Child Accident Prevention Foundation of Australia
Western Australia

Kidsafe WA Childhood Injury Bulletin Annual Report: 2024 – 2025

Partner:

Government of **Western Australia**
Department of **Health**

CONTENTS

Suggested Citation:
Tsvetkov A, Jamieson K, & Yadav A. Kidsafe WA Childhood Injury Bulletin: Annual Report 2024–2025. Perth (WA): Kidsafe WA (AU); 2026 January.

LANGUAGE AND TERMINOLOGY

Term	Meaning
Perth Children's Hospital (PCH)	PCH is a paediatric hospital in Western Australia and is the referral centre for paediatric illness and injury within the state.
Emergency Department (ED) Presentations	Children between zero and <16 years old that present to the triage desk at PCH ED.
Category 'other'	In each of the PCH ED injury surveillance fields there is often an 'other' category. This is used when presentations are missing information or do not fit in the categories outlined.
Blunt force injury	An injury caused by contact with an object i.e. child ran into wall or the child hit by ball.
Injury factor	This can be a product or a structure that contributed to the cause of the injury.

INJURIES AT A GLANCE

20,862

Children attended the Perth Children's Hospital (PCH ED) due to injury during the 2024–25 financial year

Sex

57%
Of children were male

43%
Of children were female

12%
Of children were admitted to hospital for further treatment

Cause of Injury

42%
Of injuries were due to a fall

32%
Of injuries were due to a blunt force

Age

34%
Of children were aged 0–4 years

27%
Of children were aged 5–9 years

33%
Of children were aged 10–14 years

6%
Of children were aged 15 years

INTRODUCTION

Kidsafe WA
Kidsafe WA is the leading independent not-for-profit organisation dedicated to promoting safety and preventing childhood injuries and accidents in Western Australia. Injuries are the leading cause of death among Australian children aged zero to fourteen, accounting for nearly half of all deaths in this age group. More children die of injury than of cancer, asthma and infectious diseases combined. However, many of these deaths and injuries can be prevented. Kidsafe WA works to educate and inform parents and children on staying safe at home, at play and on the road.

Perth Children's Hospital Injury Surveillance System
PCH is the only paediatric hospital in Western Australia and is the referral centre for paediatric illness and injury within the state. Approximately 68,000 children present to the PCH ED each year. The PCH ED Injury Surveillance System is designed to capture data related to all children who present with an injury. This report provides a summary of all Injury Surveillance System data collected at PCH ED between July 2024 and June 2025. While this data does not take into account all Emergency Department presentations in Western Australia, it offers a useful snapshot of injury occurrences and patterns of presentation.

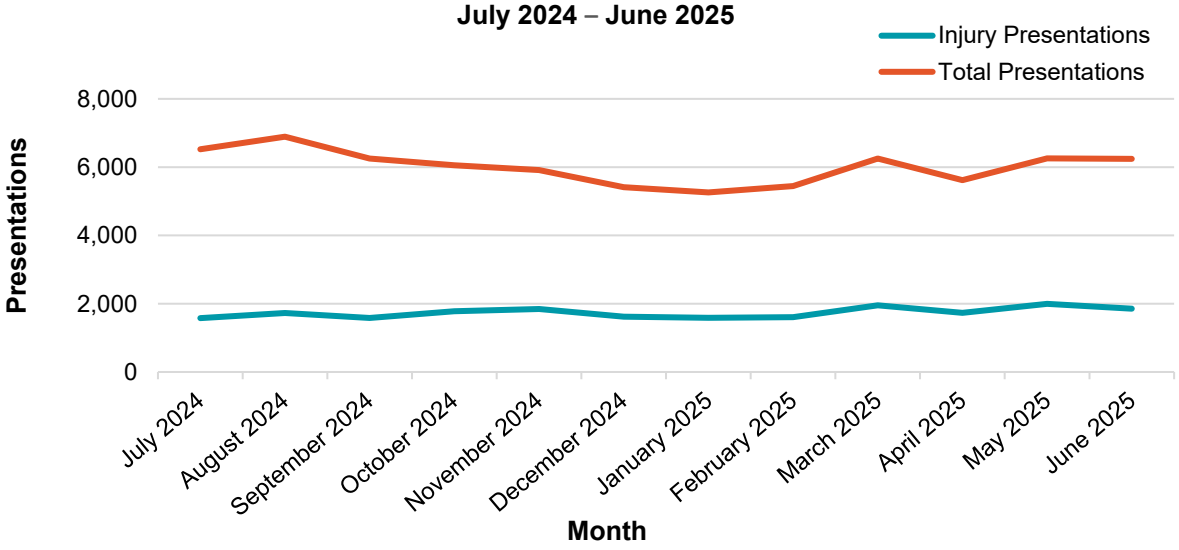
The total number of children presenting to the PCH ED has fluctuated between 67,000 and 72,000 over the past five years. On average, injury presentations account for approximately 30 percent of presentations with a slight peak seen in 2020–2021 (Table 1).

