

Drowning

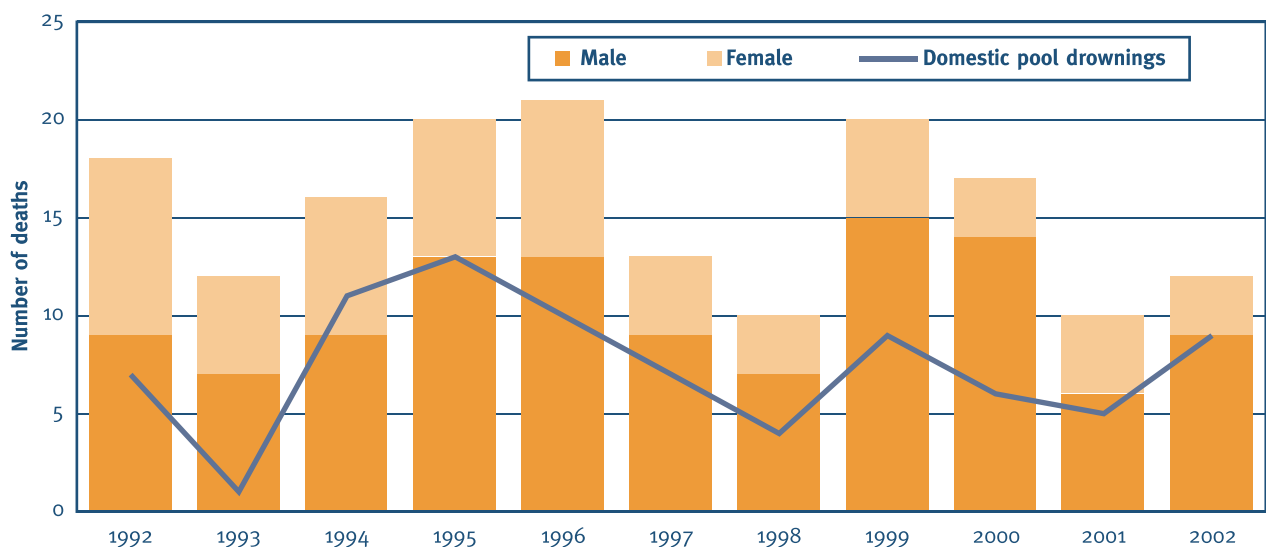
In the last 10 years there have been between 10 and 21 deaths of children under five each year due to drowning (Figure 6.5).

Uniform pool fencing legislation was introduced in Queensland in February 1992, and has been shown to be effective in reducing drownings of young children (Cunningham, Hockey, Pitt & Miles, 2002). In the five years before the introduction of the legislation, around 13 children aged under five drowned in swimming pools each year, compared with an annual average of 6.6 deaths between 1998 and 2002. This was despite the rapid increase in domestic pool ownership. Between 1991 and 2002, it is estimated that the number of swimming pools and outdoor spas more than doubled (Department of Local Government and Planning, 2003).

A 2001 survey on safety in the home in Queensland found that there were swimming pools or outdoor spas in 21% of all households and 24% of households where young children lived or visited regularly (ABS, 2002e).

Other risks for young children – such as drowning in dams, creeks, at the beach, in buckets or bathtubs – will be one of the focuses of the Commission’s Annual Report on child deaths.

Figure 6.5 Drowning deaths of children aged 0–4 years, Queensland, 1992 to 2002



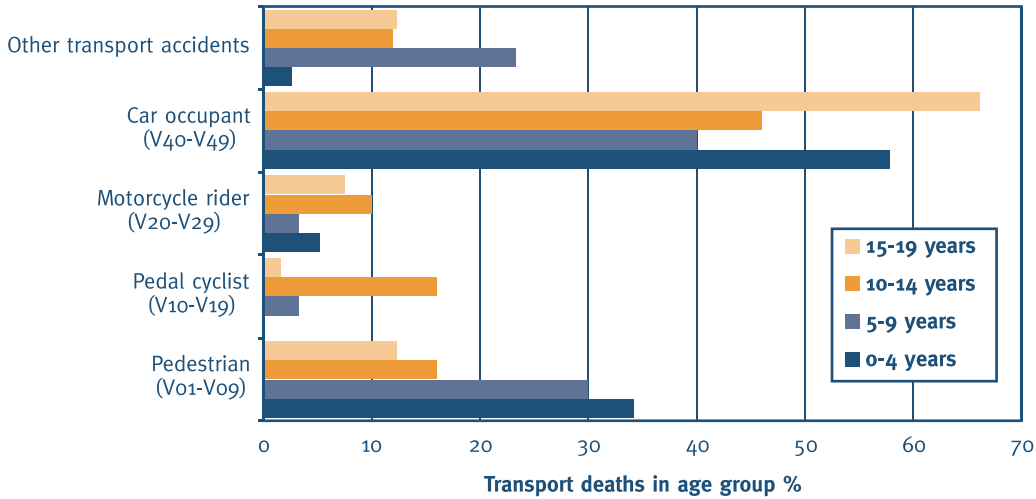
Note: These data differ from ABS data as they are based on date of immersion rather than the date of death registration. Thus deaths from medical complications of near drowning are included in the year in which the immersion incident occurred.
Source: Queensland Injury Surveillance Unit and Queensland Council on Obstetric and Paediatric Morbidity and Mortality

Transport accidents

The majority of transport deaths of children and young people are among 15 to 19 year olds, with 251 deaths in this group in the period 1999 to 2003, 50 deaths of 10 to 14 year olds, 30 deaths of 5 to 9 year olds and 38 deaths of 0 to 4 year olds (ABS, Deaths Collection).

