths of Aboriginal and Torres Strait Islander children in the ACT year on year. Rates based on such small numbers are not reliable and therefore not provided in this report.

Chapter 6 Children and Young People Death Review Committee activities

This chapter provides an overview of the activities of the Committee throughout 2017. The Committee is an independent committee established to review information about the deaths of children and young people in the ACT, identify emerging patterns and undertake research aimed at preventing or reducing the deaths of children.

The Committee has an important role: to examine information about all deaths of children and young people under the age of 18 years in the ACT, with the intention of preventing or reducing the number of those deaths. This report is the main vehicle to share the findings of that examination. The Committee wishes to share these findings and maintain a dialogue with the public, whose greater awareness of these issues may facilitate the reduction of preventable deaths in the future.

From these analyses the Committee is able to recommend changes to legislation, policies, practices and services that will help to reduce the number of future deaths of children or young people in the ACT.

Committee Matters 2017

The Committee reports to the Minister for Disability, Children and Youth who has responsibility for the administration of the *Children and Young People Act 2008*.

The Committee's administrative, financial and human resource management is overseen by the Community Services Directorate. The Committee is supported by one Senior Research and Review Officer.

The Committee met four times in 2017.

The principle focus of the Committee's work in 2017 was the 0-3 Group review. This review seeks to examine the sociological risk factors that surround and potentially contribute to the death of a child. The findings of this report will be made available mid-2018.

The Committee continued to work across the following areas:

- The timely and accurate collection of information about the circumstances and causes of death for children and young people in the ACT.
- Contributing through its Annual Report, to Government and community, knowledge, understanding of the causes and circumstances of children and young people's deaths.
- Actively promoting the Committee's work with relevant ACT agencies and individuals to offer informed views aimed at preventing or reducing deaths.
- Maintaining links with interstate and national bodies undertaking similar work.

Committee Membership

This year was the final year of a second three year term of membership for Dr Michael Rosier, Ms Samantha Page, Ms Julie Tongs and ACT Policing representatives Matthew Craft and Robert Rose.

All current Committee member appointments end in January 2018. Subsequently, in the latter part of 2017, the Minister for Disability, Children and Youth called for Expressions of Interest for new Committee members. Four new Committee members were appointed to the Committee, commencing January 2018: Professor Morag McArthur; Dr Judith Bragg; Ms Barbara Causon; Ms Tracy Stewart. These appointments provide expertise as

required under the Act on child protection; paediatrics; working with Aboriginal and Torres Strait Islander children and education respectively. Returning Committee members include Mr Eric Chalmers, Dr Catherine Sansum, Professor Alison Kent, Dr Sue Packer, Ms Louise Freebairn and the Officer in Charge of Judicial Operations, ACT Policing.

Continuing work

Given the small size of the ACT; our specific population parameters; and the distribution of health and community services, the Committee is in a unique position to review and monitor the impact of the systems on small groups of families, as well as individual cases. This and the involvement of the Committee members in the various parts of the system allow us to identify and advocate for areas for improvement in the Territory's support for children and young people.

The Committee continues to develop its capacity in monitoring the safety and wellbeing of children and young people through the following activities:

Improving data quality

Monitoring of data quality issues in relation to cause of death and death certificates, with particular regard to suicide and domestic violence.

Identifying and investigating opportunities for data sharing to enhance the quality of data held on the Register.

Monitoring the implementation of recommendations

The Committee continues to monitor the implementation of recommendations including those about strengthening supports systems for children under the care of the child protection system; information sharing to enhance supports for children and young people at risk; secure pool fencing and safe sleeping for infants.

Promote understanding of the cause and impact of child deaths in the ACT

The Committee will continue to increase public awareness and advocate for the issues that affect the health and safety of children and young people in the ACT by disseminating information through its Annual Report, the Committee's website and through the Committee's involvement at a national level with the Australian and New Zealand Child Death Review and Prevention Group.

References

Australian Bureau of Statistics (2017) Aboriginal and Torres Strait Islander Population 2016 census data summary. Retrieved from <http://www.abs.gov.au/ausstats/abs>

World Health Organisation (2016) Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99) <http://apps.who.int/classifications/icd10/browse/2016/en>

ABS (Australian Bureau of Statistics) 2014. Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026. Cat. no. 3238.0. Canberra: ABS. Viewed 22 April 2018, <<http://stat.data.abs.gov.au/>>.

