

Annual Report 200 0 0 9

NT Child Deaths Review and Prevention Committee



NT Child Deaths Review and Prevention Committee

The NT Child Deaths Review and Prevention Committee respect the beliefs of Aboriginal peoples and advise that there is information in this report regarding Aboriginal people who have deceased.

Office of the Children's Commissioner Northern Territory
PO Box 40598
Casuarina NT 0811
Telephone 08 8999 6076
Freecall 1800 259 256
Facsimile 08 8999 6072
E-mail childrenscommissioner@nt.gov.au

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The Honourable Malarndirri McCarthy MLA
Minister for Child Protection
Parliament House
DARWIN NT 0801

Dear Minister McCarthy

In accordance with Part 3.3, section 213 of the *Care and Protection of Children Act 2007*, I am pleased to provide you with the inaugural annual report of the Northern Territory Child Deaths Review and Prevention Committee.

The report contains information on the establishment of the Committee and on infant and child deaths that occurred in the Territory during the 2008 calendar year as well as the two preceding years, 2006-2007. Some data from external research on the causes of child deaths in the NT is also reviewed.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'H Bath', with a large, sweeping underline.

Howard Bath
Children's Commissioner

30 October 2009

NT Child Deaths Review and Prevention Committee

Annual Report 2008-2009

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Glossary of terms

ABS	Australian Bureau of Statistics
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
Act	<i>Care and Protection of Children Act 2007</i>
ANZCDRPG	Australian and New Zealand Child Death Review and Prevention Group
BDM	Registry of Births, Deaths and Marriages, Northern Territory
CDRPC	Child Deaths Review and Prevention Committee
CDRPG	Child Deaths Review and Prevention Group
Committee	Child Deaths Review and Prevention Committee
Coroner	Northern Territory Coroner
DHF	Department of Health and Families
ICD-10	International Statistical Classification of Disease and Related Health Problems, Tenth Revision
NCIS	National Coroners Information System
NSW	New South Wales
NSW CDRT	New South Wales Child Death Review Team
NT	Northern Territory
PC	Productivity Commission, Australian Government
Register	Child Deaths Register

Definitions

Aboriginal

There are numerous state and territory agencies as well as national institutions that manage, analyse and report on demographic data, including the Australian Institute of Health and Welfare (AIHW), the Australian Institute of Family Studies (AIFS), the Productivity Commission (PC), and the Australian Bureau of Statistics (ABS). Amongst these organisations there is little consistency in the usage of terms and categories, particularly with respect to terms used for *Indigenous* or *Aboriginal Australians*, with differences being apparent even amongst government agencies in the same jurisdiction.

Although the term *Indigenous Australians* is frequently used to describe people of either *Aboriginal* or *Torres Strait Islander* descent, some organisations use the two separate categories whilst others combine them as *Aboriginal/Torres Strait Islander*.

For purposes of consistency, the *Child Deaths Review and Prevention Committee* resolved to use the definition provided in the *Care and Protection of Children Act 2007*, which sets out provisions for the Committee. In Part 1.4, section 13 of the Act, the following definition is provided for the term 'Aboriginal':

Aboriginal means:

- (a) a descendant of the Aboriginal people of Australia; or
- (b) a descendant of the indigenous inhabitants of the Torres Strait Islands

Throughout this Report the term *Aboriginal* will therefore be used for people of either *Aboriginal* or *Torres Strait Islander* descent except where specific reference is being made to publications which use other terminology, for example, those from the ABS which often use the term *Indigenous*.

Child

Part 1.4, section 13 of the Act defines 'child' as:

- (a) a person less than 18 years of age; or
- (b) a person apparently less than 18 years of age if the person's age cannot be proved.

Child Death

Part 3.3, section 208 of the Act defines 'child death' as:

- (a) the death of a child who usually resided in the Territory (whether the death occurred in the Territory or not); or
- (b) a still-birth as defined in the *Births, Deaths and Marriages Registration Act* that occurred in the Territory.

Congenital Malformations

Congenital Malformations, including deformations and chromosomal abnormalities, are physical and mental conditions present at birth which are either hereditary or caused by environmental factors.

Stillbirth (Foetal Death)

Death prior to the complete expulsion or extraction from its mother of a product of conception of 20 or more completed weeks of gestation or of 400 grams or more birth weight. The death is indicated by the fact that after such separation the foetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles.¹

Neonatal

The neonatal period extends from birth to 28 days of age. A **Neonatal Death** is the death of a liveborn baby within 28 days of birth.¹

Perinatal

The perinatal period extends from 20 weeks gestation to 28 days following birth. A **Perinatal death** is a foetal or neonatal death of at least 20 weeks gestation or at least 400 grams birthweight.¹

Infancy

The infancy period extends from birth to 12 months of age. An **Infant Death** is the death of a live born child under 1 year of age.²

¹ Laws, P.J. & Hilder, L. (2008). Australia's mothers and babies 2006. Perinatal statistics series no. 22.Cat. no. PER 46. Sydney: Australian Institute of Health and Welfare National Perinatal Statistics Unit

² Abeywardana, S. & Sullivan, E.A. (2008). Congenital anomalies in Australia 2002–2003. Birth anomalies series no. 3 Cat. no. PER 41. Sydney: Australian Institute of Health and Welfare National Perinatal Statistics Unit.

NT Child Deaths Review and Prevention Committee

Dr Howard Bath

Convenor, NT Child Deaths Review and Prevention Committee
Children's Commissioner, Office of the Children's Commissioner NT
Expertise in child protection, children with special needs, and research

Ms Stephanie Bell

Director, Central Australian Aboriginal Congress Incorporated, Alice Springs NT
Expertise in Aboriginal primary health care, health service delivery, systems and planning

Mrs Lorraine Evans

Principal, Nightcliff Middle School, Department of Education and Training NT
Expertise in child protection, education, especially in primary and middle school settings

Dr Steven Guthridge

Director, Health Gains Planning, Department of Health and Families NT, Public Health Physician
Expertise in statistical analysis and reporting

Commander Colleen Gwynne

Crime and Specialist Support Command, NT Police, Fire and Emergency Services
Expertise investigating and managing crimes against children

Ms Barbara Henry

Manager, Office of Indigenous Affairs, Department of the Chief Minister NT
Expertise in Indigenous Policy

Mr Allan Joy

Director, Child Protection Services, NT Families and Children, Department of Health and Families NT
Expertise in child protection operations, policy and service development

Dr Celia Kemp

Deputy Coroner, Office of the Coroner NT
Expertise in medicine, criminal and coronial law, and the investigation of unexpected death

Dr Charles Kilburn

Co-Director, Division Maternal and Child Health and Medical Director Special Care Nursery, Royal Darwin Hospital, Department of Health and Families NT
Expertise in specialist paediatrics

Professor Steven Larkin

Professor Vice Chancellor Indigenous Leadership, Charles Darwin University, Casuarina Campus NT
Expertise in Indigenous health policy and child protection

Dr Barbara Paterson

Chief Health Officer and A/Executive Director for Health Protection, Department of Health and Families NT, Public Health Physician
Expertise in maternal and child health

Associate Professor Dr Robert Parker

Director of Psychiatry, Top End Mental Services, Department of Health and Families NT
Expertise in Indigenous mental health and suicide in the NT

Professor Frank Plani

Trauma Consultation, National Critical Care and Trauma Response, Royal Darwin Hospital,
Department of Health and Families NT
Expertise in Trauma and Critical Care, and Surgical Emergencies

Dr Robert Roseby

Respiratory and General Paediatrician Head, Department of Paediatrics, Alice Springs Hospital,
Department of Health and Families NT
Expertise in paediatric, respiratory and adolescent medicine and public health.

Associate Professor Adam Tomison

Deputy Convenor, NT Child Deaths Review and Prevention Committee
Head of Child Protection Program, Menzies School of Health Research NT
*Expertise in child abuse prevention, child protection systems including policy and system reform,
family violence and child welfare/family support*

Dr Jo Wright

Chief Rural Medical Practitioner for Remote Health, Department of Health and Families NT
Expertise in remote primary health care, health information systems and public health

Secretariat

Ms Hilary Berry

Ms Lisa Cooper

Ms Helena Gibbons

Foreword

As part of major child protection reforms in the Northern Territory (NT), the government passed legislation in November 2007 which made provision for the establishment of the NT's first *Child Deaths Review and Prevention Committee*. The aim of the Committee is to assist in the prevention and reduction of child deaths in the Northern Territory by maintaining a child deaths register, conducting research, and developing appropriate policy responses to address child deaths and their causes. The Minister for Child Protection has appointed the Children's Commissioner to be Convenor of the Committee and the secretariat functions are provided by the Commissioner's office.

The death of any child is a tragedy and the members of the NT's first *Child Deaths Review and Prevention Committee* would like to extend their sincere condolences to the families, friends and communities of the children and young people whose deaths are the focus of this inaugural annual report. Sometimes it is possible to learn from the circumstances of a child's death and it is the Committee's hope that its work may result in other families and communities being spared the experience of similar tragedies.

As this report is the first product of the Committee, it will focus mainly on issues relating to the development of the Committee's functions and on descriptive data pertaining to children who died in the calendar years 2006 to 2008. For purposes of context, the report will also provide some data pertaining to child deaths in the NT which have been published elsewhere. It is anticipated that subsequent reports will provide more detailed analyses, including the causes of death, with a view to identifying trends and patterns that can assist in the prioritisation of research and the raising of community awareness. This research should highlight background issues that contribute to child deaths and provide a sound basis for the development of policies to reduce and prevent these tragic events wherever possible.

On behalf of the Committee, I would like to thank the agencies and individuals across the NT who have provided assistance in the preparation of this report.



Howard Bath
Convenor
Child Deaths Review and Prevention Committee

Executive Summary

Background and Establishment of the Committee

This is the first annual report of the Northern Territory *Child Deaths Review and Prevention Committee*. The Committee was established pursuant to Part 3.3 of the *Care and Protection of Children Act 2007* which was passed by the NT Legislative Assembly in November 2007. The purpose of any child death review process is to assist in the prevention and reduction of child deaths and the NT is the last Australian jurisdiction to have such a process.

The primary object of Part 3.3 of the Act is: "to assist in the prevention and reduction of child deaths through:

- (a) maintaining a database on child deaths; and
- (b) conducting research about child deaths; and diseases and accidents involving children; and
- (c) the development of appropriate policy to deal with such deaths, diseases and accidents"

Details of the Committee's functions are likewise set out in the Act.

At the end of each financial year the Committee is required to prepare a report about its operation. Should the Committee conduct or sponsor research about issues identified as being relevant to child deaths in the NT, the resultant report must also be presented to the Minister. The Minister is required to table the Committee's annual report and research report/s in the Legislative Assembly.

Many of the activities this year have centred on the development of a suitable database to become the official Register, as well as on policies and procedures for the sound operation of the Committee. Sixteen qualified members were appointed to the Committee by the Minister for Child Protection in accord with the guidelines contained in the Act. These included the appointment of the Children's Commissioner as Convenor and Dr Adam Tomison as Deputy Convenor. The Committee met on three occasions as required in Part 3.3 of the Act.

The Child Deaths Register

As outlined in Chapter 2, a major focus of the Committee's activities this year was on the development of a suitable database to become the Child Deaths Register. The Committee reviewed other existing databases before deciding that the needs of the NT would be most appropriately met by developing a new database tailored to its requirements.

Other items relating to the data storage and management issues were discussed, including legal provisions relating to the privacy of information obtained in the course of the work of the Committee; the use of classification systems such as the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*, otherwise known as the ICD-10; and the use of calendar rather than financial year reporting, with the former being the preferred option.

The role of the Australian and New Zealand Child Deaths Review and Prevention Group was discussed, given that it has been working towards a standardisation of data definitions and ways to facilitate the sharing of child deaths information across state and territory borders.

Sources of Data on Child Deaths

Chapter 3 of the Report looks at sources of data for the work of the Committee including data obtained from national bodies such as the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW), as well as the National Coroner's Information System (NCIS), each of which provides data on child deaths. Given the particular requirements of the Committee it was determined that the primary source of data on child deaths would be the Registry of Births, Deaths and Marriages (BDM), which also has a database of stillbirths in the NT. This source may need to be supplemented from time to time with data from other sources.

Other issues relating to the analysis of child deaths data include the difference between actual date of death and date of death registration which can occur some time later (the former will be used by the Committee), the need for analyses to explore causes of death that go beyond the data supplied by the BDM Registry and other data sources, the problem of gathering data on the deaths of NT children who die interstate and statistical problems that occur where there are small numbers, as is often the case in the NT.

The Context of NT Data on Child Deaths

Chapter 4 explores the statistical context of child deaths data in the NT including national trends and relevant NT data obtained from research in previous years. For all population groups, a significant percentage of all child deaths occur in infancy (first year of life) and particularly in the neonatal period (first four weeks of life). A number of data tables are presented which reveal high infant and child death rates in the NT when compared to other jurisdictions and the Australian averages. Notwithstanding these differences, trends over time reveal that both infant and child death rates have been declining in the NT and across Australia.

A consistent finding is that Aboriginal infants and children are at greater risk of dying than their non-Aboriginal counterparts. Data available from the ABS show that Aboriginal infants in the NT have higher death rates than Aboriginal children in other Australian jurisdictions.

With respect to causes of death for infants, the three largest categories for both the NT and for Australia as a whole were perinatal conditions (including newborns affected by maternal conditions, prematurity, "other" respiratory conditions and perinatal infections), congenital malformation and ill-defined symptoms and signs. In all cases, the rates for Aboriginal infants in the NT were more than double those for non-Aboriginal NT which, in turn, were close to the Australian averages.

For children over one year of age, the most common causes of death are injuries (mainly motor vehicle accidents and drowning), poisoning, circulatory diseases, infectious and parasitic diseases. Again, Aboriginal children are at particularly high risk.

Child Deaths in the NT, 2006-2008

Current data on child deaths in the NT are presented in Chapter 5. The BDM Registry records the deaths of 56 children in 2008 and 50 in each of the preceding two years. It is likely that the actual numbers are a little higher, as the BDM data does not include children who may have died whilst interstate. Given that a number of critically ill infants are airlifted each year to specialist medical centres interstate, it is quite possible that the number of deaths may be an under count. The Committee is considering ways of obtaining information on NT children who die whilst interstate and when the data is available the Register will be updated.

Over the three year period, 86 males and 71 females have died and it appears that in most age categories over the three years, male deaths have outnumbered female deaths.

Aboriginal children make up around 43% of the child population in the NT (Chondur & Guthridge, 2006), but they are consistently over-represented in the deaths data. Over the three year period, 117 Aboriginal children and 38 non-Aboriginal children died. Likewise, rates of death per 100,000 population over the three year period show that Aboriginal children are at a much greater risk of dying than their non-Aboriginal counterparts.