Car accidents are the most common cause of transport deaths in each age group (Figure 6.6). However, pedestrian deaths made up around a third of deaths of 0 to 4 year olds and 5 to 9 year olds in the period 1999 to 2003. Low speed driveway run-overs accounted for around half of all pedestrian deaths of under fives from 1994 to 2000 (Hockey, Pitt & Miles, 2003).

Figure 6.6 Deaths in transport accidents by person injured by age, Queensland, 1999–2003

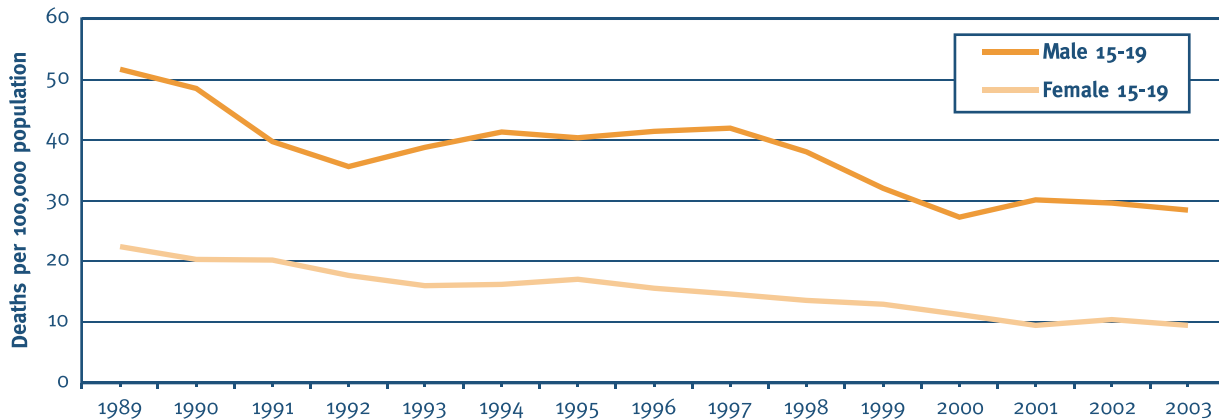


Source: ABS, Deaths Collection

As for the trend in transport mortality rates in the general population, transport accident deaths of young people have decreased since the 1980s (Figure 6.7). Reductions may be attributed to various road safety programs such as the compulsory wearing of seat belts and improvements in road design and safety features in vehicles.

However young people, particularly males, continue to be in one of the highest risk groups, with an average annual rate of 28 deaths per 100,000 among 15 to 19 year old males in the period from 2001 to 2003, compared to 14 deaths per 100,000 males and 5 deaths per 100,000 females in the total Queensland population in 2003 (ABS, 2005b; ABS, 2004g).

Figure 6.7 Transport accident mortality rate^a 15 to 19 year olds by sex, Queensland, 1989 to 2003



Note: Years stated refer to three-year rolling averages at year's end.

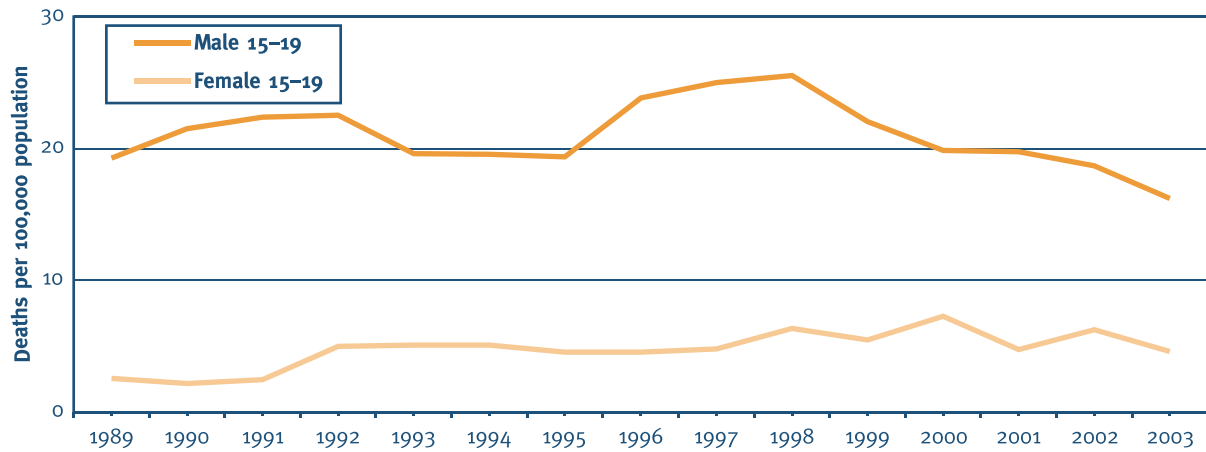
a. Deaths per 100,000 population.