Table 1: Total Presentations and Injury Presentations to the PCH ED by Financial Year; July 2020 – June 2025

Year	Total Presentations	Total Injuries	Injury as a % of Presentations
2024–2025	72,130	20,862	28.9%
2023–2024	69,089	19,847	28.7%
2022–2023	72,201	19,464	27.0%
2021–2022	69,124	20,241	29.3%
2020–2021	67,721	22,115	32.7%

During the 2024–2025 financial year, 72,130 children attended the PCH ED. Of these presentations, 28.9 percent (n=20,862) were due to an injury (Figure 1).

Figure 1: Total Presentations and Injury Presentations by Month; July 2024 – June 2025



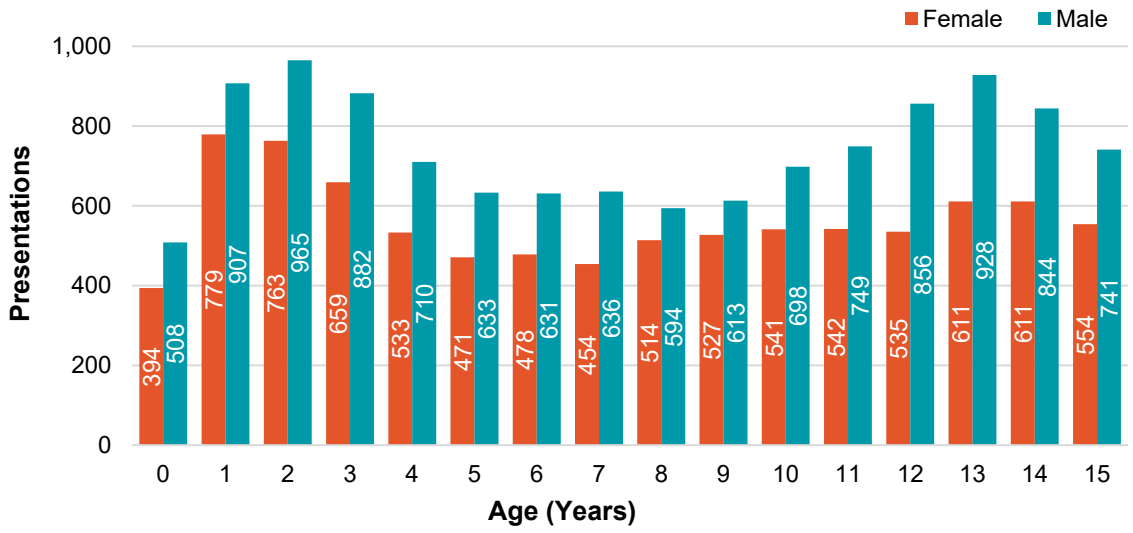
DEMOGRAPHICS

Age and Sex

Similar to previous years children under five years old account for one third (34.0%, n=7,100) of injury presentations to PCH ED. Two year olds present most frequently, accounting for 8.3 percent (n=1,728), followed by one year olds (8.1%, n=1,686) (Figure 2). Children at this age are continuing to develop physical and cognitive skills and may lack the ability to explore their surroundings safely. Following this age group, young people aged 10 to 14 years account for 33.1 percent (n=6,915) of presentations, while 6.2 percent (n=1,295) are aged 15 years or older. As children become more independent at this age, the nature of injury risks changes with their participation in different activities.

Of the presentations where sex was known, males accounted for over half of the presentations (57.0%, n=11,895), with females accounting for the remaining 43.0 percent (n=8,966). This trend is observed across all age groups and is consistent with previous reports.

