

Our reference: 2017/096522
(ADM/2017/108)

Contact: Selena Choo

Telephone: 9286 1014

Mr Lee Evans MP

Chair

Committee on the Ombudsman, the Law Enforcement Conduct Commission and the Crime Commission

Parliament of New South Wales

Macquarie Street

SYDNEY NSW 2000

By email: ombolecc@parliament.nsw.gov.au

Dear Mr Evans

Convener of the NSW Child Death Review Team, NSW Ombudsman, answers to questions on notice

Thank you for sending a proof transcript of the oral evidence I provided to the Committee on 12 May 2017. I took five questions on notice and provide the following answers.

Question 1 (p. 1 transcript)

The Hon. LOU AMATO: *Are deaths of children not vaccinated high in the Indigenous population? Have you got a break-up of the statistics?*

In 2016, the NSW Child Death Review Team (CDRT) published a report commissioned from the National Centre for Immunisation Research and Surveillance. The work examined 54 deaths of children due to vaccine preventable infectious disease that occurred between 2005 and 2014. Of these deaths, 23 were considered preventable or potentially preventable by vaccination. Some deaths were not considered preventable for a range of reasons, including that the children were too young to be vaccinated.

Of the 54 children who died, 3 were identified as being of Aboriginal or Torres Strait Islander background. The report notes that this represents 5.6% of the 54 deaths and is similar to the proportion of Indigenous children residing in NSW (5.5%). However, it is worth noting that, compared to non-Indigenous children, Aboriginal and Torres Strait Islander children have lower rates of vaccination and higher rates of hospitalisation from vaccine preventable infectious diseases.¹

¹ Cth Department of Health, 'Vaccine Preventable Diseases and Vaccination Coverage in Aboriginal and Torres Strait Islander People, Australia 2006-2010', *Communicable Diseases Intelligence*, Vol 37, Supplement, December 2013.

Question 2 (p. 2 transcript)

Dr HUGH McDERMOTT: *Your report stated that there were 26 deaths of young people attributed to suicide in 2015. Are you able to tell us if any of those deaths occurred ... in foster care or State care?*

None of the 26 young people who died by suicide in 2015 were in care. Between 2004 and 2014, the deaths of nine young people in care were attributed to suicide. Six of these nine young people were 15 years or older when they died and five were male. One young person was Aboriginal.

Question 3 (This question was asked after the end of the session)

Dr HUGH McDERMOTT: *How many children in state or foster care died?*

Nine children in care died in NSW in 2015.² In the 10-year period to 2015, 95 children and young people in care died. The majority of these children died from natural causes, often associated with significant disability or progressive health conditions.

Question 4 (p. 2 transcript)

Dr HUGH McDERMOTT: *Secondly, recently we received documentation from the South West Sydney Local Health District in regards to deaths in the maternity ward at Fairfield Hospital—what we believe are child deaths but we have not details on the deaths in the maternity ward in 2016. Are you aware of those deaths?*

The CDRT received notification from Births, Deaths and Marriages that one infant died in 2016 at Bankstown-Lidcombe Hospital (South Western Sydney Local Health District) after being administered nitrous oxide during resuscitation attempts following birth. This matter is currently open with the NSW Coroner. NSW Health investigated the incident leading to this infant's death and have publicly released the investigation report and findings.³

The NSW Child Death Register recorded the deaths in 2016 of a further 24 infants prior to discharge following birth in public hospitals within the South Western Sydney Local Health District, including one at Fairfield hospital. These infants died from natural causes, including conditions associated with extreme prematurity or congenital/chromosomal abnormalities, and maternal factors/labour complications.

Question 5 (p. 3 transcript)

The Hon. TREVOR KHAN: *With respect to youth suicide, are you able to identify whether there are any trends or emphases in terms of where those are occurring? I am not suggesting more on the south coast than wherever, but are they disproportionately regional as opposed to city-based, for instance? ... I would be most interested, and, if you can, I would be grateful if you could identify if there are any trends in terms of Aboriginal youth suicide rates in that as well.*

As shown in Attachment A, over the 15 year period to 2015, the NSW child death register has recorded the deaths by suicide of 264 young people. In 2015, the deaths of 26 young people were attributed to suicide, a rate of 1.53 per 100,000 people under 18 years of age. This was the largest number and highest rate of suicide for young people in NSW since 1997. Since 2001, there has been no statistically significant change in the suicide mortality rate of young people in NSW.

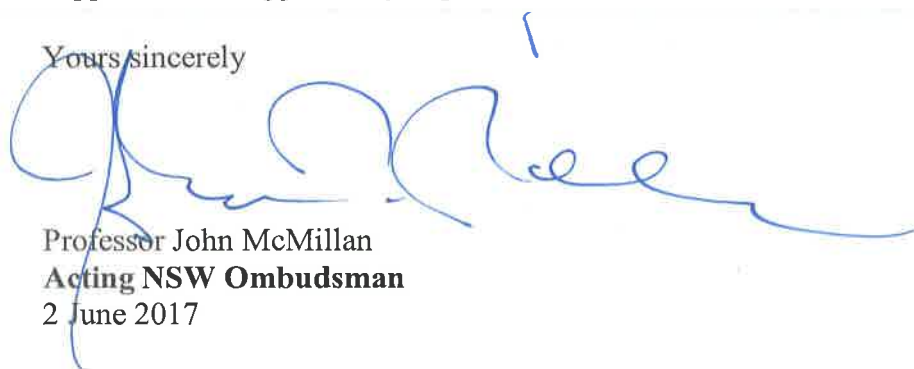
² A child under the age of 18 years who is in care as defined in section 4(1) of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*. The definition includes children the subject of a statutory care order and those living with relatives or kin in a supported care arrangement. It also includes children placed voluntarily in out-of-home care, usually in disability accommodation services.