Source: ABS, Deaths Collection; ABS, Population by Age and Sex, cat. no. 3201.0

Suicide

Young men suicide at over three times the rate for young women. In the three years to 2003, the suicide rate was 16 per 100,000 males aged 15 to 19 compared to 5 per 100,000 for females aged 15 to 19 (Figure 6.8).

Figure 6.8 Suicide rate^a 15–19 year olds by sex, Queensland, 1989 to 2003



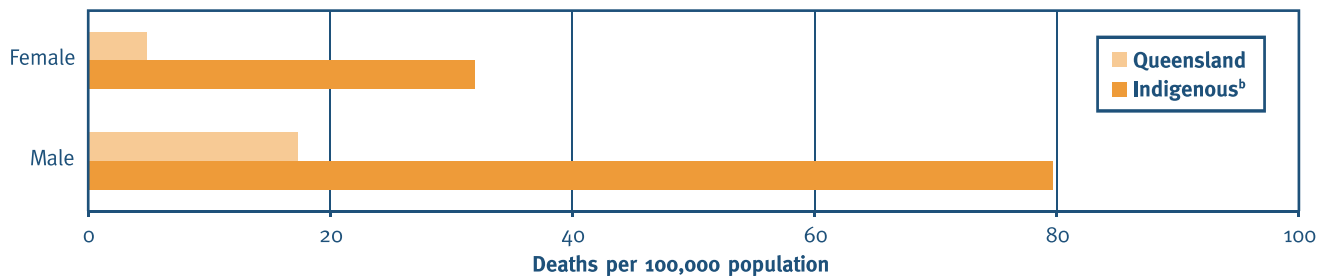
Note: Years stated refer to three-year rolling averages at year's end.

a. Suicide deaths per 100,000 population.

Source: ABS, Deaths Collection; ABS, Causes of Death: Suicide Deaths 1997 to 2001, cat. no.3303.0; ABS, Population by Age and Sex, cat. no. 3201.0

Indigenous young people had suicide rates at least four times higher than the state average based on data from 1999 to 2003³⁸ (Figure 6.9).

Figure 6.9 Suicide rate^a 15 to 19 year olds by Indigenous status, Queensland, 1999–2003



Note: Rates based on average annual deaths 1999 to 2003 and estimated populations in 2001.

a. Suicide deaths per 100,000 population.

b. Mortality rates for Indigenous people are likely to be underestimated.

Source: ABS, Deaths Collection; ABS, Population by Age and Sex, cat. no. 3201.0; ABS, Population Characteristics, Aboriginal and Torres Strait Islander Australians, 2001, cat. no. 4713.3.55.001

³⁸ Rates are based on relatively small numbers and should be used with caution.

Comments

Improvements in medical treatment, motor vehicle and pool safety, and in the availability of immunisation have contributed to decreasing mortality rates in recent decades.

Although mortality rates for young people are generally declining, the higher incidence in young males, particularly as a result of suicide and transport accidents, is still a concern.

Mortality rates for Indigenous children and young people are much higher than in the general population, and are probably higher than the available data indicate. This continues to be a matter of concern.

The Crime and Misconduct Commission's report *Protecting children: an inquiry into abuse of children in foster care* (2004) recommended the review of all deaths of children in care and the establishment of a child death research function.

The Department of Child Safety is required to review its involvement in cases where a child dies, if that child was known to the Department in the three years before their death. Within six months of the Department of Child Safety learning of the death of such a child, it is required to provide the Child Death Case Review Committee (CDCRC) with a report on its review. The CDCRC considers the Department's review and makes recommendations about laws, policies and practices relating to the delivery of services to children, young people and their families.

The CDCRC then provides a report to the Chief Executive of the Department of Child Safety for each child death case. This may include a request that the Chief Executive advise the CDCRC of the steps taken to address the recommendations made.

The Commission has a new child death research function, and is responsible for the centralised collection and coding of mortality information for coronial and non-coronial deaths of children and young people.

In October this year, the Commission will table its inaugural Annual Report on child deaths, which will provide a detailed analysis of the deaths of children and young people in 2004-05, including:

- sudden unexpected deaths in infancy and childhood
- transport-related deaths
- drowning related deaths
- accidental deaths (e.g. falls)
- suicide, and
- homicide.

The Commission's new child death functions will raise community and government awareness about the risk factors associated with preventable child deaths, and it is hoped its recommendations will lead to enhanced measures for protecting the safety, welfare and wellbeing of Queensland children and young people.