Kidsafe

Child Accident Prevention Foundation of Australia
Western Australia

Kidsafe WA Childhood Injury Report: Injuries to Aboriginal Children in Western Australia 2009 - 2019

Partner:

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

CONTENT WARNING

This report contains information about self-harm and the deaths of Aboriginal children, which may be distressing for some readers. No individuals can be identified from the data used in the report. If you or someone you know needs support, or the content of this report was upsetting in any way, the following agencies can help:

- 13YARN: 13 92 76
- Lifeline: 13 11 14
- Kids Helpline: 1800 551 800
  Webchat services are available at www.kidshelpline.com.au
- Suicide Call Back Service: 1300 659 467
  Webchat and video chat services are available at
  www.suicidecallbackservice.org.au/

Acknowledgment: Kidsafe WA acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the land on which we live, work and play. While our office is located on Whadjuk Noongar Country, we extend our respects to First Nations Elders and their people across Western Australia, where our vision, purpose, and values extend.

Report Artwork: Brianna Williams, Noongar Menang Koreng Artist
This art piece was commissioned to display in the Kidsafe WA office, representing the regional travel undertaken by our organisation across the state to deliver child injury prevention programs and services.

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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 in Australian children aged 0 to 17 and many of these deaths and injuries can be prevented. Kidsafe WA works in the community to educate and inform parents and children on staying safe at home, at play and on the road.

Epidemiology Branch, Department of Health Western Australia
The Epidemiology Branch is responsible for the collection and analysis of a wide range of population health data for Western Australia. This report provides a summary of injury-related deaths (2009-2018) and injury-related hospitalisations (2010-2019) amongst Aboriginal and/or Torres Strait Islander children and young people aged 0 to 19 years. Death and hospitalisation data, including age-adjusted rates, were obtained through the HealthTracks reporting software. Age-adjusted rates were calculated using direct standardisation based on the 2001 Australian Standard Population and are expressed per 100,000 person years to allow comparisons between different population groups.

Perth Children's Hospital Emergency Department
Perth Children's Hospital (PCH) is the only paediatric hospital in Western Australia and is the referral centre for paediatric illness and injury within the state. Each year approximately 64,000 children present to the PCH Emergency Department (ED). 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 injury-related presentations at PCH ED between July 2010 and June 2019 for Aboriginal and/or Torres Strait Islander children between 0 and 15 years. 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 emergency department presentations.

Terminology
Aboriginal and Torres Strait Islander people are the first people of Australia. They are not one group but comprise hundreds of groups that have their own distinct set of languages, histories and cultural traditions. For the purpose of this report, the term Aboriginal encompasses the diverse cultures and identities of First Nations people across Western Australia and also recognises Torres Strait Islander children residing in WA.

Injuries to Aboriginal Children

Injuries are a leading cause of death and hospitalisation for children in Australia[1]. In Western Australia alone, more than 27 children die and 8,000 are hospitalised each year due to an injury[2]. While injury affects all children, Aboriginal children experience a significantly higher burden compared to non-Aboriginal children[3,4]. National data shows that Aboriginal children are 1.5 times more likely to present to an emergency department and 1.6 times more likely to be hospitalised for an injury[5]. Between 2012 and 2016, the rate of injury-related deaths for Aboriginal children was 5.7 times higher than non-Aboriginal children[7]. Injuries amongst this population are a significant contributor to the overall health gap between Aboriginal children and non-Aboriginal children across Australia[6,8].

Children are inherently vulnerable to injury throughout different ages and stages of development. Younger children lack the ability to recognise hazards in their environment, while older children tend to engage in riskier behaviours as they gain independence[1]. Aboriginal children face additional injury risks due to a number of complex individual, environmental and systemic factors[4,8]. The ongoing impacts of colonisation in Australia have resulted in intergenerational trauma and socioeconomic disadvantage amongst Aboriginal populations, with many families facing inequities in health, housing, education and other underlying determinants of health[9,10]. These challenges, along with experiences of racism and social exclusion can place Aboriginal children at an increased risk of experiencing both intentional and unintentional injury across all age groups[4,11]. Leading causes of injury amongst Aboriginal children include falls, blunt force, transport incidents, intentional self-harm, assault, burns and scalds, poisoning and drowning[1]. While these causes are similar to those experienced by non-Aboriginal children, the rates of injury across all causes are significantly higher for Aboriginal children[4,5].