Given that a large percentage of child deaths occur in the perinatal period, separate tables are presented for the categories of stillbirths, perinatal deaths and neonatal deaths. For stillbirths and perinatal deaths over the three year period, there is an apparent pattern of a reducing number of deaths (stillbirths – 44, 31 & 28; perinatal deaths – 63, 50, 47) but the numbers are too small and the time frame too short to determine whether this is a consistent trend. Neonatal deaths for 2006, 2007 and 2008 are registered at 19, 18 and 20 respectively. In all three categories, Aboriginal children are over-represented.

Summary of Key Findings

There are several major findings from the data on child deaths in the NT that give cause for serious concern:

1. Death rates for children in the NT are high in comparison with the other states and territories, in particular, infant death rates are more than double the national average.
2. Over 40% of all infants and children in the NT are Aboriginal and they carry a much higher death risk than their non-Indigenous counterparts. Aboriginal children in all Australian jurisdictions have high death rates but the rates for NT children are higher than those for their Aboriginal counterparts in the rest of the country.
3. From previous research reported here, perinatal conditions, congenital malformations and ill-defined symptoms appear to be the primary causes of death in infancy. Whilst the impact of these conditions on non-Aboriginal infants in the NT is around the same as that for infants across the rest of Australia, Aboriginal infants are disproportionately affected.
4. The predominant causes of child deaths in the NT for children over 1 year of age are in the category of injuries (mainly motor vehicle accidents and drowning) and poisoning. These are followed by circulatory disease and infectious and parasitic diseases. Again, NT Aboriginal children are disproportionately at risk.

These stand-out findings clearly call for urgent research and action and will help to determine the research agenda of the Committee in coming years.

Chapter 1

Establishment of the Northern Territory Child Deaths Review and Prevention Committee

Background

For a number of years, the Northern Territory Government has been working to assist families to better care for their children through an extensive reform agenda in both the child protection and community service areas. A key element of child protection reform has been the introduction of the new *Care and Protection of Children Act 2007* (the Act), the objectives of which are “to promote the wellbeing of children” including “to protect them from harm and exploitation” and to “maximise the opportunities for children to realise their full potential”.³

This Act was passed by the Northern Territory Legislative Assembly in November 2007 and contains provisions relating to the prevention of child deaths. The objective of these provisions is to assist in the prevention and reduction of all child deaths up to the age of 18 years in the NT, including stillbirths.

One of the most tragic events a family and community can experience is the death of a child, an event which is even more tragic if it could have been prevented. A recent response to these tragedies both nationally and internationally, has been the establishment of committees tasked with the review of child deaths within their respective jurisdictions. The scope of these committees varies from state to state and country to country, however each has the common goal of seeking to better understand how and why children die and to initiate action designed to prevent the deaths of other children where this is possible.

Each Australian state and territory now has processes in place for reviewing the deaths of children, however, the composition of the various review committees differ as does their scope, process and reporting requirements. The Northern Territory was the last Australian jurisdiction to establish a child deaths review process and the legislative basis for the work of this committee is outlined below.

As is discussed in Chapter 4, the Northern Territory lags behind other Australian jurisdictions with respect to the majority of infant and child health indicators and the existing data also suggest that death rates follow a similar pattern. Of particular concern are the health indicators and death rates for Aboriginal children which are considerably poorer than those for their non-Aboriginal counterparts. There is, however, some cause for optimism in that the death rates for both Aboriginal and non-Aboriginal infants and children have been improving over the past two decades.

The Committee will have the ability to look at infant and child deaths in more depth, on a case by case basis as well as on an aggregated basis by cause or type of death. These perspectives will allow it to interrogate in greater detail the factors behind deaths and death rates. With the

³ *Care and Protection of Children Act 2007*, Part 1.2, section 4.

expertise and experience of its members from different disciplines and occupations in the field of child health and wellbeing, the Committee will have the capacity to provide for the broader community some answers to the 'what', 'how' and 'why' questions and to make recommendations on how to reduce or prevent such deaths in the future.

Legislation

The *Northern Territory Child Deaths Review and Prevention Committee* (CDRPC or the Committee) is a statutory committee established in accordance with provisions contained in Chapter 3, Part 3.3 of the Act, (see Appendix 1 page 46).

Objective

The object of Part 3.3 of the Act, *Prevention of child deaths*, is "to assist in the prevention and reduction of child deaths through:

- (a) maintaining a database on child deaths; and
- (b) conducting research about child deaths; and diseases and accidents involving children; and
- (c) the development of appropriate policy to deal with such deaths, diseases and accidents."

The Committee's functions are:

- to establish and maintain the Child Deaths Register;
- to conduct or sponsor research into child deaths, diseases and accidents involving children and other related matters (such as childhood morbidity and mortality), whether alone or with others;
- to make recommendations on the research into child deaths, diseases and accidents;
- to monitor the implementation of the recommendations;
- to raise public awareness in relation to:
 - (i) the death rate of children;
 - (ii) the causes and nature of child deaths and diseases and accidents involving children;
 - (iii) the prevention or reduction of child deaths, diseases and accidents;
- to contribute to any national database on child deaths in Australia;
- to enter into an arrangement for sharing of information with anyone in Australia who has functions similar to those of this Committee;
- to perform any other functions as directed by the Minister in relation to the object of this legislative provision.

At the end of each financial year the Committee is required to prepare a report about the operation of the Committee during that financial year. Should the Committee conduct or sponsor research about issues identified as being relevant to child deaths in the NT, the resultant report must also be presented to the Minister. The Minister is required to table the Committee's annual report and research report/s in the Legislative Assembly.

Establishment of Committee

The Northern Territory Department of Health and Families (DHF) arranged for the support secretariat for the Committee to be provided by the Office of the Children's Commissioner. When the Children's Commissioner, Dr Howard Bath, was appointed in late June 2008, the Minister for Child Protection, the Honourable Malarndirri McCarthy MLA determined that he would be appointed as Convenor of the Committee.

In accordance with the requirements of the Act, membership of the Committee reflects a multi-disciplinary approach to promoting the well-being of children in the NT, and comprises 16 senior representatives from government and independent agencies with expertise in the areas of health care (hospital and community based care, including representation from the urban and remote centres of the NT), child development and child protection, education, police, epidemiology and research. The Act requires that at least two members of the Committee are to be Aboriginal persons. It also states that the Deputy Coroner is to be a member of the Committee and it provides for the appointment of both a Convenor and a Deputy Convenor.

Membership of the Committee is by Ministerial appointment, for a period of up to two years. The appointment of current Committee members commenced as of 2 February 2009.

Since the Committee's inception there has been one resignation. Dr Robert Roseby, Senior Paediatrician, Alice Springs Hospital, resigned from the Committee to take up a position interstate. A replacement Committee member is currently being sought.

Activities of the Committee

The inaugural meeting of the *Child Deaths Review and Prevention Committee* was held in February 2009. At this meeting, the Minister for Child Protection welcomed the members of the Committee and outlined a vision for the Committee's work. A further two meetings of the Committee have been held in accordance with the requirements under the legislation.

One of the main functions of the Committee as set out in the Act is the development of a Child Deaths Register, which is a database that will contain information relating to child deaths. This may include information relating to children who have died as well as the immediate causes and background factors that may have contributed to their deaths.

The identification of the nature and scope of information that needs to be recorded in the Child Deaths Register has been a major focus of the Committee's deliberations in the five months since members took up their positions. Chapter 2 of this Report outlines in detail some of the complex issues being faced by the Committee with respect to the development of the database.

There are numerous issues to be resolved in establishing a Committee when its objects and functions are prescribed under a new piece of legislation. Given that the Committee is in the early stage of its development, much discussion has focused on the roles of members and the systems and processes needed to ensure it is able to meet all its statutory requirements. This has required the development of policies and rules pertaining to the administrative and operational functions of the Committee.

Another activity has been 'testing' the new legislation with respect to the Committee's needs and powers around the acquisition of information from the different agencies in order to develop and populate the Child Deaths Register. This has involved the development of arrangements for obtaining data from different government agencies including the Registry of Births, Deaths and Marriages, NT (BDM) and hospitals within the NT. The Committee is developing processes for

accessing data from a number of other sources, for example, health facilities operated by non-government agencies.

The Committee is also engaged in the development of policies and procedures relating to the confidentiality and security of information relating to child deaths. This will ensure that the most effective strategies are in place for the distribution, recording and storage of information.

Other issues dealt with by the Committee included identification of staffing requirements to support the functions of the Committee as well as the analysis of data and the development of the initial annual report.

Chapter 2

Data Collection and the Development of a Child Deaths Register

Under the Act, the Committee has a statutory requirement to develop and maintain a Register of all deaths of children and young people under the age of 18 years whose usual place of residence is the NT.

The Register is to be a database based on data from the BDM Registry. This data will include demographic information relating to date of birth, date of death, date of registration of death, sex, Aboriginal and Torres Strait Islander status, place of birth, place of death, usual place of residence, parents' names and occupations, and cause of death. In addition, it is anticipated that the database will contain information relating to the circumstances of each death and background causes which will allow for the identification of patterns and trends of child deaths in the NT.

A major challenge for the Committee is the development of a database that contains information that is comparable to that maintained by other Australian jurisdictions, that is flexible enough to incorporate future changes that may be required after national data coding initiatives, and that captures all the pertinent information required in the NT context.

The NSW Child Death Review Team (CDRT) kindly assisted the NT by providing a de-populated copy of their Child Death Register to use as a 'starting point' for the development of the NT Child Deaths Register. The Committee and a sub-Committee set up to focus on the issues, considered whether the NSW database could be effectively adapted for use as the Register or whether a new database was needed.

NSW has used their register since 1996 and it records data relating to the registered deaths of all children and young people aged 0-17 years. The data includes date of birth, date of death, date of death registration, age, sex, Aboriginal and Torres Strait Islander status, cause of death as noted on the death certificate, place and country of birth, usual residence, and parents' names and occupations. It also provides for the collection of other information that might help with understanding the underlying causes of the deaths. This further information includes data fields for factors such as socioeconomic classification of family location, whether the family was known to child protection services, drug and/or alcohol use by the parents, and relevant medical history of the mother. The database also provides scope for a detailed analysis of specific categories of death, such as accidental injury, by capturing data on type and level of supervision provided prior to the death.

The Committee felt that whilst many of the data fields were relevant to the NT, there were a number of areas where the specific needs of the NT were not adequately covered. For example, the NT has a relatively large Aboriginal population when compared with other Australian jurisdictions (around 30% of the total population) and many of these speak and are named in a language other than English and have family relationships that are different to those of the mainstream Australian population. Most Australian databases are based on the use of English and provide spaces for first names and surnames, whereas some traditional Aboriginal people use a single name or have both an English and an Aboriginal name. Most database name fields are based on the assumption that mother means natural mother but in some cases the term may also refer to other relatives. In some cases the natural parent/s may not be the guardians or may not be recognised as the effective parents of a child.

Another NT issue pertains to addresses. In many Aboriginal communities, addresses are noted as a house number within a stated community rather than a standard address based on house and street number, suburb and town. Some Aboriginal people move frequently amongst relatives and around their traditional homelands and may be of no fixed address, whilst there are other people, particularly around urban areas, who do not have any fixed abode. These issues present challenges for data collection systems and are a key reason that the Committee opted to develop a new database rather than adapt one used elsewhere.

The Committee, along with the sub-Committee, determined that a new database would be developed for use in the next financial year and that a simpler data management system would initially be developed to manage the basic BDM data for the last three calendar years. To this end, a company has been commissioned to review the child deaths database needs in the NT, to determine with stakeholders all the information that will need to be captured, and to define the pertinent fields and linkages that will be needed to develop reports and to undertake analyses of trends and issues.

The data presented in Chapter 5 of this report are based on the interim database that was developed to help with the capture and analysis of the basic BDM Registry data provided for the years 2006, 2007 and 2008.

Other Issues

Confidentiality of Information

The Act contains provisions relating to the confidentiality of information obtained by members of the Committee. It is considered an offence under the Act for a member to disclose information, to use information obtained as part of their role on the CDRPC, or to undertake an action that results in the disclosure of information.

The Act does however, allow for a disclosure of information for the purposes of research, as part of an inquiry or investigation conducted by the Police or Coroner, to a court or tribunal, or if otherwise required or authorised by law.

Coding Cause of Death

The NT will use the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) to code underlying and multiple causes of death. The Committee is currently reviewing its options as to whether a specialist coder will need to be appointed as an advisor to the Committee for the provision of death coding of cause of death, and other relevant information, for each child death registered with the Registry of BDM.

Calendar Year Reporting

The Committee considered whether to report data trends on a calendar or financial year basis. Although the formal reporting of the Committee to government is on a financial year basis, the Committee decided to base its analyses of child death trends on calendar year data. The majority of Australian Child Deaths Review Committees base their analyses on calendar year data and the 6 months between 31 December and 30 June each year provides time to collect more in-depth information on the deaths that have occurred and to undertake the necessary data analyses. Even with this 6 month period it should be noted that the cause of death and other contextual information from deaths referred to the Coroner may not be available for analysis until subsequent reporting years.

Australian and New Zealand Child Death Review and Prevention Group

The Northern Territory is a member of the Australian and New Zealand Child Death Review and Prevention Group (ANZCDRPG), an informal body which comprises representatives of child death review teams in all Australian jurisdictions and New Zealand.

The chair of the ANZCDRPG has recently been passed over to Queensland from New South Wales. Along with this change came an agreement to review the terms of reference for the group, as well as establishing priorities for the next three years.

The group is currently exploring a number of issues including the development of a standardised data dictionary to facilitate the sharing of information and research.

Chapter 3

Issues Pertaining to Child Death Data in NT

Sources of Data on Child Deaths

The Australian Bureau of Statistics (ABS) publishes a series of reports and tables on deaths that occur in all Australian jurisdictions. These reports, based on data forwarded by the various jurisdictions, provide information on age and gender patterns, death rates, causes of death and Indigenous status, and the accompanying tables provide for the analysis of trends over time. A particular problem for child death review committees such as the one in the Northern Territory is that there is a considerable lag between the date of death as recorded by the BDM Registry and the publication of the ABS reports. The most recent report on causes of death was published in March 2009 and focused on deaths recorded to the end of 2007 (ABS, 2009). There are a number of other limitations with the ABS data. For example, they record only the medical causes of death and not the related or underlying causes such as the social factors that may have contributed to the deaths. Another difficulty is that their child death tables do not provide data for each individual year of age so that deaths of 17-year olds, for example, are included in the 15-19 age grouping. Because of these difficulties, it is not possible for child death review committees to base their reviews and recommendations on the ABS reports.

Another possible data source is the National Coroners Information System (NCIS). Coroners from all jurisdictions contribute to this database and authorised researchers, such as those associated with child death review committees, can access this information. The NCIS provides valuable information on causes of death and clusters that might warrant the attention of policy-makers, but it cannot be used as a primary data source for child death review committees because it represents a limited selection of the deaths that occur and because of the long time lag between the date of death and the Coroner's findings being uploaded to the NCIS.

The two most useful sources of data for the CDRPC are the records held by BDM Registry and the Coroner. The Registrar of BDM compiles information on all deaths that occur in the Territory and forwards information to the Committee secretariat close to the end of each month. The BDM Registry is the recipient of all records of child deaths even where such deaths are referred for a Coroner's investigation. In such cases, the date of death is registered along with the basic demographic information, but the cause of death details are not entered until the Coroner's report is handed down which, in some cases, may be in excess of two years after the death.