Figure 2: Injury Presentations to PCH ED by Age and Sex; July 2024 – June 2025



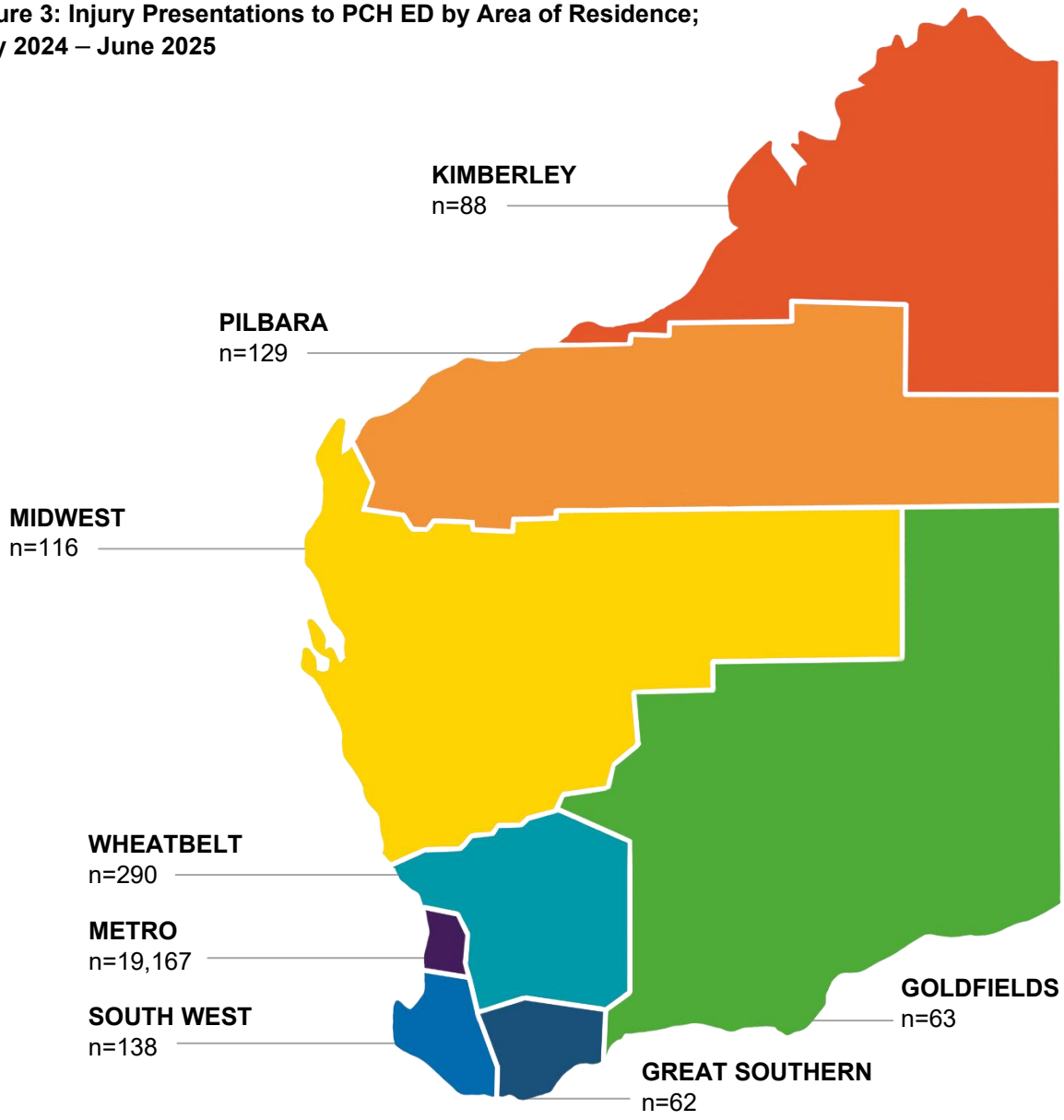
Aboriginal and/or Torres Strait Islander children account for approximately five percent (n=1,048) of injury presentations to PCH ED. This aligns with 2021 Census data, which indicate that 5.6 percent of Western Australian children aged zero to 14 years identify as being of Aboriginal and/or Torres Strait Islander descent[1,2]. For more detailed insight, see the *Kidsafe WA Childhood Injury Report: Injuries to Aboriginal Children 2009–2019* at www.kidsafewa.com.au/professionals/wa-childhood-injury-bulletins-reports/.

Area of Residence

Of the known locations, most children presenting to the PCH ED reside in metropolitan areas (93.1%, n=19,167) (Figure 3). The remaining children live in regional Western Australia or other locations, accounting for 4.3 percent (n=886) and 2.6 percent (n=531) respectively. Almost 20 percent (n=203) of children who identified as Aboriginal and/or Torres Strait Islander reside in regional areas. This is expected with over 50 percent of Aboriginal children in Western Australia residing in regional or remote areas[3].

Similar to previous years, amongst regional locations the Wheatbelt recorded the highest number of injury presentations to PCH ED (32.7%, n=290). This was followed by the South West (15.6%, n=138), Pilbara (14.6%, n=129), Midwest (13.1%, n=116), Kimberley (10.0%, n=88), Goldfields (7.1%, n=63) and Great Southern (7.0%, n=62). The number of children presenting from regional areas is likely influenced by factors such as proximity to Perth, regional health infrastructure, and population size.

Figure 3: Injury Presentations to PCH ED by Area of Residence; July 2024 – June 2025