In Western Australia, many Aboriginal children are further at risk of injury due to their geographical location. Across the state, over 50 percent of Aboriginal children aged 0 to 17 reside in regional areas with approximately 18 percent living in very remote areas[12]. This can be a significant risk factor for childhood injury in WA, with families often facing further socioeconomic disadvantage through limited access to culturally appropriate prevention programs and health services, amongst other inequities[3,4]. It is also important to note that many injuries are likely treated at regional and metro GP health services that are not captured in statewide hospital data. As a result, this report only presents a snapshot of injury occurrence amongst Aboriginal children in WA.

Addressing the disproportionate burden of injury amongst Aboriginal children requires prevention initiatives that are culturally informed and developed in partnership with Aboriginal communities and organisations[4,13]. These programs should acknowledge the specific challenges faced by Aboriginal families, particularly in regional and remote areas, and should be tailored to the unique needs and strengths of each community[6,14].

INJURIES OVERVIEW

Aboriginal children represent 7.3% of the WA population under 17, yet they account for:

23.4%
of injury-related deaths

11.2%
of injury-related hospitalisations

Leading causes of injury-related deaths:

43.8% Intentional self-harm

27.8% Transport accidents

13.0% Drowning

13,271
Aboriginal children were hospitalised for an injury in WA between 2010-2019

Aboriginal children experience higher rates of injury-related hospitalisations:

9.9 x higher for assault

3.7 x higher for burns

(Compared to injury-related hospitalisation age-adjusted rates for non-Aboriginal children between 2010-2019)

Aboriginal **males** are at higher risk of injury across all age groups

Aboriginal children aged **0-4** and **15-19** are most at risk of injury

Aboriginal children presenting to PCH ED for an injury are:

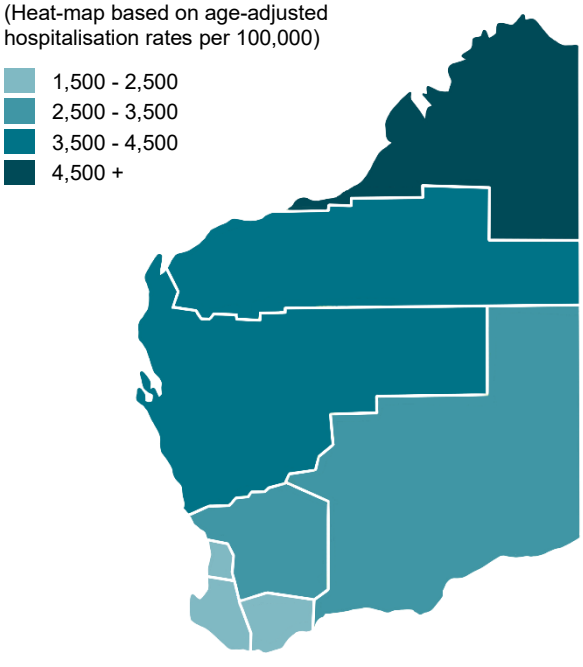
2.3 x more likely to be admitted

3.1 x more likely to be referred to PCH from another hospital

(Compared to injury-related presentations in non-Aboriginal children between July 2010-June 2019)

Aboriginal children in regional WA experience higher rates of injury

(Heat-map based on age-adjusted hospitalisation rates per 100,000)



Injury-related Deaths in Western Australia Aboriginal Children 0-19 Years, 2009 to 2018