The Registrar of BDM also keeps a register of stillbirths and will supply data on all reportable stillbirths to the Committee.

Date of Death Reporting

There is always some time lag between the actual date of death and the date of the death registration. In the vast majority of cases in the NT, this time lag is relatively minor, less than 30 days. In accordance with other national and state institutions that manage datasets, the Committee has determined that the tables and analyses will focus on the actual date of death rather than the date on which the death was formally registered.

Non-Medical and Contextual Factors Related to Death

The present report of the CDRPC focuses on the establishment processes for the Committee, issues relating to the development of the register and database, and the provision of an overview of basic child deaths data for the calendar years 2006, 2007 and 2008. The tables provided are based on the data provided by the BDM Registry, with some context being provided by national level data compiled by the ABS.

Given that the information provided by the BDM Registry is largely limited to basic demographic information, an in-depth review of the file material would be required to determine the broader, contextual factors associated with the death of a child and thus provide a richer source of data for policy development. Such information may include, for example, data on socio-economic status, involvement with child protection services, parental alcohol/drug use and level of parental supervision (in cases of accident), and may be sourced from hospitals and other agencies such as Northern Territory Families and Children and the NT Police. This research can commence immediately where deaths from natural causes are registered with BDM (and a comprehensive database is available to record the information) but for those cases referred to the Coroner, it must wait until the formal report is released.

For the calendar year 2008, 32 cases were referred to the Coroner. Of these, 12 were finalised with no inquest being held (inquest dispensed with) and as of 31 December, 20 were still pending.

Interstate Deaths of NT Children

The *Care and Protection of Children Act 2007* defines a child death (for the purposes of the CDRPC) as “the death of a child who is usually resident in the Territory (whether the death occurred in the Territory or not)” (Section 208 [a]). This definition poses a particular challenge for the CDRPC because of the relatively large number of infants and children who are evacuated from the Northern Territory for specialist medical treatment interstate. Each year a number of infants and children are transferred from medical facilities in the NT to specialist hospitals in South Australia. Given that this only occurs where there are serious risks to a child’s health, it is likely that some children and infants die whilst receiving treatment interstate. Although the original treating doctors may receive information from interstate hospitals, there do not appear to be any formal arrangements in place to notify the BDM Registry in the Northern Territory of child deaths that occur interstate. It should also be noted that some Aboriginal families who are normally resident in the NT travel frequently across state and territory borders for cultural and family reasons and may remain interstate for extended periods. If children from these families die whilst interstate, there are again no formal arrangements for the information to be forwarded to the BDM Registry.

The CDRPC is in the process of examining ways of obtaining accurate information on NT resident children who die interstate. The issue of information sharing about children who die outside their usual state/territory, is on the agenda of the *Child Deaths Review and Prevention Group* (CDRPG), which is a national, cross-jurisdictional forum made up of representatives of child death review teams in all Australian jurisdictions and New Zealand. Given this lack of information on children who die whilst they are interstate, it should be noted that there is likely to be some under reporting in the tables presented in Chapter 5.

Interpretation of Data

Another challenge in the interpretation of child deaths data in the NT is the problem of small numbers. This can lead to major variations in both numbers of deaths per year and in death rates for particular categories such as specific age groupings and Indigenous status. As has been noted in a study of death rates for Indigenous people in the NT, “time series of death rates and life expectancy statistics exhibit considerable random fluctuation over time” (Wilson, Condon & Barnes, 2007, p. 184). Given this random variation, there needs to be a focus on the underlying trends over an extended period of time rather than on drawing conclusions from annual statistics. In the current report, some longer term trend data are discussed in Chapter 4, whilst the available BDM data are presented for the most recent three calendar years.

Chapter 4

Child Deaths in the Northern Territory

The Context of NT Data on Child Deaths

2008-2009 is the first year that the NT CDRPC has been in operation and there are as yet insufficient new data on which to draw meaningful conclusions and make recommendations on policy. Before presenting the available data for 2008 and the preceding two calendar years, the Committee felt it was important to review the national context as well as some known trends in child and infant death within the NT.

The NT is the smallest Australian jurisdiction, with an estimated 2007 population of 214,929. This represents around 1% of the Australian total. Approximately 30% of the total NT population and 43% of the NT child population is Aboriginal Australian (these statistics based on Chondur & Guthridge, 2006b and ABS, 2008b). The Aboriginal population of the NT (estimated at 61,430 in 2007) makes up around 12% of the national Aboriginal/Torres Strait Islander total (ABS 2007).

2007 child death statistics for various age cohorts are published by the ABS (ABS, 2008). Because of the small numbers in some categories and the resultant possibility that individual cases might be identified, the ABS does not publish the actual numbers from some age categories in the NT. However, death rates based on the actual numbers are provided.

Table 1: Child Death Rates by Age, NT and Australia, 2007

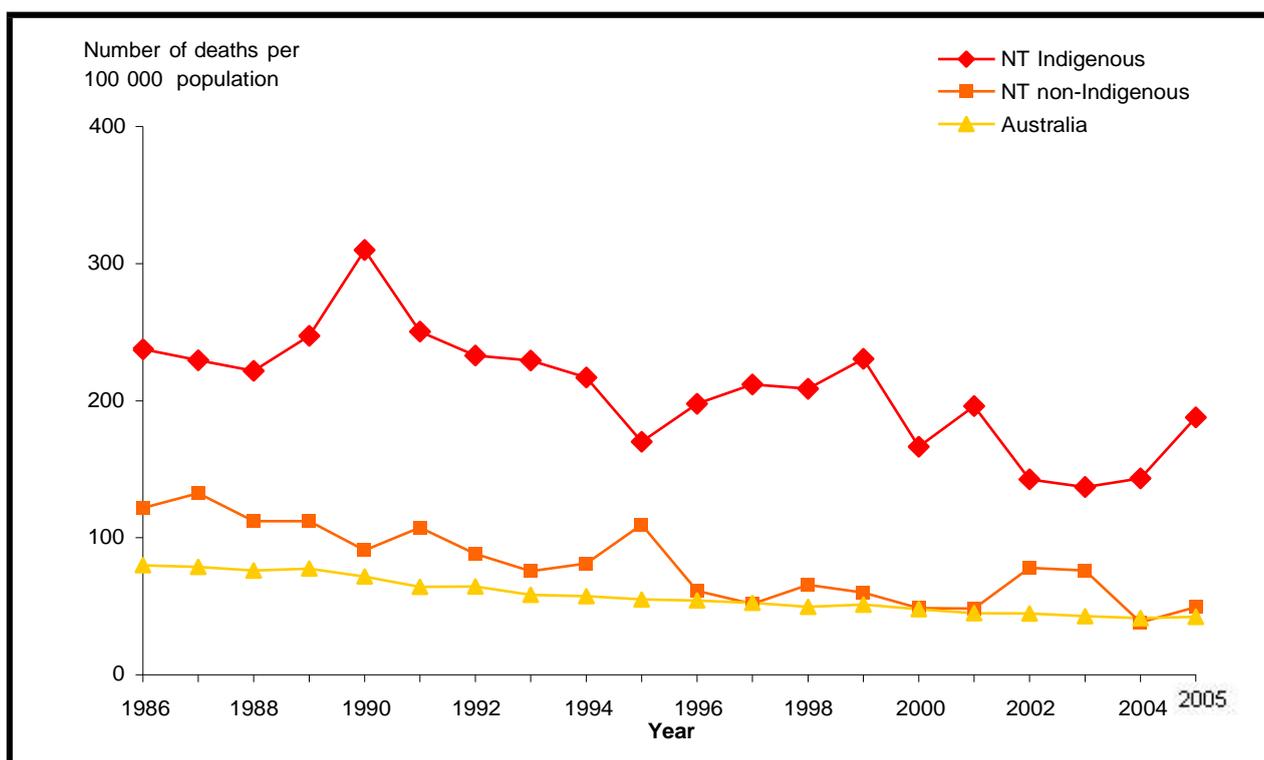
AGE	0 Years	1-4 Years	5-9 Years	10-14 Years	15-19 Years
Males					
Aust	4.7	0.3	0.1	0.1	0.5
NT	11.3	0.3	0.5	0.6	1.8
Females					
Aust	4.1	0.2	0.1	0.1	0.2
NT	6.7	0.3	0	0.2	0.9

Source ABS 2008, Deaths Australia, 2007
Rates calculated per 100,000 children

Using this table (adapted from ABS 2008), it can be seen that the death rates for NT children are consistently higher (in some case double) those of the Australian average. For example, for male infants under 1 year the national death rate is 4.7 per 1,000 live births whereas the NT rate is 11.3 per 1,000 live births. Apart from the 1-4 year age cohort for males and the 5-9 age group for females, child death rates are consistently higher in the NT. As indicated earlier, interpretation of data from any particular year is problematic because of random variation in the numbers.

Some of the following data was provided by Health Gains Planning branch of the NT Department of Health and Families, and is based on data from the ABS, NT BDM Registry and the NT Midwives' Collection.

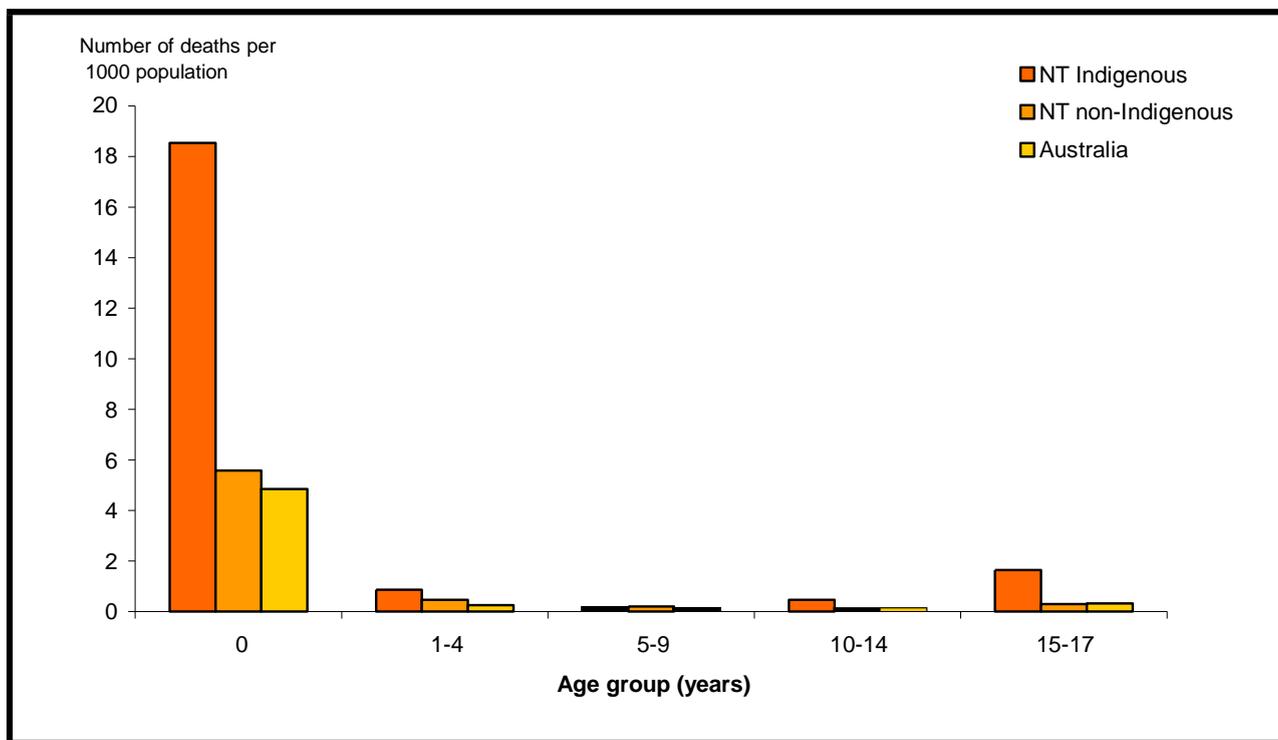
Figure 1: Death Trends for Children 0-17 Years by Indigenous Status, NT and Australia 1986–2005



Source: Health Gains Planning branch, NT Department of Health and Families using ABS deaths dataset and population data.

It can be seen in Figure 1 that there has been a consistent downward trend in NT childhood death rates with the non-Indigenous rates being close to those of the Australian average. The Indigenous rates have been consistently higher, although with greater annual variation. In the 20 year period from 1986 to 2005, the NT Indigenous rate has fallen by 35%, the non-Indigenous rate has fallen by 50%, and the Australian rate has fallen by 46% (see also Condon, Barnes, Cunningham & Smith, 2004).

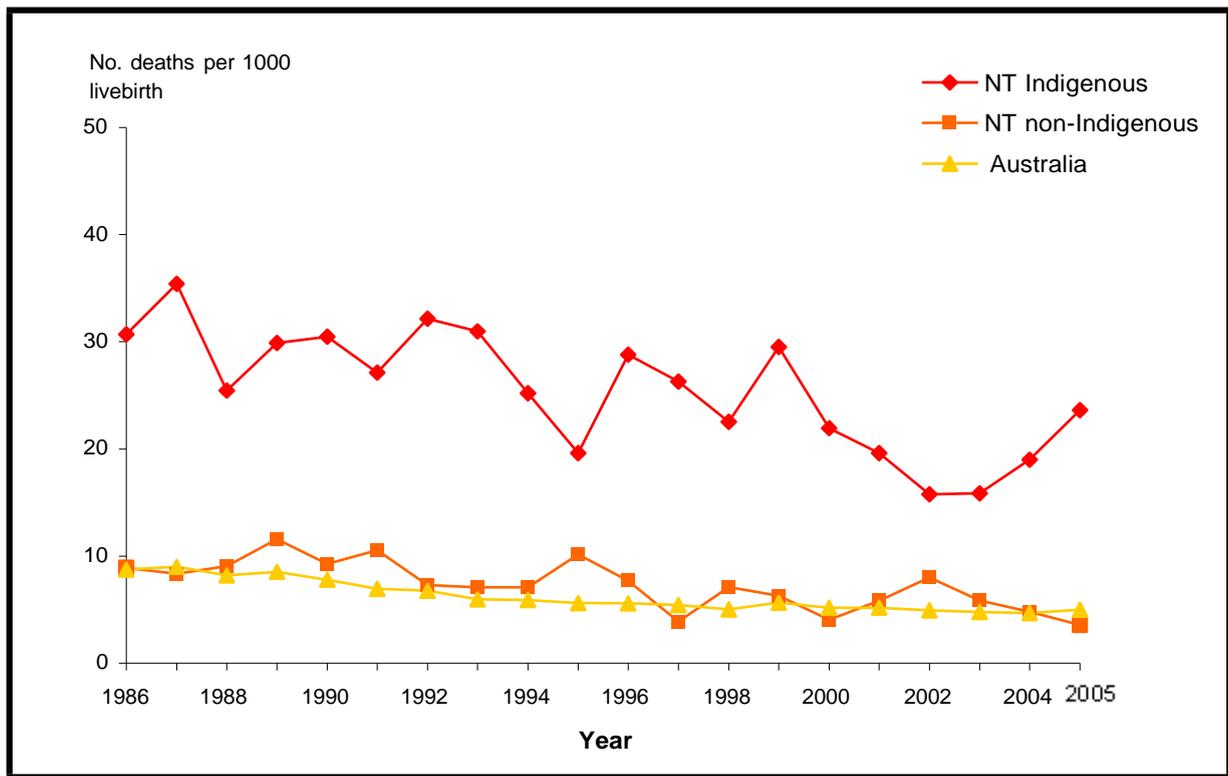
Figure 2: Age-Group Specific Death Rates, by Indigenous Status, NT and Australia, 2002–2005



Source: Health Gains Planning branch, NT Department of Health and Families using ABS deaths dataset and population data.