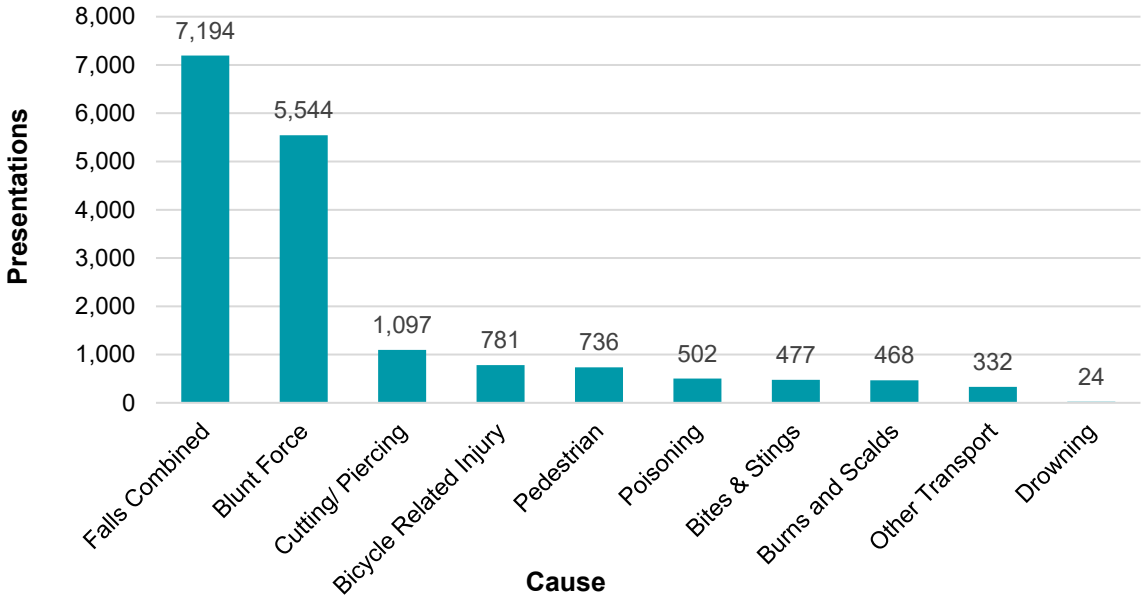


INJURY

Intent
Most injury presentations to PCH ED are due to unintentional circumstances (96.1%, n=20,050). Injuries from intentional self-harm accounts for 2.6 percent (n=538) of presentations, while the remaining presentations are due to alleged assault (0.8%, n=177) or classified as undetermined/other cause (0.5%, n=97). Amongst injuries deemed as intentional self-harm, 2.5 percent (n=13) were children aged between 7 and 10 years, while the remaining 97.6 percent (n=525) were aged between 11 and 15 years.

Cause
Falls continue to be the leading cause of injury presentations to PCH ED, accounting for 42.0 percent (n=7,194) of known causes. This includes falls from the same level as well as falls from under and over one metre. This is followed by injuries caused by blunt force (32.4%, n=5,544) and cutting/piercing (6.4%, n=1,097) (Figure 4).

Figure 4: Injury Presentations to PCH ED by Cause; July 2024 – June 2025



Injury Factor
Consistent with previous years, an associated injury factor was identified in almost half of the presentations (44.5%, n=9,291). The most common injury factor was building components, including doors, walls and windows (21.2%, n=1,950). Other injury factors included wheeled equipment (17.3%, n=1,589), furniture (14.0%, n=1,287), playground equipment (12.2%, n=1,122) and sports equipment (13.0%, n=1,210).

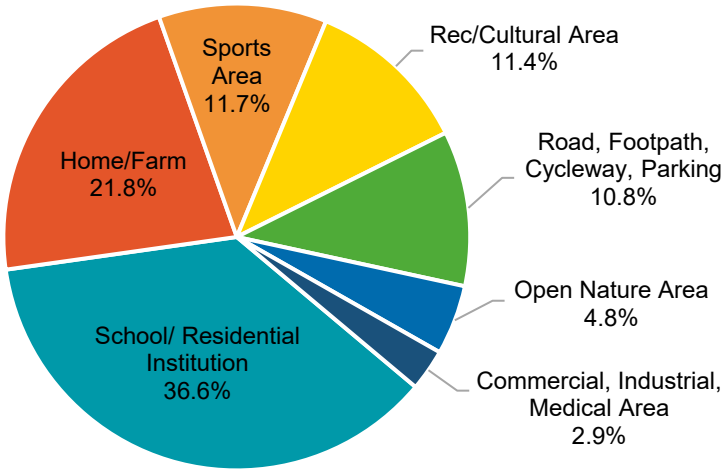
Safety Equipment
Safety equipment including helmets, seatbelts and approved child car restraints, is relevant to a range of sport-related and transport injuries. For most presentations to PCH ED, safety equipment was recorded as not applicable (76.1%, n=15,886). Amongst presentations where safety equipment was applicable, most were recorded as unknown or inadequately described (20.5%, n=4,283) with smaller proportions recorded as used (2.5%, n=527) or not used (0.8%, n=166).

When safety equipment use was documented, certain injury types were more likely to have specific safety equipment recorded. Amongst children injured as a motor vehicle occupant, 36.0 percent (n=67) were reported as using a seatbelt or approved child car restraint. For injuries relating to bicycles, motorcycles or wheeled pedestrians (e.g. scooters and skateboards), 26.6 percent (n=406) reported the use of a helmet. Across all sport-related injuries, 19.5 percent (n=970) were recorded as safety equipment not applicable, while 6.5 percent (n=322) reported the use of helmets or sport related guards.