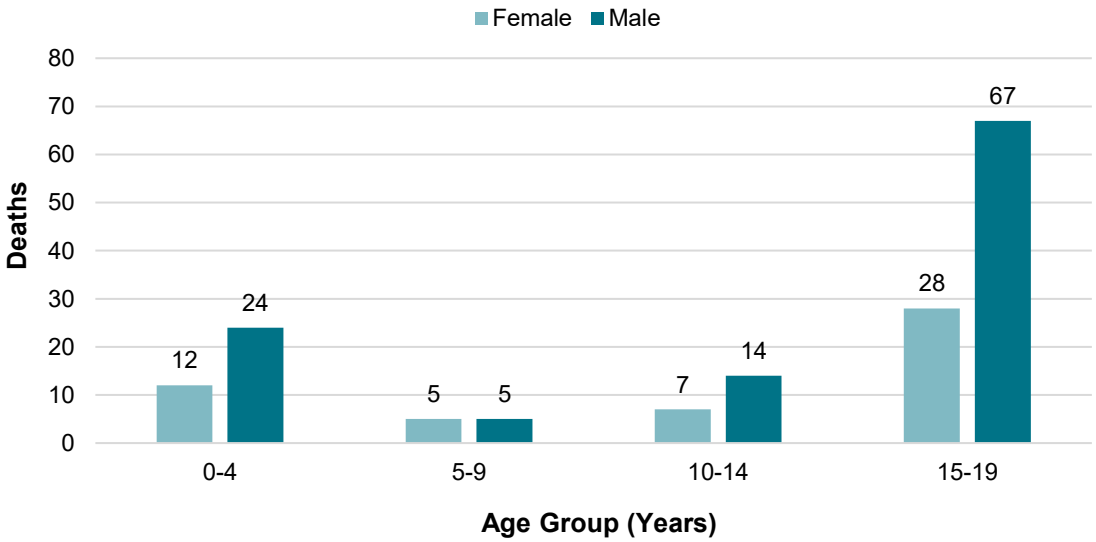
Between 2009 and 2018, there were 162 recorded injury-related deaths amongst Aboriginal children and young people, accounting for 23.4 percent of all injury-related deaths in children under 19 in Western Australia (Table 1). Given that Aboriginal children make up 7.3 percent of the total population of children under 17 in WA[1], this highlights a significant over-representation of Aboriginal children in injury-related deaths. Age-adjusted rates per 100,000 population show that the rate of injury-related deaths for Aboriginal children was 4.5 times higher than for non-Aboriginal children (40.5 per 100,000 vs. 9.0 per 100,000, respectively).

Table 1: Injury-related Deaths in Western Australia, 2009 to 2018

WA Children 0-19 Years	Total Injury-related Deaths (n)	Age-adjusted Rate (per 100,000)
Aboriginal Children	162	(40.5)
Non-Aboriginal Children	529	(9.0)

Children aged 0 to 4 accounted for 22.2 percent (n=36) of all injury-related deaths amongst Aboriginal children in WA. The incidence of injury-related death decreases from ages 5 to 14, followed by a significant rise in children aged 15 to 19 (58.6%, n=95). Males are disproportionally represented across most age groups with a significant spike in injury-related deaths for males aged 15 to 19 years (41.4%, n=67). In this age group, the number of injury-related deaths for males was 2.4 times higher than females (Figure 1).

Figure 1: Injury-related Deaths in Western Australia by Age Group and Sex, Aboriginal Children, 2009 to 2018



The Kimberley region had the highest proportion of injury-related deaths in Aboriginal children, accounting for 30.9 percent (n=50) of total injury-related deaths in this group. This was followed by the Perth metropolitan region (26.0%, n=42), Pilbara (10.5%, n=17), Midwest (9.9%, n=16), Goldfields (9.9%, n=16) and Wheatbelt (6.8%, n=11). Data from the South West and Great Southern has been supressed due to a low count.

Between 2009 and 2018, almost half of injury-related deaths in Aboriginal children in WA were caused by intentional self-harm (43.8%, n=71). This was followed by transport accidents (27.8%, n=45), drowning (13.0%, n=21) and assault (8.0%, n=13). A comparison of age-adjusted injury-related death rates between Aboriginal and non-Aboriginal children highlights significant disparities across all causes of injury (where age-adjusted rates are available). Specifically, the death rate for injuries caused by intentional self-harm is 7.3 times higher in Aboriginal children, while the rates for injuries caused by transport accidents and drowning are 3.1 and 4.3 times higher, respectively (Table 2).