It can be seen that infant death rates are highest in the first year of life for all population groups, but those for the Indigenous population are more than three times higher than for their non-Indigenous counterparts.

Figure 3: Infant Death Rates by Indigenous Status, NT and Australia 1986–2005



Source: Health Gains Planning branch, NT Department of Health and Families using ABS deaths dataset and population data.

Table 2: Infant Death Rates, 1997 and 2007

	1997	2007
Australia	5.3	4.2
NSW	5.2	4.3
Vic	4.9	3.8
Qld	5.8	5
SA	4.7	4.5
WA	5.3	2.4
Tas	6.5	4.2
NT	12.5	8.5
ACT	3.8	3.8

Source ABS 2008, Deaths Australia, 2007
Rates calculated per 1,000 live births

Focusing on infant (within first year) death rates in Figure 3 and Table 2, it can be seen that the NT rates are substantially higher than those for all other Australian jurisdictions. The rates in 2007 are generally lower in all jurisdictions than those in 1997, however the rate for the NT remains higher than all others and more than twice the national average.

Table 3: Indigenous Infant Death Rates, 2007

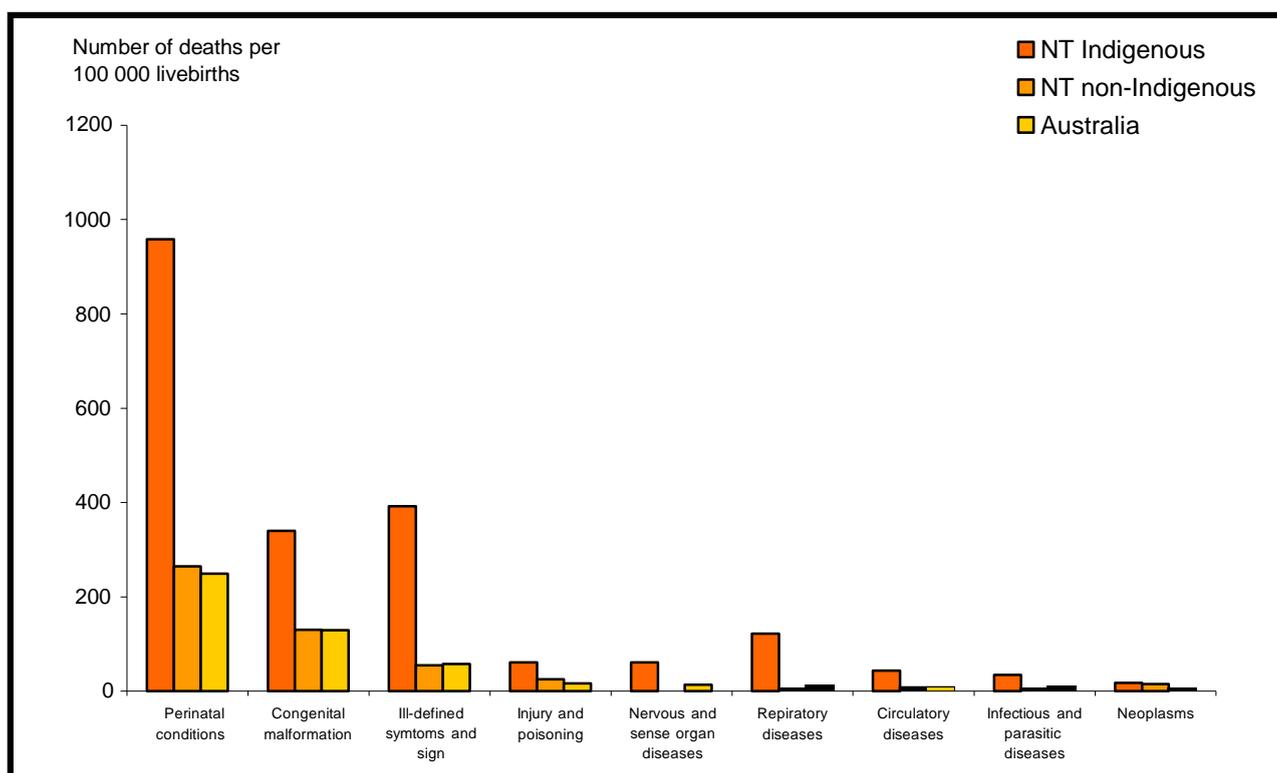
	NSW	Qld	SA	WA	NT
Males	10	11	10.2	10.6	19.1
Females	7.7	7.2	7.4	9.8	12.1
Total indigenous	8.9	9.1	8.9	10.2	15.7
All persons	4.7	5.1	4.3	3.9	9

Source ABS 2008, Deaths Australia, 2007
Rates calculated per 1,000 live births

When the focus is on the Indigenous population of the NT, it can be seen from Table 3 that the infant death rates for the NT are considerably higher than those for the Indigenous population in other jurisdictions.

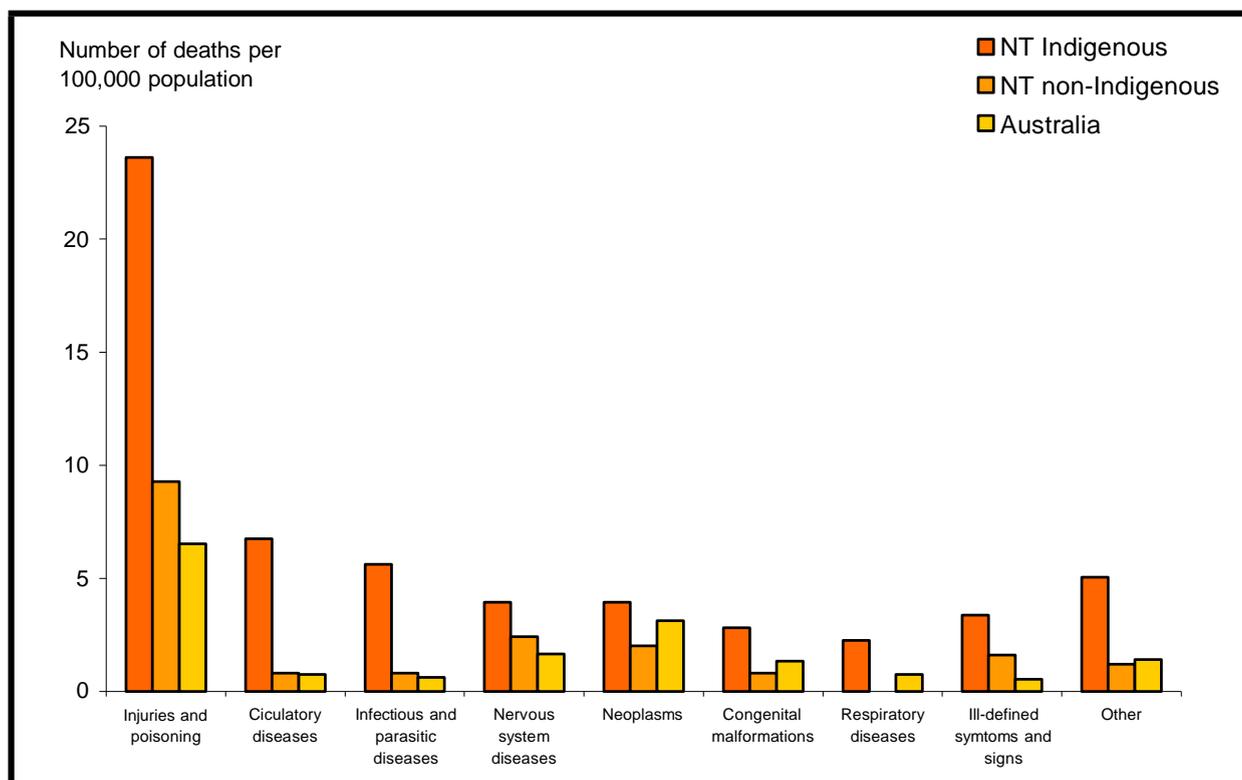
Causes of Death

Figure 4: Causes of Death for Infants, NT and Australia 1997–2005



Source: Health Gains Planning branch, NT Department of Health and Families using ABS deaths dataset and population data.

It can be seen in Figure 4 that perinatal conditions, congenital malformation and ill-defined symptoms and signs make up the majority of the causes of death but that the Indigenous infants are particularly susceptible and that perinatal conditions claim an inordinate number of Indigenous infants. Examples of conditions originating in the perinatal periods are newborns affected by maternal conditions, prematurity, 'other' respiratory conditions and perinatal infections. Indigenous infants also appear to be susceptible to respiratory disease, a condition that is rarely fatal amongst non-Indigenous infants.

Figure 5: Causes of Death in Children Aged 1-14 Years, NT and Australia 1997–2005

Source: Health Gains Planning branch, NT Department of Health and Families using ABS deaths dataset and population data.

For children over one year of age, injuries (including motor accidents, suicide and drowning) and poisoning are the leading cause of death. Circulatory disease and infectious and parasitic diseases are the next two most common causes for Indigenous children but do not affect non-Indigenous children to the same degree.

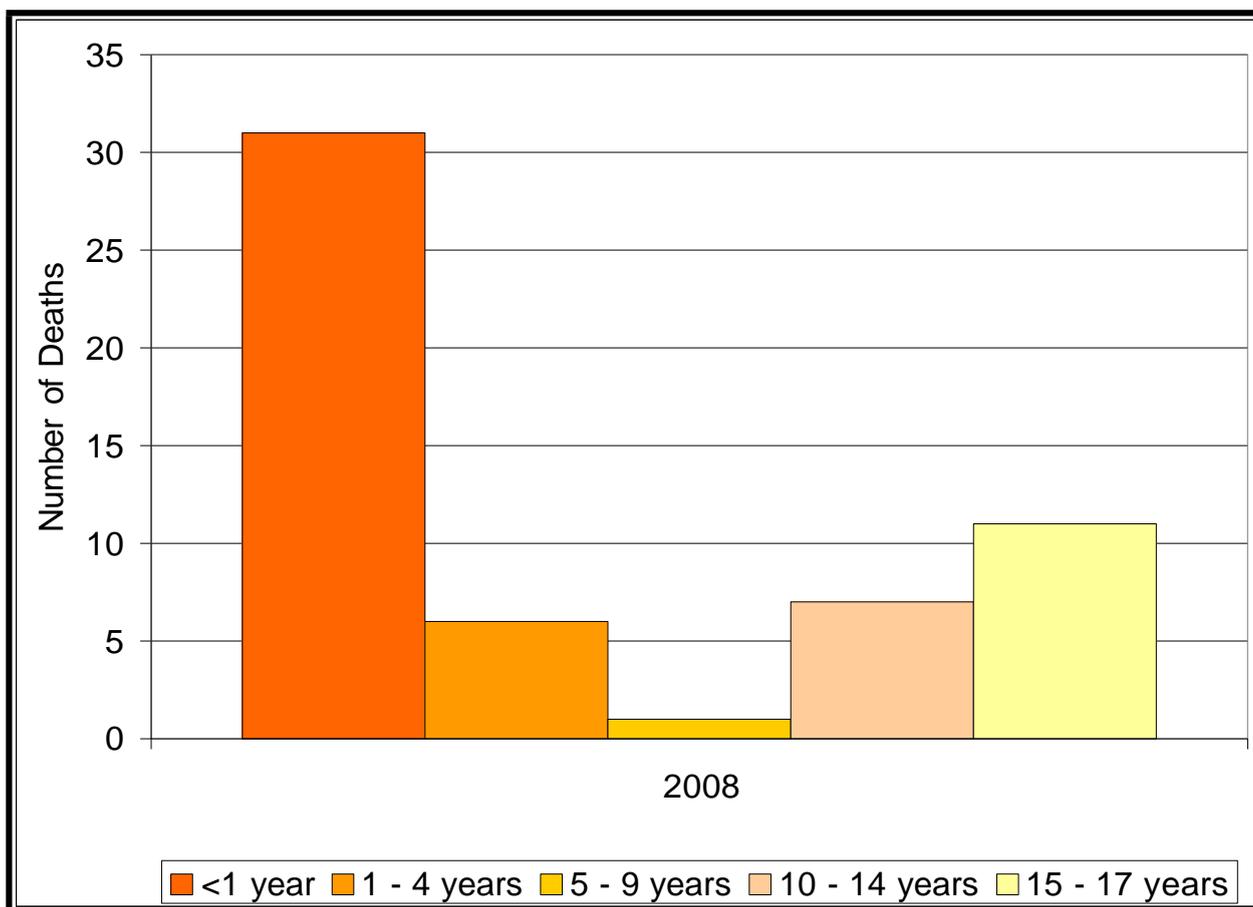
By way of summary, the NT foetal, infant and child death rates have been consistently higher (often more than double) than those in the rest of Australia. Death rates for Indigenous infants and children in the NT are consistently higher than those for non-Indigenous children. For infants and children, death rates have declined over the past 20 years for both Indigenous and non-Indigenous children. Conditions originating in the perinatal period were the most common cause of death for infants in the NT whilst injuries and poisoning were the most common cause of death for older children.

Chapter 5

Child Deaths in the Northern Territory – 2006, 2007, 2008

As noted in Chapter 3, the current report of the CDRPC focuses on the presentation of basic child deaths data for the 2008 calendar year. In order to provide some context, child deaths data for the years 2006 and 2007 are also presented. The current report has relied on data obtained from the NT BDM Registry as thus far there has been no capacity to identify and analyse background factors that may have contributed to the deaths.