Location

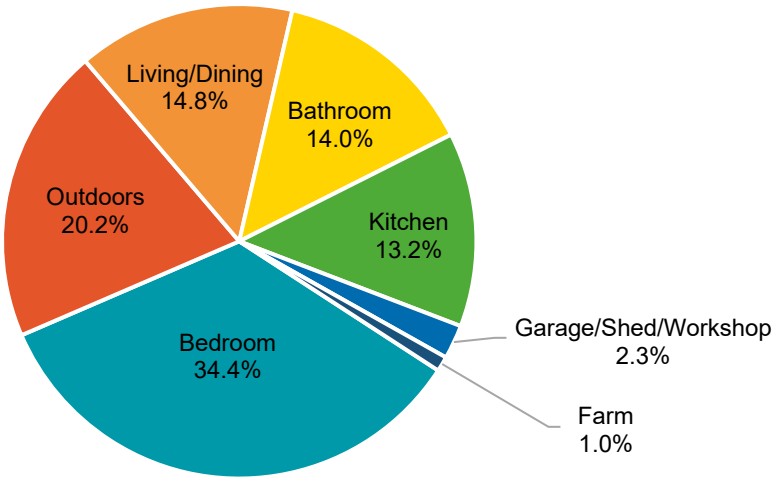
For the majority of injury presentations, the location of the injury was recorded as unknown (74.4%, n=15,525). Amongst cases where the location was recorded (25.6%, n=5,337), schools remained the most commonly reported setting (36.6%, n=1,956), followed by injuries occurring at home (21.8%, n=1,165) (Figure 5a).

Figure 5a: Injury Presentations to PCH ED by Known Location; July 2024 – June 2025



When looking at injuries occurring in the home, many occurred in an unspecified area (41.0%, n=478). Of the home locations with a specified area (59.0%, n=1,165), the largest proportion of injuries occurred in the bedroom (34.4%, n=236), followed by outdoor areas (20.2%, n=139) (Figure 5b).

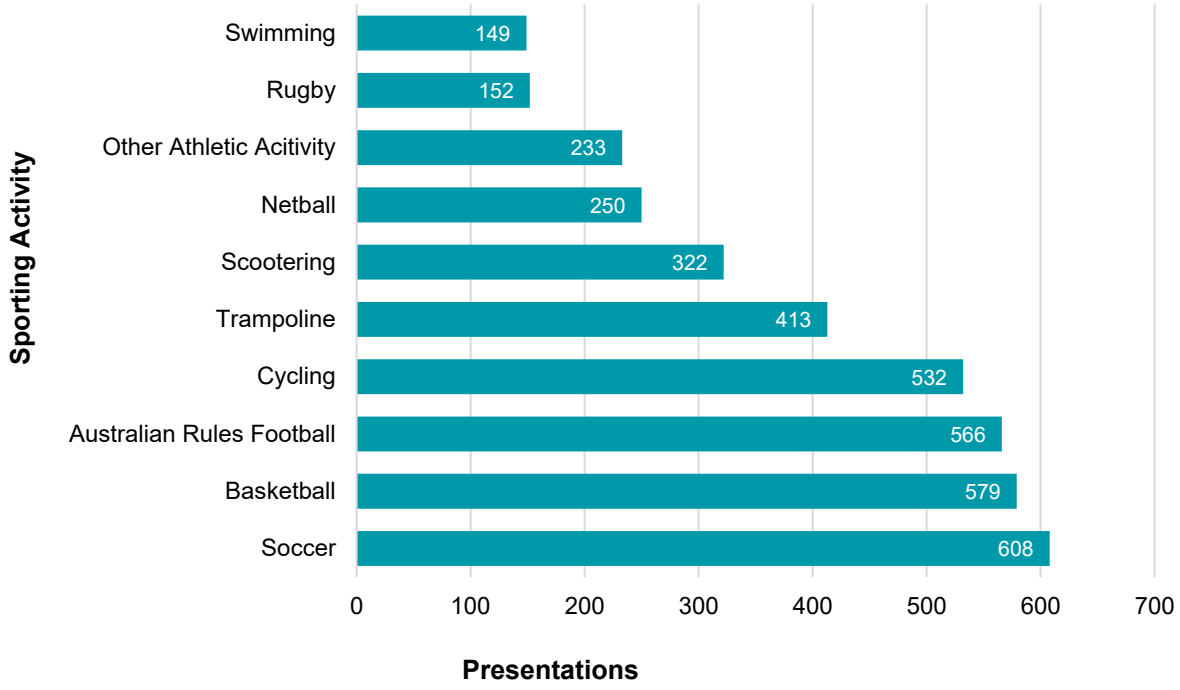
Figure 5b: Injury Presentations to PCH ED by Known Home Location; June 2024 – June 2025



Sporting Activity

Injuries presenting to PCH ED associated with a sporting activity accounted for approximately one quarter of presentations (23.8%, n=4,970). Similar to previous years, the leading sports associated with injuries included soccer (12.2%, n=608), basketball (11.6%, n=579), Australian Rules Football (11.4%, n=566), cycling (10,7%, n=532), and trampolining (8.3%, n=413). See Figure 6 for the top ten sporting activities associated with presentations. For more detailed insight, see the *Kidsafe WA Childhood Injury Report: Sport Injuries 2019–2024* at www.kidsafewa.com.au/professionals/wa-childhood-injury-bulletins-reports/.