Australian Bureau of Statistics, 2016, Quarterly Population Estimates (ERP), by State/Territory, Sex and Age, (Cat no 3101.0), extracted 23 April 2018, <<http://stat.data.abs.gov.au> >AIHW (Australian Institute of Health and Welfare) 2015.

AIHW (Australian Institute of Health and Welfare) 2012. Indigenous statistics: quality and availability. Canberra: AIHW. Viewed 22 April 2018, <<http://www.aihw.gov.au/indigenous-statistics-quality-availability/>>.

Children and Young People Act 2008 (ACT) (ACT legislation Register)

Miller-Keane (Miller-Keane Encyclopaedia and Dictionary of Medicine, Nursing, and Allied Health) 2003. Neoplasm. 7th edn. Philadelphia: Saunders. In: The Free Dictionary 2015. Viewed 22 April 2018, <<http://medical-dictionary.thefreedictionary.com/neoplasm>>.

NSW Health (Ministry of Health, NSW) 2010. Policy directive: Critical Care Tertiary Referral Networks (Perinatal). North Sydney: Ministry of Health, NSW. Viewed 22 April 2018, <http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2010_069.pdf>.

WHO 2016. Classification of Diseases. Geneva: WHO. Viewed 22 April 2018, <<http://www.who.int/classifications/icd/en/>>.

WHO 2011. International Statistical Classification of Diseases and Related Health Problems 10th revision: Volume 2 Instruction manual. 2010 edn. Geneva: WHO. Viewed 22 April 2018, <http://apps.who.int/classifications/icd10/browse/Content/statichtml/ICD10Volume2_en_2010.pdf>.

WHO (World Health Organization) 2010. International Statistical Classification of Diseases and Related Health Problems 10th revision (ICD-10): Version for 2010. Geneva: WHO. Viewed 22 April 2018, <<http://apps.who.int/classifications/icd10/browse/2010/en#!XVI>>.

Methodology

Date of death reporting for the Register

For the purpose of this report, the Committee has determined it will recognise the actual date of death of each child or young person in the ACT, rather than the registered date of death. This will provide an actual number of child and young person deaths for the reported five-year period and allow for a more accurate reflection of what was occurring at the time of the child or young person's death, namely the circumstances, risk factors, relevant agencies' policies and practices, and the political environment at that time. The time between the actual date of death and the registered date of death may be significant and, in that time, there may have been changes in the aforementioned circumstances. However, there may need to be adjustments if additional deaths of children and young people are registered at a later time.

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

Less than five total deaths

When a particular cohort of children and young people has fewer than five total deaths, the exact number of deaths will not be reported. This will ensure that the Committee complies with section 727S(3) of the Act and does not disclose the identity of a child or young person who has died or allow the identity of a child or young person who has died to be worked out. The number of deaths will be reported as •, which means the number of children and young people who died is less than five but greater than zero.

When a cause of death has fewer than five deaths, this report will not provide more detailed information about this cohort. This is not only to ensure the Committee's compliance with section 727S(3) of the Act, but to ensure the child, young person and family's right to privacy is maintained.

Population estimates and rates

The population estimates of the ACT and Aboriginal and Torres Strait Islander children and young people are taken from the latest Australian Bureau of Statistics' (ABS) release of estimated resident populations, which provides the estimated resident population as

Rates are calculated using child death data contained in the Register and both ABS estimated and projected statistics of the ACT population. These rates are calculated per 10 000 children and young people by dividing the total number of deaths by the total population in each age group.

Population Tables

Quarterly Population Estimates (ERP), by State/Territory, Sex and Age: ACT (ABS.Stat, 2018).