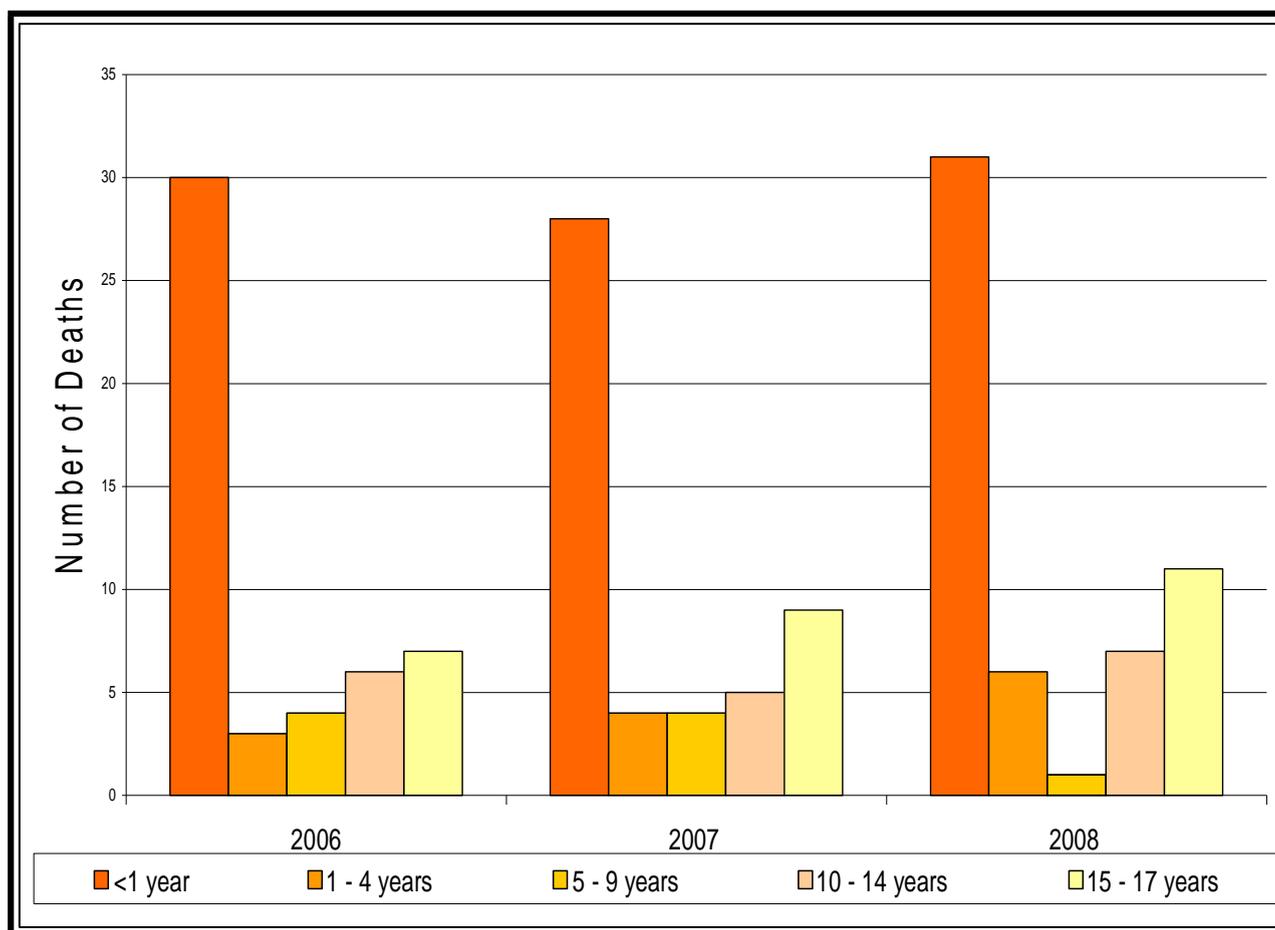
Table 4: NT Child Deaths in 2008



Year of Death	<1 year	1 - 4 years	5 - 9 years	10 - 14 years	15 - 17 years	Total
2008	31	6	1	7	11	56

The number of registered infant and child deaths in the 2008 year was 56. Of these deaths, 31 (55%) occurred during infancy (the first 12 months) with the remainder distributed across the 1-17 year age range.

Table 5: NT Child Deaths, 2006–2008



Year of Death	<1 year	1 - 4 years	5 - 9 years	10 - 14 years	15 - 17 years	Total
2006	30	3	4	6	7	50
2007	28	4	4	5	9	50
2008	31	6	1	7	11	56

It can be seen that registered child deaths for the years 2006, 2007 and 2008 have been recorded at 50, 50 and 56 respectively. The percentages of infant deaths (out of total child deaths) for the three years are 60%, 56% and 55% respectively. There is a clear pattern in each year for a greater number of deaths in the older age brackets (10-14 years and 15-17 years) after a sharp fall following infancy. These patterns are consistent with the existing longer-term data reported in Chapter 4.

Figure 6: NT Child Deaths by Age Category, 2006–2008

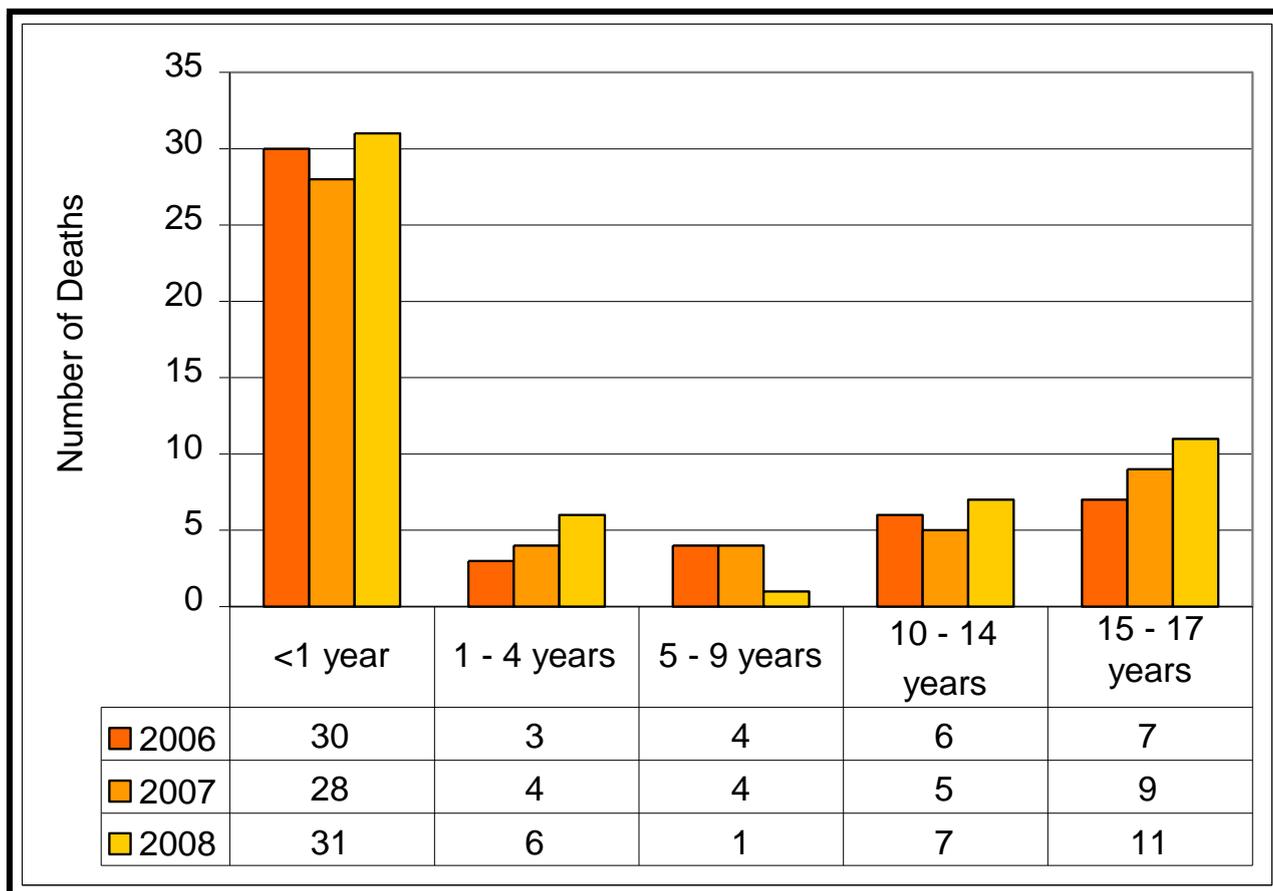


Table 6: NT Child Death Numbers and Rates by Age Category, 2006–2008

Year of Death	<1 year	1 - 4 years	5 - 9 years	10 - 14 years	15 - 17 years	Total 0 - 17
2006	30	3	4	6	7	50
2007	28	4	4	5	9	50
2008	31	6	1	7	11	56
3 Year Total	89	13	9	18	27	156
3 Year Average	29.7	4.3	3	6	9	52
3 Year Average Rates	835	30	17	36	93	83

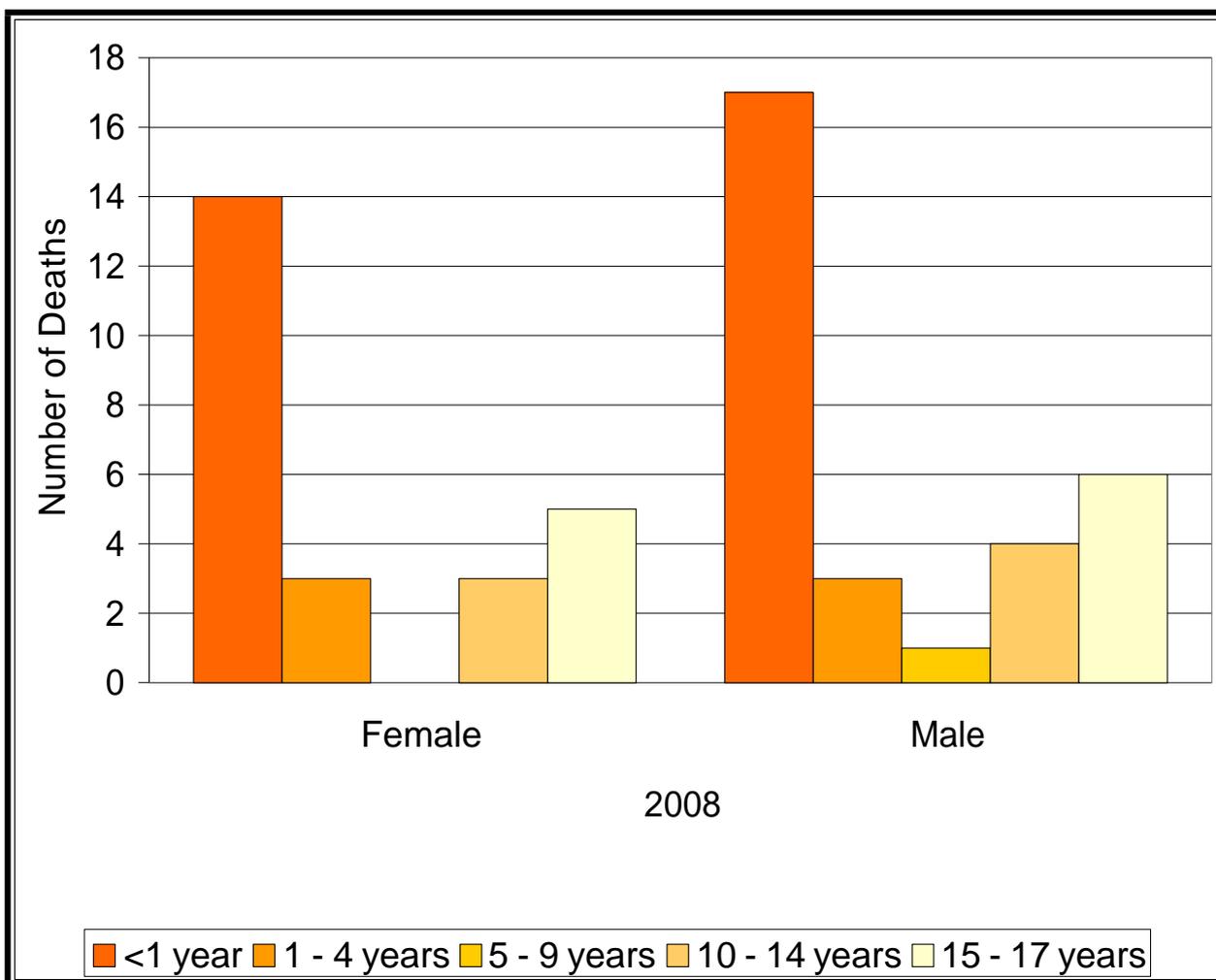
Death rates calculated per 100,000 child population.

Death rates rather than numbers provide a sounder basis for time series, interstate and international comparisons. Child death rates in the present publication are based on 100,000 children and young people aged 0-17 years in the NT. Given the relatively small numbers involved and the statistical variation that might be expected from year to year, rates are based on an average of the three years. The total average child death rate for the three years 2006-2008 was 83 per 100,000 children.

Infant death rates are calculated per 1,000 live births. Using this multiplier (instead of the 100,000 used for all children) the average infant death rate for the NT stands at 8.3 per 1,000 live births. For purposes of comparison, the national infant death rate reported by the ABS for 2007 is 4.2 per 1,000 live births. This finding is consistent with the longer-term infant death patterns (see Chapter 4) in which NT rates are around double the national average.

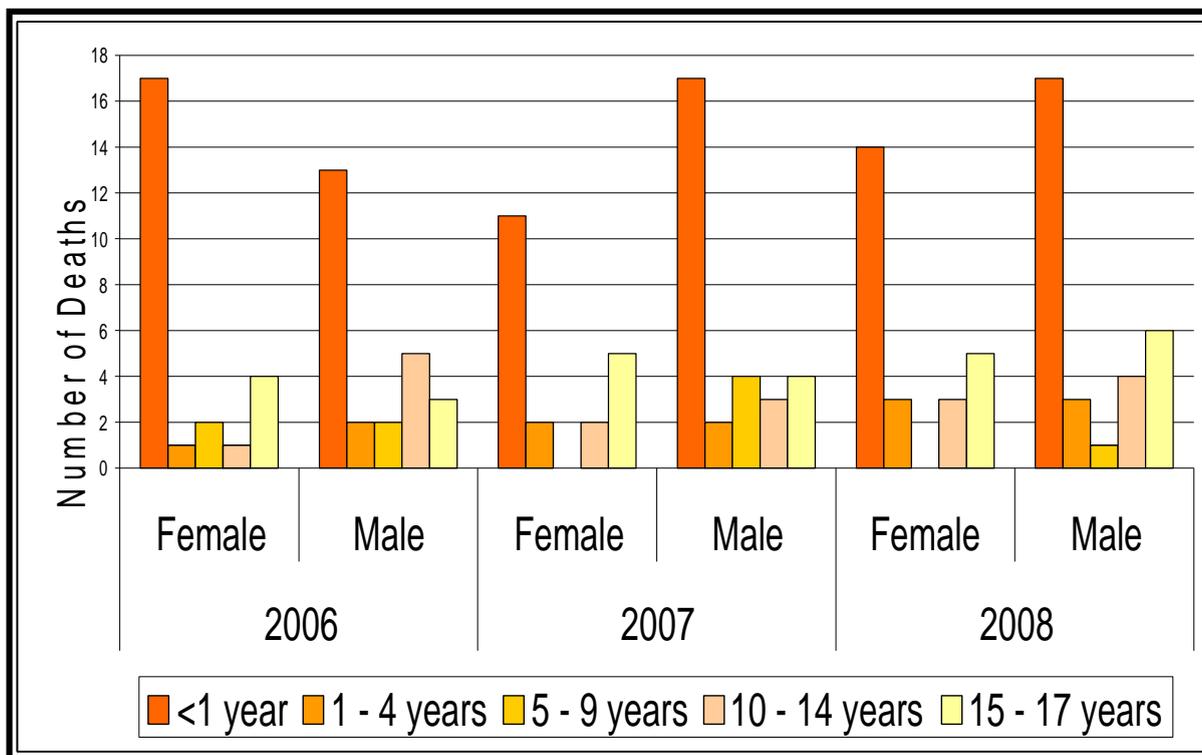
It should be noted that both the numbers and death rates published by the ABS differ from those provided here, which are based directly on NT BDM data. For example, the tables in *Deaths, Australia, 2007* (ABS, 2008) list a total of 33 NT infant deaths (21 males and 12 females) for 2007 whereas the data supplied by NT BDM Registry indicate 28 infant deaths comprising 17 males and 11 females. Published death rates are likewise different. Were 33 to be the actual number of NT infant child deaths in 2008, this would translate to a death rate of over 9 per 1,000 live births. As has been noted, it is quite possible that data published by the ABS includes deaths of NT children whilst they were travelling with family or undergoing medical treatment interstate. Deaths occurring interstate are not registered in the NT BDM Registry. As noted in Chapter 2, the CDRPC is examining options for collecting accurate information on such deaths. Differences in the population estimates used for the various calculations can also lead to differences in rates.