Figure 6: Injury Presentations to the PCH ED by Top Sporting Activity; July 2024 – June 2025



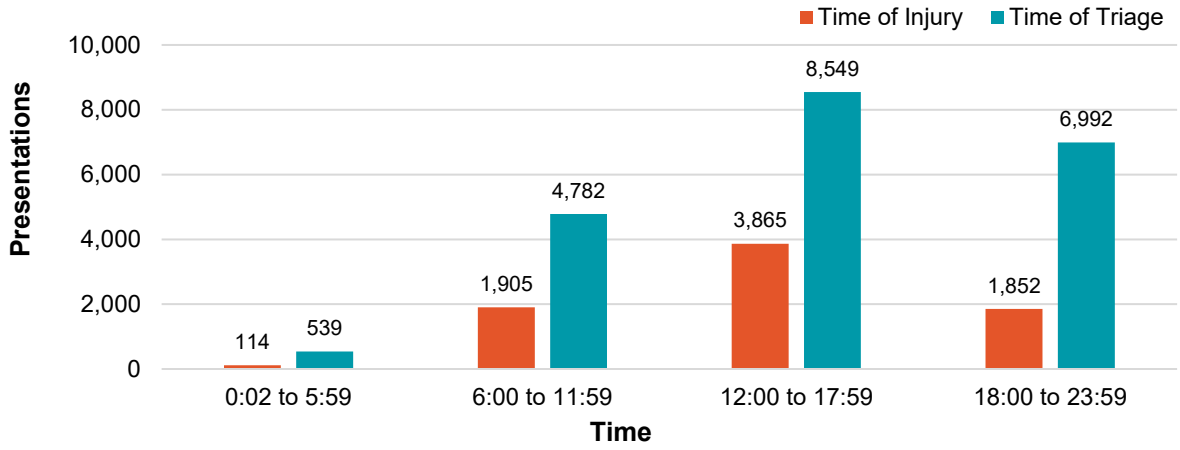
TREATMENT

Time of Day

During the triage process, both the time of injury and time of presentation to PCH ED are recorded. For the majority of presentations, the time of injury was unknown (62.9%, n=13,126). Amongst cases where the time of injury was recorded (37.1%, n=7,736), the most common period for injuries to occur was between 12:00 and 17:59 (50.0%, n=3,865), followed by injuries occurring between 6:00 and 11:59 (24.6%, n=1,905) (Figure 7).

Looking at the time of presentation to PCH ED, the highest proportion of children arrived between 12:00 and 17:59 (41.0%, n=8,549), followed by presentations between 18:00 and 23:59 (33.5%, n=6,992). A similar pattern is observed between time of injury and time of presentation, highlighting that most injuries occur during the afternoon and evening.

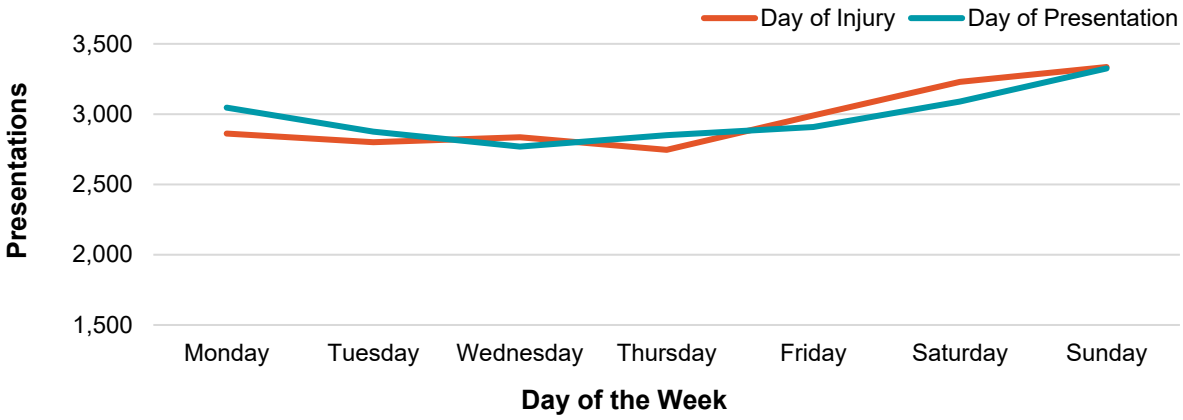
Figure 7: Injury Presentations to PCH ED by Known Time of Injury and Time of Injury; July 2024 – June 2025



Day of the Week

The day of injury and the day of presentation to PCH ED are also recorded during the triage process. For presentations where the day of injury was recorded (99.9%, n=20,798), injuries occurred on all days of the week, with slightly higher numbers on Saturday (15.5%, n=3,229) and Sunday (16.0%, n=3,335), compared to weekdays. A similar pattern is observed for the day of presentation, with slightly more presentations over the weekend (Figure 8).