	Jun-2013			Jun-2014			Jun-2015			Jun-2016			Jun-2017		
Age	Persons	Persons													
		Males	Females												
0 - 4	26322	13620	12702	26929	13938	12991	27468	14245	13223	28106	14618	13488	28316	14717	13599
0	5494	2780	2714	5543	2881	2662	5637	2920	2717	5765	3005	2760	5483	2870	2613
1	5360	2817	2543	5464	2766	2698	5544	2879	2665	5647	2937	2710	5796	3019	2777
2	5171	2696	2475	5372	2823	2549	5531	2812	2719	5563	2908	2655	5726	2968	2758
3	5248	2691	2557	5223	2728	2495	5419	2846	2573	5606	2867	2739	5627	2938	2689
4	5049	2636	2413	5327	2740	2587	5337	2788	2549	5525	2901	2624	5684	2922	2762
5 - 9	23176	11980	11196	23991	12451	11540	25135	13010	12125	25920	13515	12405	26918	14030	12888
5	4862	2527	2335	5092	2660	2432	5407	2791	2616	5429	2841	2588	5609	2938	2671
6	4718	2446	2272	4893	2552	2341	5105	2651	2454	5478	2856	2622	5509	2872	2637
7	4793	2478	2315	4747	2470	2277	4964	2580	2384	5168	2698	2470	5533	2867	2666
8	4456	2298	2158	4801	2479	2322	4818	2494	2324	5004	2602	2402	5215	2714	2501
9	4347	2231	2116	4458	2290	2168	4841	2494	2347	4841	2518	2323	5052	2639	2413
10 - 14	21287	10798	10489	21324	10869	10455	21663	11092	10571	22238	11424	10814	23015	11887	11128
10	4287	2210	2077	4358	2254	2104	4493	2290	2203	4849	2514	2335	4887	2532	2355
11	4157	2095	2062	4296	2224	2072	4379	2264	2115	4486	2278	2208	4869	2520	2349
12	4230	2129	2101	4174	2091	2083	4313	2241	2072	4375	2259	2116	4531	2312	2219
13	4250	2150	2100	4227	2143	2084	4227	2130	2097	4307	2242	2065	4392	2271	2121
14	4363	2214	2149	4269	2157	2112	4251	2167	2084	4221	2131	2090	4336	2252	2084
15 - 17	14178	7240	6938	14363	7307	7056	14008	7104	6904	13481	6872	6609	13286	6742	6544
15	4568	2326	2242	4437	2250	2187	4324	2193	2131	4325	2216	2109	4297	2161	2136
16	4789	2465	2324	4824	2445	2379	4582	2331	2251	4407	2238	2169	4425	2266	2159
17	4821	2449	2372	5102	2612	2490	5102	2580	2522	4749	2418	2331	4564	2315	2249
Total	84963	43638	41325	86607	44565	42042	88274	45451	42823	89745	46429	43316	91535	47376	44159

Quarterly Population Estimates (ERP), by State/Territory, Sex and Age: Australia (ABS.Stat, 2018).

	Jun-2013			Jun-2014			Jun-2015			Jun-2016			Jun-2017		
Age	Persons	Persons													
		Males	Females												
0 - 4	1525706	783514	742192	1543497	792256	751241	1555101	798367	756734	1574103	808109	765994	1571924	807037	764887
0	310262	159538	150724	306391	157201	149190	308094	158134	149960	317579	163260	154319	302388	155366	147022
1	307649	158140	149509	312094	160361	151733	308457	158204	150253	311039	159552	151487	319682	164333	155349
2	300631	154230	146401	310667	159584	151083	314934	161823	153111	311499	159732	151767	314027	161072	152955
3	304823	156399	148424	305243	156607	148636	313580	161143	152437	317870	163202	154668	314687	161357	153330
4	302341	155207	147134	309102	158503	150599	310036	159063	150973	316116	162363	153753	321140	164909	156231
5 - 9	1458484	749516	708968	1496632	768900	727732	1536065	788504	747561	1567087	804159	762928	1588146	814761	773385
5	302104	154917	147187	306323	157316	149007	313221	160582	152639	314730	161461	153269	319775	164266	155509
6	298475	153464	145011	306031	156982	149049	309539	158982	150557	316853	162314	154539	318067	163142	154925
7	294094	151031	143063	302670	155618	147052	309475	158736	150739	312588	160569	152019	319543	163661	155882
8	284042	146163	137879	296079	152031	144048	306250	157392	148858	312954	160507	152447	315232	161908	153324
9	279769	143941	135828	285529	146953	138576	297580	152812	144768	309962	159308	150654	315529	161784	153745
10 - 14	1394964	714993	679971	1401783	719225	682558	1411238	724997	686241	1431725	735400	696325	1471962	756495	715467
10	276656	141701	134955	281449	144922	136527	286621	147441	139180	299125	153594	145531	312449	160570	151879
11	276060	141434	134626	278248	142577	135671	282744	145650	137094	287592	147946	139646	301260	154704	146556
12	279936	143757	136179	277689	142325	135364	279503	143289	136214	283980	146346	137634	289713	149044	140669
13	280859	143727	137132	281653	144684	136969	279115	143051	136064	280551	143805	136746	286000	147397	138603
14	281453	144374	137079	282744	144717	138027	283255	145566	137689	280477	143709	136768	282540	144780	137760
15 - 17	860105	441377	418728	859691	440650	419041	862070	441832	420238	866912	444466	422446	870282	445640	424642
15	282522	145131	137391	283504	145471	138033	285312	146025	139287	286423	147147	139276	284031	145516	138515
16	286581	146773	139808	285910	146752	139158	286650	147139	139511	289452	148070	141382	291001	149384	141617
17	291002	149473	141529	290277	148427	141850	290108	148668	141440	291037	149249	141788	295250	150740	144510
Total	5239259	2689400	2549859	5301603	2721031	2580572	5364474	2753700	2610774	5439827	2792134	2647693	5502314	2823933	2678381