Table 7: NT Child Deaths by Gender, 2008



Year of Death	Gender	<1 year	1 - 4 years	5 - 9 years	10 - 14 years	15 - 17 years	Total
2008	Female	14	3	0	3	5	25
	Male	17	3	1	4	6	31
Total		31	6	1	7	11	56

Table 8: NT Child Deaths by Gender, 2006–2008



Year of Death	Gender	<1 year	1 - 4 years	5 - 9 years	10 - 14 years	15 - 17 years	Total
2006	Female	17	1	2	1	4	25
	Male	13	2	2	5	3	25
2006 Total		30	3	4	6	7	50
2007	Female	11	2	0	2	5	20
	Male	17	2	4	3	4	30
2007 Total		28	4	4	5	9	50
2008	Female	14	3	0	3	5	25
	Male	17	3	1	4	6	31
2008 Total		31	6	1	7	11	56
Total		89	13	9	18	27	156

It is hard to draw any firm conclusions on gender patterns, given the small numbers in each year and category. However, it does appear that, consistent with national data, there were generally more male deaths than female deaths in most of the age groups and for total child deaths.

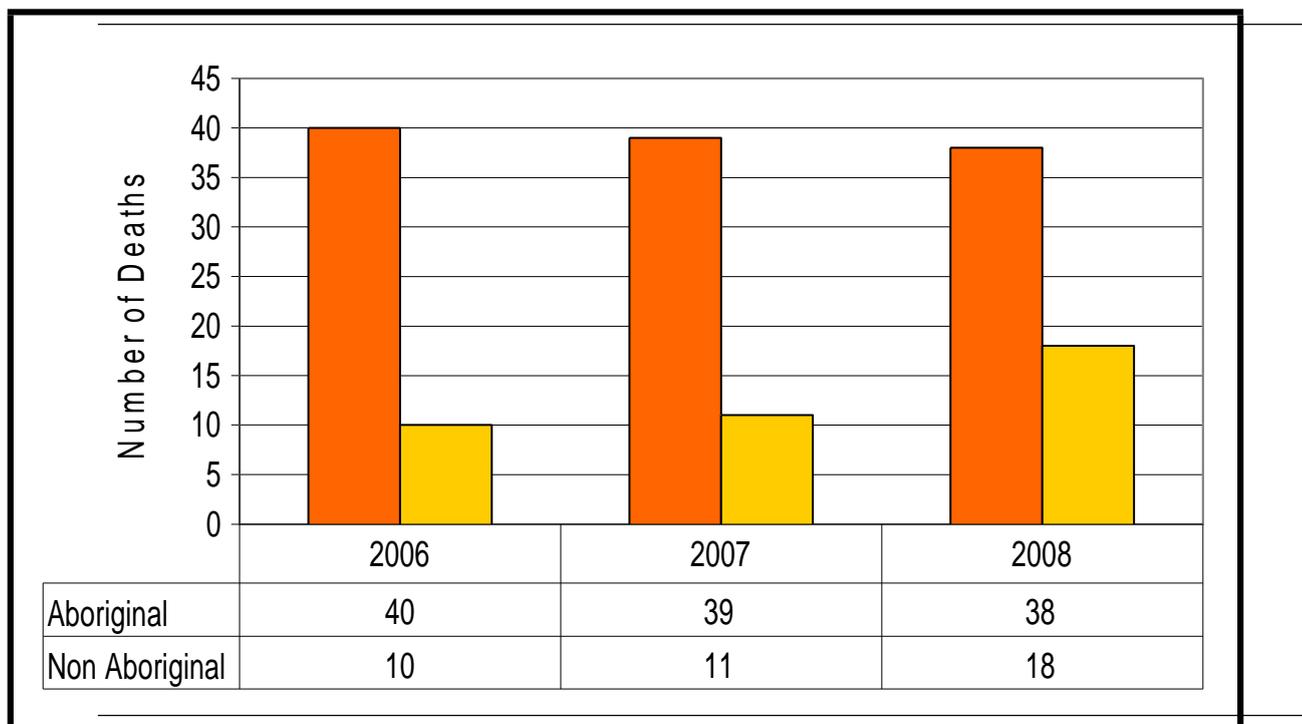


Table 9: NT Child Deaths and Rates by Aboriginal Status, 2006–2008

Year of Death	Aboriginal	Non Aboriginal	Total
2006	40	10	50
2007	39	11	50
2008	38	18	56
3 Year Total	117	38	156
3 Year Average	39	13	52
3 Year Average Rate per 100,000	146	37	

For all three years, the elevated child death numbers for Aboriginal children are evident. Despite the fact that Aboriginal children make up around 43% of the NT child population (ABS 2007), the number of Aboriginal child deaths was greater than those for non-Aboriginal children. This pattern is particularly marked for infant deaths. Likewise, the overall child death rate reveals that Aboriginal children are at four times greater risk of dying than their non-Aboriginal counterparts.

Figure 8: NT Infant Deaths by Aboriginal Status, 2006–2008

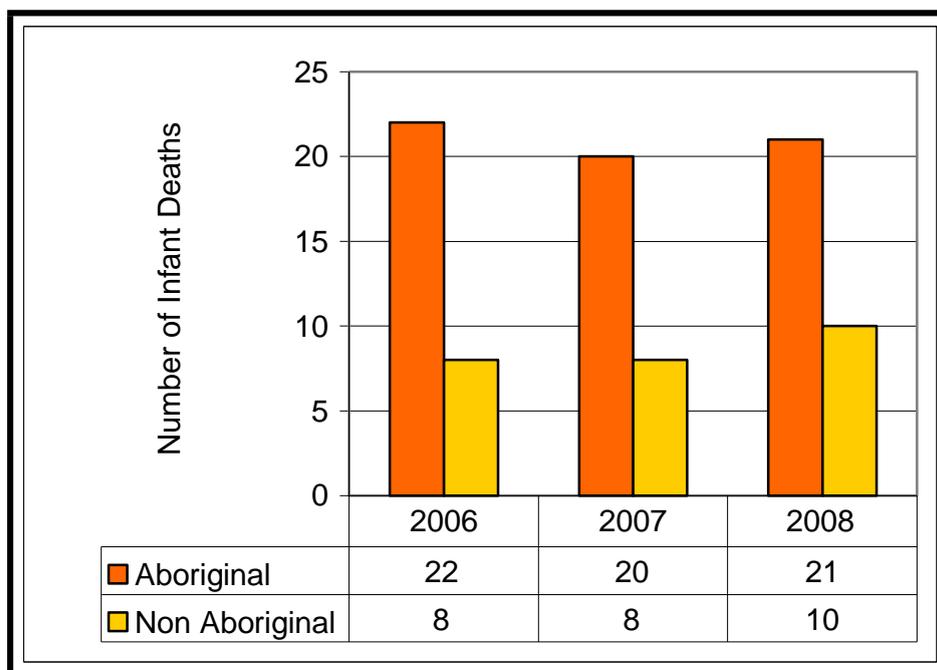


Table 10: NT Infant Deaths and Rates by Aboriginal Status, 2006–2008

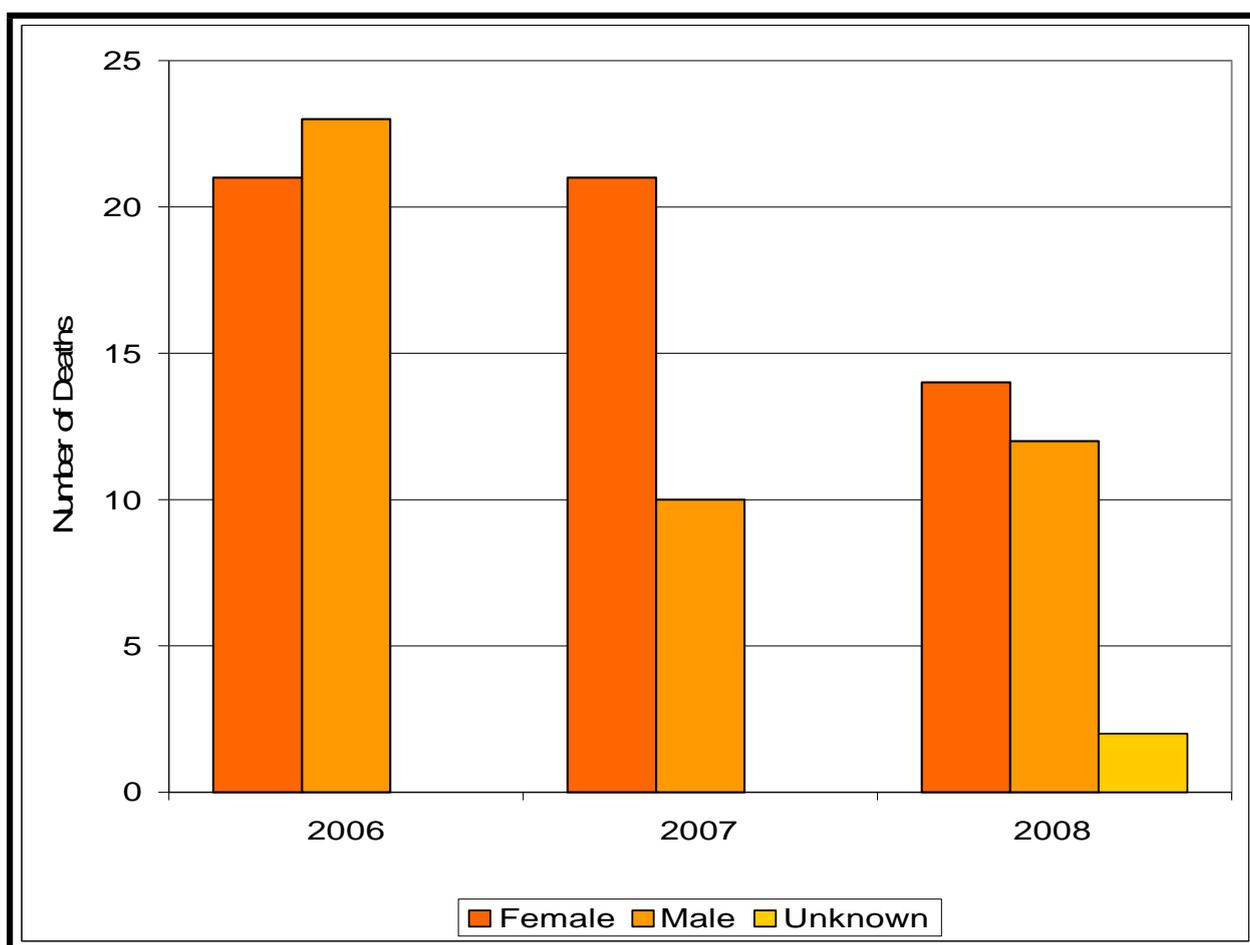
Year of Death	Aboriginal	Non Aboriginal	Total Infants
2006	22	8	30
2007	20	8	28
2008	21	10	31
3 year Total	63	26	89
3 Year Average	21	9	
3 Year Average Rate per 1,000	13.4	4.5	

The death rates for infants also reveal that Aboriginal infants are at much greater risk (around three times greater) than non-Aboriginal infants. In Table 3, the ABS calculates the NT Indigenous death rate at 15.7. The difference from the 13.4 figure in Table 10 may be accounted for by (1) the Table 10 number is an average rate over three years and (2) the ABS may record the deaths of some NT children who have died in other jurisdictions and if so, their reported death rates would be slightly higher.

Stillbirths and Neonatal Deaths in the Northern Territory

The definition of child death provided in Section 208 of the *Care and Protection of Children Act 2007* includes stillbirths as defined in the *Births, Deaths and Marriages Registration Act*. This Act defines a stillborn child to be “a child of at least 20 weeks gestation or with a body mass of at least 400 grams at birth that exhibits no sign of respiration or heartbeat, or other sign of life, after birth.” For the purposes of the CDRPC it was decided to report and analyse stillbirths separately from child deaths, as is the case in other Australian jurisdictions where stillbirths are registered. The BDM Register is the source of data for the following tables.