Figure 8: Injury Presentations to PCH ED by Day of Injury and Day of Triage; July 2024 – June 2025



Triage Category

On presentation to PCH ED, each child is allocated a triage category to indicate the level of urgency required (Table 2). Similar to previous years, most injury presentations were classified as semi-urgent (66.0%, n=13,762). This was followed by presentations classified as urgent (25.3%, n=5,281) and emergency (7.7%, n=1,602). Only a small proportion of injury presentations were triaged as resuscitation (0.6%, n=129) or non-urgent (0.4%, n=88).

Table 2: PCH ED Triage Category

Category	Seen within (minutes)
(1) Resuscitation	0
(2) Emergency	10
(3) Urgent	30
(4) Semi-urgent	60
(5) Non-urgent	120

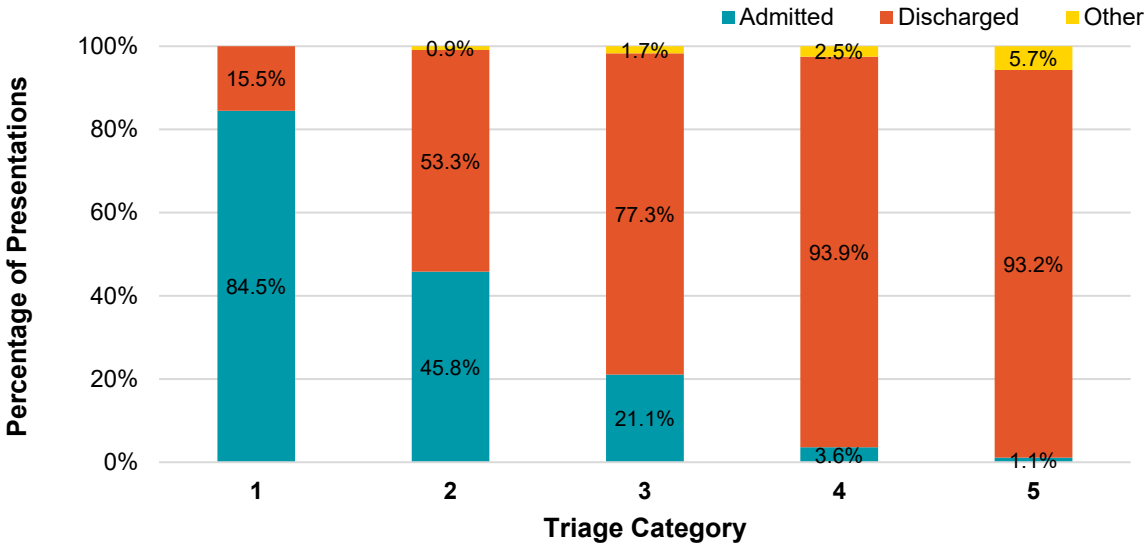
Referral Source

The majority of children presenting to PCH ED with an injury were self-referred or brought in by a relative (84.8%, n=17,693). This was followed by referrals from general practitioners (9.6%, n=2,010) and transfers from other hospitals (3.3%, n=690). A small proportion of presentations were recorded as unknown or other (1.3%, n=275).

Outcome of Attendance

Following assessment and treatment in PCH ED, most children presenting with an injury were able to be discharged (86.1%, n=17,959). A small proportion were admitted to hospital for further treatment (11.8%, n=2,454), while the remaining presentations did not wait for treatment (2.2%, n=449). As expected, admission to hospital was more common amongst presentations assigned with higher triage categories (Figure 9).

Figure 9: Injury Presentations to the PCH ED by Triage Category and Outcome of Attendance; July 2024 – June 2025



DISCUSSION

Collecting childhood injury data is essential for planning and implementing strategies that prevent or reduce injury risk. An efficient and reliable injury surveillance system requires collaboration between nursing, clerical and medical staff, while analysis of collected data helps to identify current trends and inform future prevention efforts.

Between July 2024 and June 2025, 72,130 children presented to PCH ED, with 20,862 (28.9%) of these presentations due to an injury. This is consistent with previous years where injury presentations account for approximately 30 percent of presentations annually. Children under five years old continue to represent a large proportion of presentations (34.0%), and males remain overrepresented across all age groups, in line with national ED presentation data[4]. Children who identified as Aboriginal and/or Torres Strait Islander accounted for approximately five percent of presentations. While this reflects the population distribution in Western Australia, Aboriginal children are significantly overrepresented in statewide injury-related hospitalisations and deaths compared to non-Indigenous children[5].

Most children presenting with an injury reside in metropolitan areas (91.9%), with smaller proportions from regional Western Australia or other locations. This is likely due to many children presenting to local regional health services for minor injuries. Amongst presentations from regional areas, the Wheatbelt continues to record the highest number of presentations to PCH ED, likely due to its proximity to Perth.

The majority of injuries were unintentional (96.1%), with intentional self-harm accounting for 2.6 percent of presentations. Most intentional self-harm presentations were children aged 11 to 15 years (97.6%) though a small proportion were aged 7 to 10 years. While presentations for intentional self-harm had increased over several years, they have declined slightly since 2022/23 when they accounted for 3.9 percent of injury presentations. Falls and blunt force injuries remain the leading causes of injury, together accounting for 74.4 percent of presentations. This is consistent with national trends showing falls, blunt force and transport as the top causes of injury hospitalisations[6].