Estimated and projected Aboriginal and Torres Strait Islander population, Series B^(a), Single year of age, Australian Capital Territory and Australia

Age		ACT					Australia				
		2013	2014	2015	2016	2017	2013	2014	2015	2016	2017
0	no.	157	166	172	178	185	17,168	17,654	18,161	18,671	19,172
1	no.	155	160	169	175	181	16,682	17,149	17,635	18,142	18,652
2	no.	161	154	159	169	175	16,182	16,676	17,143	17,629	18,136
3	no.	148	159	152	158	168	16,718	16,176	16,670	17,137	17,623
4	no.	138	145	155	148	154	16,777	16,714	16,172	16,666	17,133
5	no.	119	135	141	150	144	16,547	16,773	16,710	16,168	16,662
6	no.	118	116	131	136	145	16,559	16,543	16,769	16,706	16,164
7	no.	129	115	114	128	132	16,737	16,556	16,540	16,766	16,702
8	no.	117	127	114	114	127	16,133	16,735	16,554	16,538	16,764
9	no.	141	118	128	115	116	15,507	16,131	16,733	16,552	16,536
10	no.	127	141	120	129	117	15,518	15,505	16,129	16,731	16,550
11	no.	121	127	141	120	130	15,622	15,516	15,503	16,127	16,729
12	no.	118	121	126	141	120	15,878	15,620	15,514	15,501	16,125
13	no.	138	115	118	123	136	15,603	15,874	15,617	15,510	15,497
14	no.	117	134	112	115	120	15,531	15,599	15,870	15,613	15,506
15	no.	136	115	132	111	114	15,591	15,525	15,593	15,864	15,607
16	no.	129	138	117	134	114	15,584	15,584	15,517	15,586	15,857
17	no.	127	138	146	126	142	15,331	15,576	15,576	15,509	15,578
Total	no.	2396	2424	2447	2470	2520	289,668	291,906	294,406	297,416	300,993

Definition of terms

Australian Capital Territory (ACT) resident

An ACT resident is defined as a person who usually lives in the ACT.

'Aboriginal and Torres Strait Islander'

In the *Children and Young People Act 2008*:

Aboriginal or Torres Strait Islander person means a person who –

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

'Child'

In the *Children and Young People Act 2008*:

child means a person who is under 12 years old.

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

'Child Concern Report'

A Child Concern Report is a report made to Care and Protection Services in accordance with section 359 of the Act and can be made by either a voluntary or a mandated reporter. A Child Concern Report is a record of information regarding the needs of a child or young person or is about a child or young person's safety or wellbeing (CSD definition).

'Child Protection Report' / Report under section 360(5) of the Act

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

'Coroner'

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

'Infant'

Refers to the period from 28 days to one year of age.

'National Coronial Information System'

Refers to the initiative of the Australasian Coroners Society that is managed by the Victorian Department of Justice on behalf of the Australian Government and the states and territories. Information about every death subject to a coronial inquiry in Australia is stored in the system, providing a valuable hazard identification and death prevention tool for researchers, including state and territory death review committees (NCIS definition).