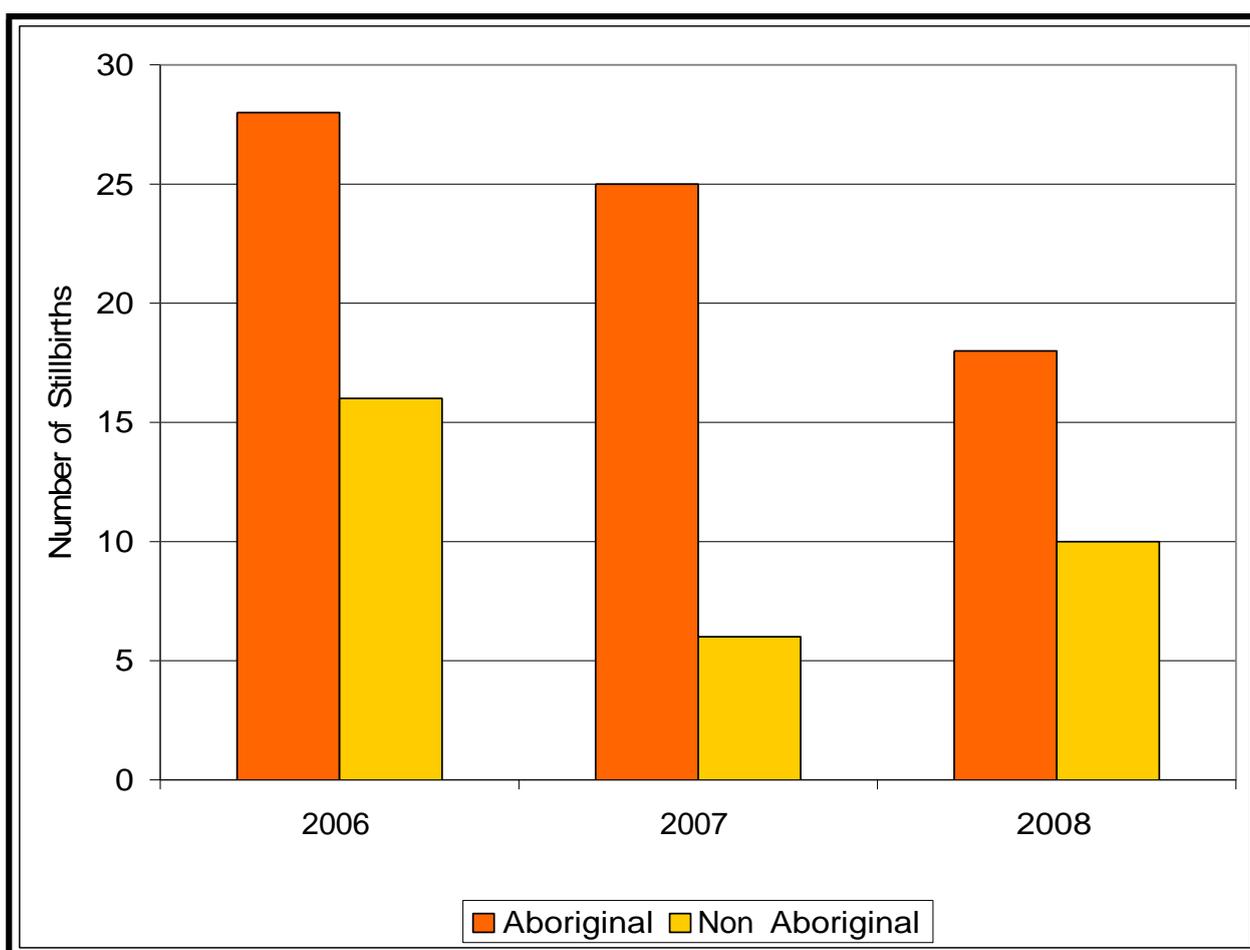
Figure 9: NT Stillbirths by Gender, 2006–2008



Year	Female	Male	Unknown	Total
2006	21	23	0	44
2007	21	10	0	31
2008	14	12	2	28
Total	56	45	2	103

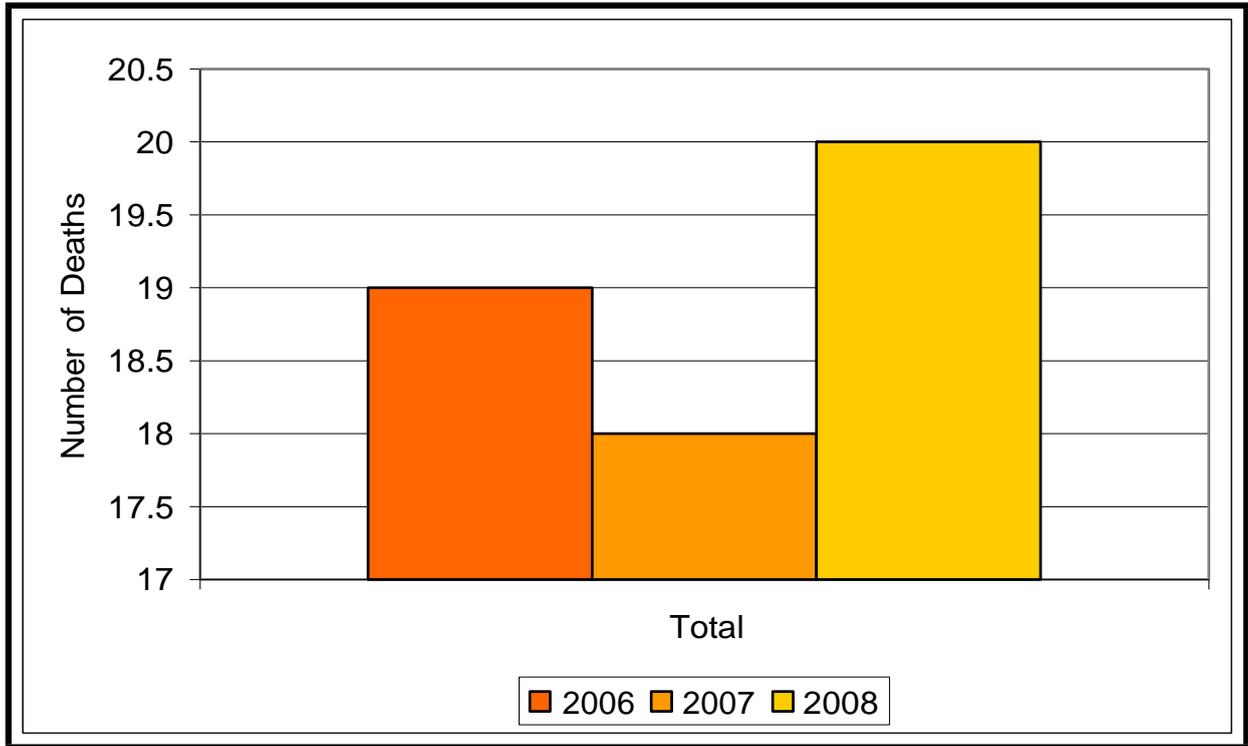
Figure 10: NT Stillbirths by Aboriginal Status, 2006–2008 There is a noticeable increase in the number of stillbirths registered with the BDM Registry. A total of 28 stillbirths were registered in 2008 compared with 31 in 2007 and 44 in 2006. There does not appear to be a consistent pattern with respect to gender.

Figure 10: NT Stillbirths by Aboriginal Status, 2006–2008



Year	Aboriginal	Non Aboriginal	Total
2006	28	16	44
2007	25	6	31
2008	18	10	28
Total	71	32	103

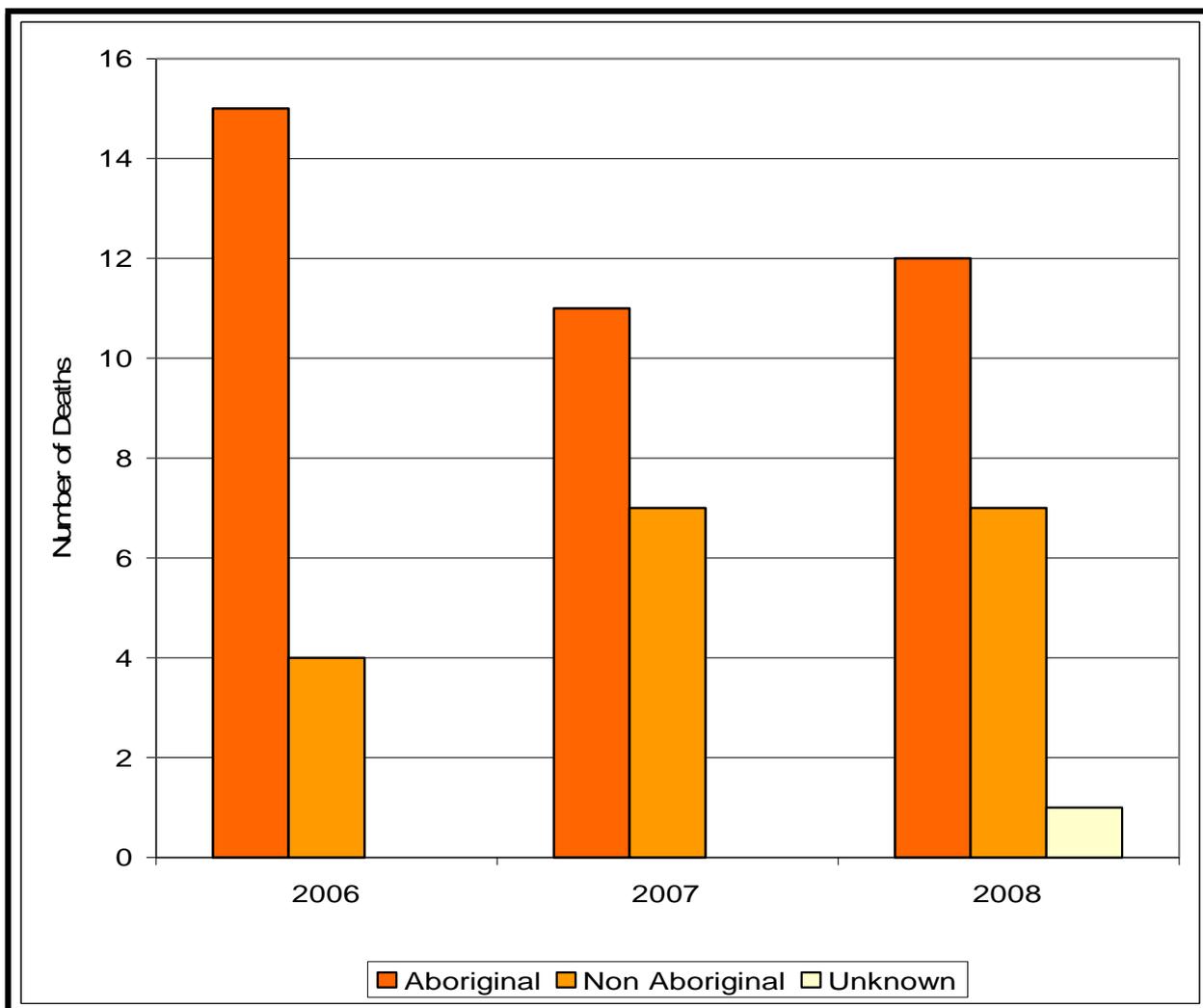
As with child deaths, there is a consistent pattern in which the number of registered stillbirths is higher for the Aboriginal community. However, there appears to be a decline in stillbirths but a longer period of analysis is required to ascertain if this is a consistent trend.



	Year of Death			Total
	2006	2007	2008	
Total	19	18	20	57

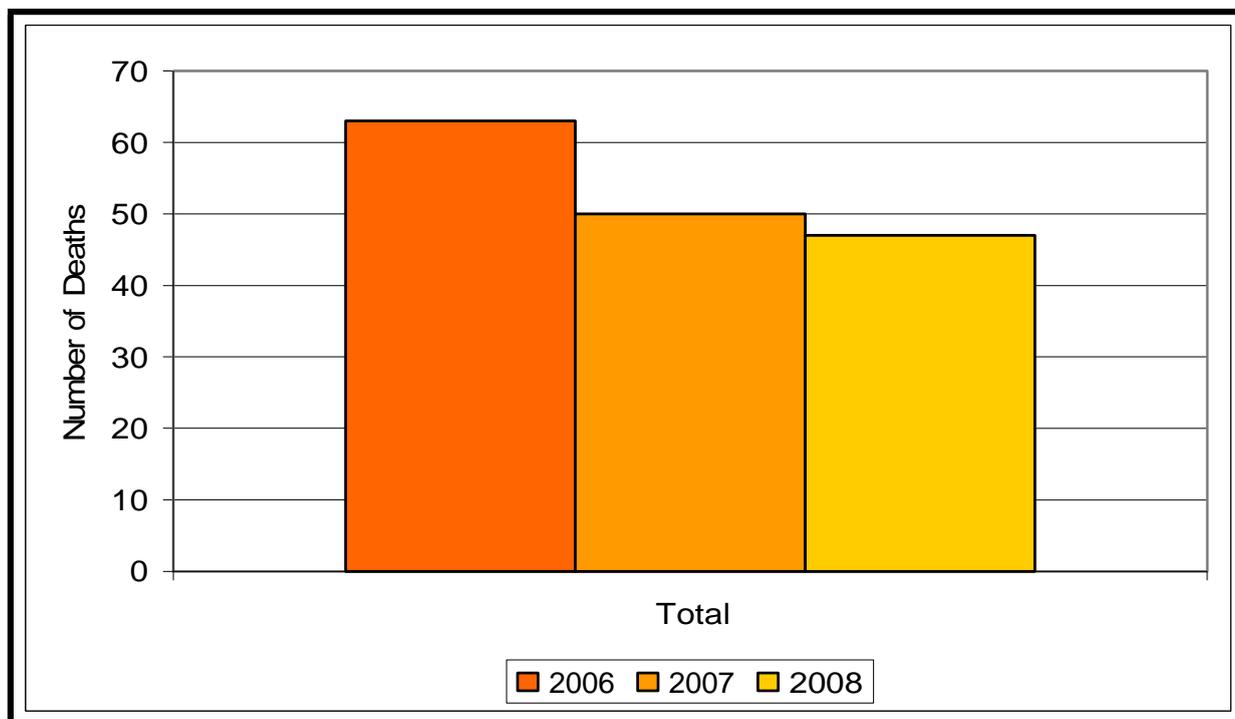
The neonatal period is from birth to 28 days of age. No firm conclusion can be drawn given the small numbers.

Figure 11: NT Neonatal Deaths, 2006-2008 by Aboriginal Status, 2006-2008



Year of Death	Aboriginal	Non Aboriginal	Unknown	Total
2006	15	4	0	19
2007	11	7	0	18
2008	12	7	1	20
Total	38	18	1	57

As with stillbirths and perinatal deaths, Aboriginal infants are over-represented although the gap between Aboriginal and non-Aboriginal neonatal deaths may be closing a little.