Safety equipment use continues to be recorded for only a small proportion of presentations. Where documented, safety equipment was commonly used amongst motor vehicle occupants, cyclists, motorcyclists, and sports participants. Approximately one quarter of injuries were associated with sporting activities, consistent over the past five years[7]. The most commonly reported activities included soccer, basketball, Australian Rules Football (AFL), cycling and trampolining, aligning with statewide research on popular sporting activities amongst children in WA[8]. Notably, in this reporting period, basketball injuries exceeded AFL injuries. While these figures do not account for sport participation rates, they provide a snapshot of the injury risks associated with various sports.

For many presentations, the location and time of injury were unknown. Amongst known cases, injuries most commonly occurred at school and at home. Within specified home areas, bedrooms were the most frequent injury location, surpassing outdoor areas which had previously been the most commonly reported. Most injuries occurred during the afternoon or evening, with slightly higher numbers on weekends, reflecting typical periods of activity and play outside of school hours. The time and day of presentation to PCH ED show a similar pattern, suggesting that most children are brought to the ED soon after sustaining their injuries. Most presentations were triaged as semi-urgent or urgent (91.3%), with the majority of children discharged after treatment (86.1%), indicating that most injuries are manageable within an ED setting.

An ongoing challenge is the increasing proportion of presentations with incomplete or unknown data across various categories, particularly injury location and safety equipment use. To address this, Kidsafe WA and PCH provide regular education seminars to triage staff to support accurate data collection and strengthen injury surveillance.

Overall, data from July 2024 to June 2025 demonstrate consistent patterns in childhood injury presentations to PCH ED. Trends in demographics, injury mechanisms and treatment remain largely similar to previous years. These findings provide valuable insight into the key risk factors and circumstances associated with childhood injury and continue to inform Kidsafe WA's programs, including the following:

- Educational workshops for parents and carers
- Professional development workshops and accredited training
- Injury prevention resources available electronically or in print
- Primary school incursions and classroom resources
- Child car restraint fitting, checking, advice and hire services
- Playground advisory services
- Annual regional visits to deliver educational workshops and services

If you are interested in having Kidsafe WA visit your school, organisation or community group, or for more information on Childhood Injury Bulletins and Reports, visit www.kidsafewa.com.au or call (08) 6244 4880.

Recommendations

- Deliver injury prevention initiatives for all children and their parents or carers, with a focus on children under five years of age.
- Collaborate with community organisations and health professionals to facilitate child injury prevention messages to metropolitan and regional communities.
- Develop and implement targeted, culturally informed prevention programs in partnership with Aboriginal communities and organisations.
- Provide and analyse intentional self-harm injury data to inform key stakeholders.
- Raise awareness of the importance of childhood injury data collection and its role in prevention through ongoing staff development sessions with PCH triage staff.
- Produce and disseminate Kidsafe WA Childhood Injury Bulletins and Reports to support policy and interventions for child injury prevention.

REFERENCES

1. Australian Bureau of Statistics. Census Aboriginal and Torres Strait Islander people Quick Stats, 2021 [Internet]. Available from www.abs.gov.au/census/find-census-data/quickstats/2021/IQS5

2. Australian Bureau of Statistics. Census All persons Quick Stats, 2021 [Internet]. Available from www.abs.gov.au/census/find-census-data/quickstats/2021/5

3. Commissioner for Children and Young People WA. (2025). *Profile of Children and Young People in WA–2025*. Available from: www.ccyp.wa.gov.au/our-work/our-publications

4. Australian Institute of Health and Welfare. Injuries in children and adolescents 2021–22 [Internet]. Available from: www.aihw.gov.au/reports/injury/injuries-in-children-and-adolescents-2021-22/contents/variation-between-population-groups

5. Jamieson, K., Tsvetkov, A., Skarin D. Kidsafe WA Childhood Injury Report: Injuries to Aboriginal Children in Western Australia 2009–2019. Perth (WA): Kidsafe WA (AU); 2025 May. Available from: www.kidsafewa.com.au/professionals/wa-childhood-injury-bulletins-reports/

6. Australian Institute of Health and Welfare. Health of children [Internet]. Available from: www.aihw.gov.au/reports/children-youth/health-of-children

7. Posa, I., Jamieson, K., & Skarin D. Kidsafe WA Childhood Injury Report: Sport Injuries 2019–2024. Perth (WA): Kidsafe WA (AU); 2025 December. Available from: www.kidsafewa.com.au/professionals/wa-childhood-injury-bulletins-reports/

8. Ausplay state and territory results [Internet]. Clearinghouse for Sport. Available from: www.ausport.gov.au/clearinghouse/research/ausplay/results

Child Accident Prevention Foundation of Australia
Western Australia

www.kidsafewa.com.au