'Neonatal'

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

'Parent'

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

'Perinatal'

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

'Register'

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

'Review by the ACT'

These reviews are undertaken in the ACT and may include: a coronial inquest into the manner and cause of death of a person who dies in circumstances set out in the *Coroners Act 1997*; a Clinical Health Review Committee; an internal review by the Child and Youth Protection Services.

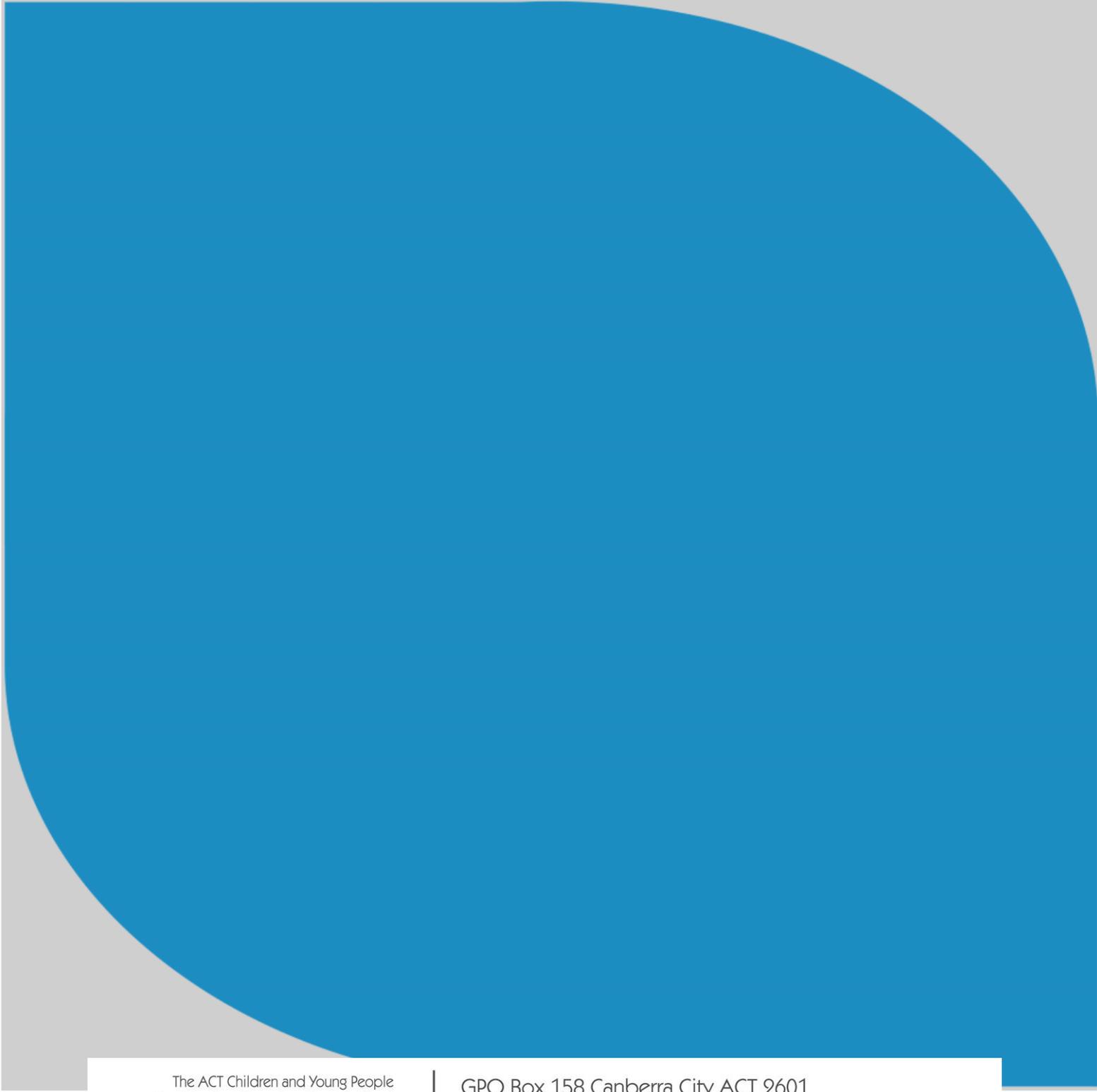
'Sibling'

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

'Young people'

In the *Children and Young People Act 2008*:

young people means young persons over the age of 12 years who are not yet 18 years.



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

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