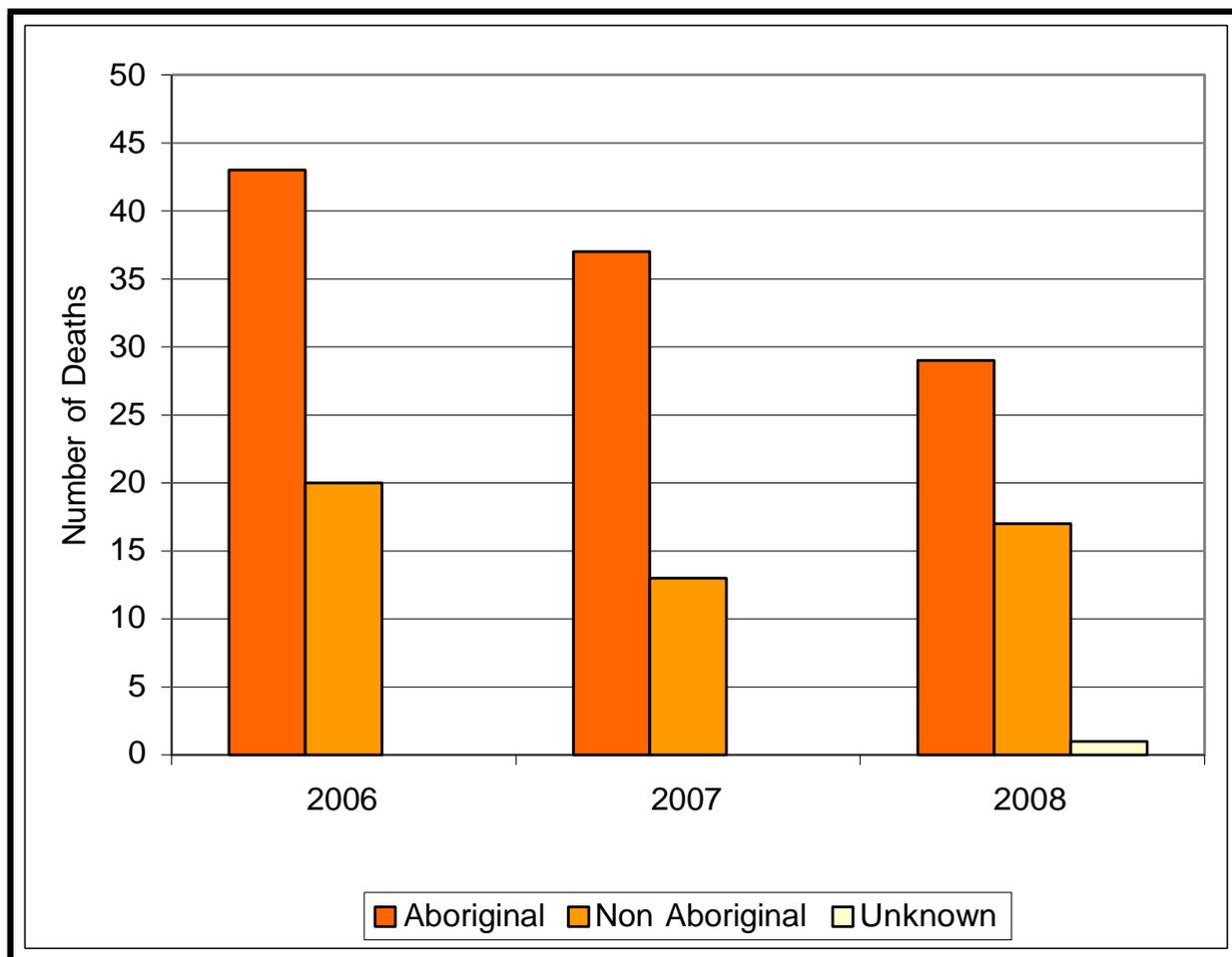


	Year of Death			
	2006	2007	2008	Total
Total	63	50	47	160

Given that there is an elevated risk in the perinatal period (immediately prior to and following the birth), the CDRPC will be specifically monitoring stillbirths and deaths occurring in this period. In Australia the perinatal period⁴ commences at the 20th completed week of gestation and ends 28 completed days after birth. The perinatal data in Tables 15 and 16 combine stillbirths (as defined in the NT *Births Deaths and Marriages Registration Act*) and neonatal deaths.

⁴ see Australian Institute of Health and Welfare meteor online registry, definition of perinatal period, <http://meteor.aihw.gov.au/content/index.phtml/itemId/327314>

Figure 14: NT Perinatal Deaths by Aboriginal Status, 2006-2008



Year of Death	Aboriginal	Non Aboriginal	Unknown	Total
2006	43	20	0	63
2007	37	13	0	50
2008	29	17	1	47
Total	109	50	1	160

There appears to be a pattern of declining number of Aboriginal perinatal deaths but a longer period of analysis will be needed to establish whether or not this is a consistent trend.

Chapter 6

Summary of Key Findings

The statistics presented for 2008 together with those for the preceding two years provide a broad picture of the current situation pertaining to child deaths in the Northern Territory. There are several major findings that give cause for serious concern:

1. Death rates for children in the NT are high in comparison with the other states and territories, in particular, infant death rates are more than double the national average.
2. Over 40% of all infants and children in the NT are Aboriginal and they carry a much higher death risk than their non-Aboriginal counterparts. Aboriginal children in all Australian jurisdictions have high death rates, but those for NT children are higher than those for their Aboriginal counterparts in the rest of the country.
3. From existing research, perinatal conditions, congenital malformations and ill-defined symptoms appear to be the primary causes of death in infancy. Whilst the impact of these conditions on non-Aboriginal infants in the NT is around the same as that for infants across the rest of Australia, Aboriginal infants are disproportionately affected.
4. The predominant causes of child deaths in the NT for children over 1 year of age are in the category of injuries (mainly motor vehicle accidents and drowning) and poisoning. These are followed by circulatory disease and infectious and parasitic diseases. Again, Aboriginal children are disproportionately at risk.

On a positive note and despite these serious concerns,

5. Death rates for both Aboriginal and non-Aboriginal infants and children have been declining for several decades, both across Australia as a whole and in the NT.
6. Over the past 3 years the numbers of stillbirths and perinatal deaths appear to be declining. Further analysis of data over a longer period of time is required to determine if this is a consistent trend.

These stand-out findings clearly call for urgent research and action and will no doubt help to determine the research agenda of the Committee in coming years.

As the CDRPC develops its data management and research capacity, it will be able to report on the formal causes of each death and to explore the background causes and social determinants. In the main, it is expected that these will be broadly consistent with the existing data, as reported in Chapter 4 of this report, but detailed analyses of background factors and trends will provide a sound basis for policy recommendations to government and service organisations.

Future Directions

The focus of the CDRPC's activities in the coming year will be on the development of a comprehensive database, the collection of detailed background information on each child death that occurs, the analysis of patterns and trends, a consideration of research priorities and, where appropriate, the development of recommendations to prevent avoidable deaths from occurring.

The Act has provided for the CDRPC to focus on diseases and accidents in addition to child deaths, where this contributes to the overall objective of the "prevention and reduction" of child

deaths. It is the intention of the CDRPC to consider how it might address this broader focus once the immediate priorities have been addressed.

The CDRPC will continue to cooperate with national initiatives around the standardisation of definitions and data collection (primarily through the Australian and New Zealand Child Death Review and Prevention Group) and will support efforts to enhance cooperation amongst the various jurisdictions around the sharing of child deaths data and other relevant information. A particular focus will be on the transfer of information relating to children who are normally resident in the NT but who die whilst interstate.

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Appendix 1

Northern Territory of Australia Care and Protection of Children Act Part 3.3 Prevention of Child Deaths

207 Object of Part

The object of this Part is to assist in the prevention and reduction of child deaths through:

- (a) maintaining a database on child deaths; and
- (b) conducting research about child deaths, and diseases and accidents involving children; and
- (c) the development of appropriate policy to deal with such deaths, diseases and accidents.

208 Child deaths

A child death is:

- (a) the death of a child who usually resided in the Territory (whether the death occurred in the Territory or not); or
- (b) a still-birth as defined in the *Births, Deaths and Marriages Registration Act* that occurred in the Territory.

209 Establishment of Committee

- (1) There is to be a Child Deaths Review and Prevention Committee.
- (2) The Committee consists of at least 10 but not more than 16 members.
- (3) Each member must be:
 - (a) someone who has qualifications or experience relating to the functions of the Committee; and
 - (b) appointed by the Minister in writing for a term not exceeding 2 years.
- (4) The Minister must:
 - (a) appoint one member to be the Convenor of the Committee; and
 - (b) appoint another member to be the Deputy Convenor of the Committee.
- (5) At least 2 members must be Aboriginal persons.
- (6) One member must be a deputy coroner nominated by the Territory Coroner for this section.

- (7) A member is eligible for re-appointment.
- (8) In this section:

deputy coroner means a deputy coroner as defined in the *Coroners Act*.

Territory Coroner means the Territory Coroner as defined in the *Coroners Act*.

210 Functions of Committee

The Committee has the following functions:

- (a) to establish and maintain the Child Deaths Register;
- (b) to conduct or sponsor research into child deaths, diseases and accidents involving children, and other related matters (such as childhood morbidity and mortality), whether alone or with others;
- (c) to raise public awareness about a matter mentioned in paragraph (b), including, for example, any of the following:
 - (i) the death rate of children;
 - (ii) the causes and nature of child deaths and of diseases and accidents involving children;
 - (iii) the prevention or reduction of such deaths, diseases and accidents;
- (d) to make recommendations about a matter mentioned in paragraph (b);
- (e) to monitor the implementation of the recommendations;
- (f) to contribute to any national database on child deaths in Australia;
- (g) to enter into an arrangement for the sharing of information with anyone in Australia that has functions similar to those of the Committee;
- (h) to perform any other functions relating to the object of this Part as the Minister directs.

211 Provision of information to Committee

- (1) Any of the following persons must, on the Committee's request, give specified information to the Committee for any of its functions:
 - (a) the Commissioner of Police;
 - (b) the Registrar of Births, Deaths and Marriages;
 - (c) a coroner;
 - (d) a service provider for a protected child;
 - (e) a health practitioner;
 - (f) a person in charge of a facility for health services in which children are ordinarily patients;
 - (g) an operator of child-related services;
 - (h) an operator of children's services.

Maximum penalty: 200 penalty units or imprisonment for 2 years.

- (2) It is a defence to a prosecution for an offence against subsection (1) if:
 - (a) the defendant has a reasonable excuse; or
 - (b) the Commissioner of Police certifies in writing that compliance with the request would:
 - (i) prejudice the investigation of any unlawful conduct; or
 - (ii) disclose a confidential source of information in relation to the administration of law; or
 - (iii) prejudice the effectiveness of a method or procedure in relation to the administration of law; or
 - (iv) facilitate a person's escape from lawful custody; or
 - (v) endanger the safety of a person.
- (3) A person acting in good faith in giving information to the Committee is not civilly or criminally liable, or in breach of any professional code of conduct, for giving the information.

212 Child Deaths Register

- (1) There is to be a Child Deaths Register.
- (2) The Register is a database of information concerning child deaths.
- (3) Without limiting subsection (2), the Register may include information on:
 - (a) incidences of child deaths; and
 - (b) the causes, patterns and trends of child deaths.

213 Annual report

- (1) At the end of each financial year, the Committee must prepare a report about the operation of the Committee during that year.
- (2) The report must contain details about:
 - (a) the Committee's activities during that year, including:
 - (i) the development of the Register during that year; and
 - (ii) any recommendations made by the Committee during that year; and
 - (b) the implementation during that year of any recommendations made by the Committee.
- (3) The Committee must, by 31 October following the end of that year, give the report to the Minister.
- (4) The Minister must table a copy of the report in the Legislative Assembly within 6 sitting days after receiving the report.

214 Report about research

- (1) The Committee may prepare reports about research conducted or sponsored by the Committee (whether alone or with others).
- (2) The Committee must give the reports to the Minister.
- (3) The Minister must table a copy of each of the reports in the Legislative Assembly within 6 sitting days after receiving the report.

215 Advisors to Committee

- (1) The Minister may, on the Convenor's recommendation, appoint persons to be advisors to the Committee.
- (2) The Convenor may only recommend a person who has qualifications or experience relating to:
 - (a) a function of the Committee; or
 - (b) health care, child development or protection, or research methodology.
- (3) An advisor may be appointed for:
 - (a) the duration of a project specified in the appointment; or
 - (b) a term not exceeding 2 years specified in the appointment.
- (4) An advisor is eligible, on the recommendation of the Convenor, for re-appointment.
- (5) An advisor must assist the Committee in performing the Committee's functions as specified in the appointment.
- (6) Without limiting subsection (5), the appointment may specify that the advisor must conduct specified research.

216 Deputy Convenor

The Deputy Convenor must act in the office of Convenor if:

- (a) the Convenor is unable to exercise the Convenor's powers or perform the Convenor's functions; or
- (b) the office of Convenor is vacant.

217 Vacation of office of member or advisor

A member or advisor vacates his or her office if:

- (a) the term of the appointment of the member or advisor expires; or
- (b) the member or advisor resigns the office in writing given to the Minister; or
- (c) the appointment is terminated under section 218; or
- (d) the member or advisor dies.

218 Termination of appointment

- (1) The Minister must terminate a person's appointment as a member or advisor if:
 - (a) the person contravenes section 221; or
 - (b) for a person appointed as a member:
 - (i) the person has been absent (except on leave granted by the Minister) from 3 consecutive meetings of the Committee; or
 - (ii) the person contravenes section 220.
- (2) In addition, the Minister may terminate the appointment:
 - (a) on the ground of misbehaviour; or
 - (b) on the ground the person becomes physically or mentally incapable of satisfactorily performing the duties of the appointment.
- (3) Furthermore, the appointment is terminated if:
 - (a) the person:
 - (i) becomes bankrupt; or
 - (ii) applies to take the benefit of a law for the relief of bankrupt or insolvent debtors; or
 - (iii) compounds with creditors or makes an assignment of the person's remuneration for their benefit; or
 - (b) is found guilty by a court in the Territory of an offence punishable by imprisonment for 12 months or more; or
 - (c) is found guilty by a court outside the Territory of an offence which, if committed against a law of the Territory, would be an offence punishable by imprisonment for 12 months or more.
- (4) A termination under subsection (1) or (2) must be by writing given to the person.

219 Meetings of Committee

- (1) The Committee must meet at least 3 times in each year.
- (2) In a meeting of the Committee, the number of members that is equal to half of the members plus one constitutes a quorum.
- (3) A meeting of the Committee must be presided by:
 - (a) the Convenor; or
 - (b) in the absence of the Convenor – the Deputy Convenor; or
 - (c) in the absence of both the Convenor and the Deputy Convenor – a member elected by the members present at the meeting.

220 Disclosure of interest

- (1) A member who has a direct or indirect interest in a matter to be considered by the Committee must disclose the interest to the Committee.
- (2) The disclosure must be recorded in the Committee's minutes.
- (3) The member:
 - (a) must not take Part in any deliberation or decision of the Committee about the matter; and
 - (b) must be disregarded for the purposes of constituting the quorum of the Committee for the deliberation or decision.
- (4) The Committee may decide subsection (3) does not apply to the matter.
- (5) However, the decision must be deliberated and voted on in the absence of the member.

221 Confidential information

- (1) A person who has acquired information in exercising a power or performing a function under this Part is guilty of an offence if the person:
 - (a) discloses the information to someone; or
 - (b) does something that results in disclosing the information to someone and is reckless as to whether doing the thing would result in the disclosure; or
 - (c) uses the information.

Maximum penalty: 200 penalty units or imprisonment for 2 years.

- (2) Subsection (1) does not apply to:
 - (a) a disclosure or use of the information by a person in exercising a power or performing a function under this Part; or
 - (b) a disclosure or use of the information for any of the following purposes authorised by the Minister:
 - (i) research relating to the object of this Part;
 - (ii) an inquiry or investigation conducted by a coroner, the Police Force or another law enforcement agency;
 - (iii) a purpose specified by regulation; or
 - (c) a disclosure of the information to a court or tribunal; or
 - (d) a disclosure or use of the information that is otherwise required or authorised by law.

222 Review of operation of Part

- (1) The Minister must conduct a review of the operation of this Part within 3 years after the commencement of this Part.
- (2) The review must determine:
 - (a) the extent to which the operation of this Part has met the object of this Part; and
 - (b) whether or not any amendment to this Part should be made.



PO Box 40598 CASUARINA NT 0811
4th Floor, National Mutual Building
9-11 Cavenagh Street, DARWIN NT 0800

T 08 8999 6076
F 08 8999 6072

www.childrenscommissioner.nt.gov.au