³ NSW Health (2016), *Bankstown-Lidcombe Hospital Medical Gases Incident: Final Report*, Prepared by the Chief Health Officer, 26 August 2016.

- **Location and socio-economic status⁴:** Sixty-one per cent of the young people who died by suicide over the 5-year period 2011-2015 resided in major cities in NSW, primarily in the Sydney metropolitan area. However, the rate of suicide deaths in regional areas was higher than in major cities (1.64 compared to 1.03). There was a relatively even distribution across socio-economic quintiles.
- **Aboriginal and Torres Strait Islander status:** Drawing on NSW Registry of Births, Deaths and Marriages data, Aboriginal and Torres Strait Islander children and young people represented eight per cent of all young people who died by suicide over the 15 years from 2001. The mortality rate for Aboriginal and Torres Strait Islander young people has increased substantially in the period 2011-2015 (1.13 to 2.63).
- **Age:** The majority of deaths by suicide occur in the 15 to 17 year age group. In the five year period from 2011 to 2015, the number of suicide deaths of 15 year olds increased notably, rising from 13 per cent to 25 per cent of all deaths by suicide of young people over that time. The number of deaths by suicide of children and young people between the ages of 10 and 14 years is comparatively small, but is significant in terms of the proportion of all deaths within this age group.
- **Gender:** Males have consistently been over represented in suicide deaths of young people. In only two of the last 15 years – 2013 and 2015 – was the suicide mortality rate for females higher than for males. However, the difference between male and female suicide mortality rates has reduced over the last three years, largely due to an increase in female deaths by suicide.

I appreciate the opportunity to provide the Committee with further information.

Yours sincerely



Professor John McMillan
Acting NSW Ombudsman
2 June 2017

⁴ SEIFA and ARIA are calculated on the Australian Statistical Geography Standard. This is the Australian Bureau of Statistics' geographical framework, effective from July 2011. Due to unavailability of data prior to 2011, socio-economic and remoteness measures were unable to be calculated for years 2001 to 2010.

Attachment A: Deaths due to suicide by key demographic and social characteristics, 2001-2015

	2011 – 2015				2006-2010				2001-2005			
	Number	Percent	Crude Mortality Rate	95% Confidence Interval	Number	Percent	Crude Mortality Rate	95% Confidence Interval	Number	Percent	Crude Mortality Rate	95% Confidence Interval
Total	101	100	1.21	0.97 - 1.44	73	100	0.91	0.71 - 1.14	90	100	1.13	0.91 - 1.39
Gender												
Female	43	43	1.06	0.77 - 1.43	21	29	0.54	0.33 - 0.82	30	33	0.77	0.52 - 1.10
Male	58	57	1.35	1.02 - 1.74	52	71	1.26	0.94 - 1.65	60	67	1.47	1.12 - 1.89
Age												
10-14 years	18	18	0.8	0.48 - 1.27	13	18	0.58	0.31 - 0.99	16	18	0.71	0.40 - 1.15
15-17 years	83	82	6.06	4.83 - 7.51	60	82	4.38	3.34 - 5.63	74	82	5.54	4.35 - 6.95
Aboriginal and Torres Strait Islander status*												
Aboriginal or Torres Strait Islander	12	12	2.63	1.36 - 4.60	5	7	1.13	0.37 - 2.65	4	4	0.98	0.27 - 2.50
Not Aboriginal or Torres Strait Islander	89	88	1.13	0.90 - 1.39	66	90	0.87	0.67 - 1.10	86	96	1.14	0.91 - 1.40
Remoteness**												
Major cities	62	61	1.03	0.79 - 1.31	-	-	-	-	-	-	-	-
Regional areas	36	36	1.64	1.15 - 2.28	-	-	-	-	-	-	-	-
Remote areas	3	3	-	-	-	-	-	-	-	-	-	-
Socioeconomic status ***												
Quintile 5 (highest)	16	16	0.88	0.50 - 1.43	-	-	-	-	-	-	-	-
Quintile 4	19	19	1.22	0.73 - 1.90	-	-	-	-	-	-	-	-
Quintile 3	18	18	1.18	0.70 - 1.86	-	-	-	-	-	-	-	-
Quintile 2	21	21	1.33	0.82 - 2.03	-	-	-	-	-	-	-	-
Quintile 1 (lowest)	26	26	1.46	0.95 - 2.14	-	-	-	-	-	-	-	-

* Aboriginal and Torres Strait Islander status was determined from Births, Deaths and Marriages data. Status was not known for two children.

**Remoteness was unable to be calculated in two cases

***Socioeconomic status was unable to be calculated in 24 cases.