Table 2: Injury-related Deaths in Western Australia by Cause, 2009 to 2018

WA Children 0-19 Years	Aboriginal		Non-Aboriginal	
	n	AAR (per 100,000)	n	AAR (per 100,000)
Intentional Self-harm	71	(18.8)	148	(2.6)
Transport Accidents	45	(11.0)	203	(3.5)
Drowning	21	(4.7)	67	(1.1)
Assault	13	(NA*)	40	(0.7)
Poisoning	NA*	(NA*)	21	(NA*)
Mechanical Forces	NA*	(NA*)	19	(NA*)
Falls	NA*	(NA*)	7	(NA*)
Burns	NA*	(NA*)	7	(NA*)

**Data has been supressed due to privacy or an unreliable rate driven from a low count.*

Injury-related Hospitalisations in Western Australia
Aboriginal Children 0-19 Years, 2010 to 2019

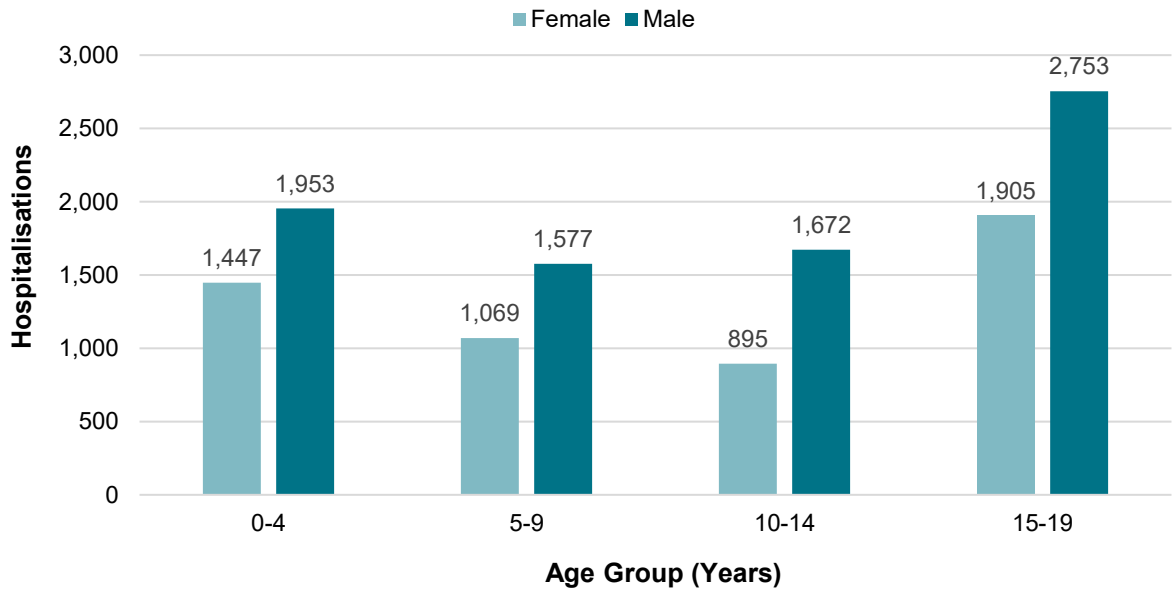
Between 2009 and 2018, 13,271 Aboriginal children were hospitalised for an injury, accounting for 11.2 percent of all injury-related hospitalisations for children under 19 in Western Australia. The age-adjusted rate of injury-related hospitalisations in Aboriginal children is 1.8 times higher than non-Aboriginal children (3,181.1 per 100,000 vs. 1,760.1 per 100,000 respectively) (Table 3).

Table 3: Injury-related Hospitalisations in Western Australia, 2010 to 2019

WA Children 0-19 Years	Total Injury-related Hospitalisations (n)	Age-adjusted Rate (per 100,000)
Aboriginal Children	13,271	(3,181.1)
Non-Aboriginal Children	104,811	(1,760.1)

Children aged 15 to 19 accounted for the highest number of injury-related hospitalisations amongst Aboriginal children in WA (35.1%, n=4,658), followed by children aged 0 to 4 (25.6%, n=3,400) (Figure 2). Overall, males represented a higher proportion than females across all age groups, accounting for 59.9 percent (n=7,955) of all injury-related hospitalisations in Aboriginal children.

Figure 2: Injury-related Hospitalisations in Western Australia by Age Group and Sex, Aboriginal Children, 2010 to 2019



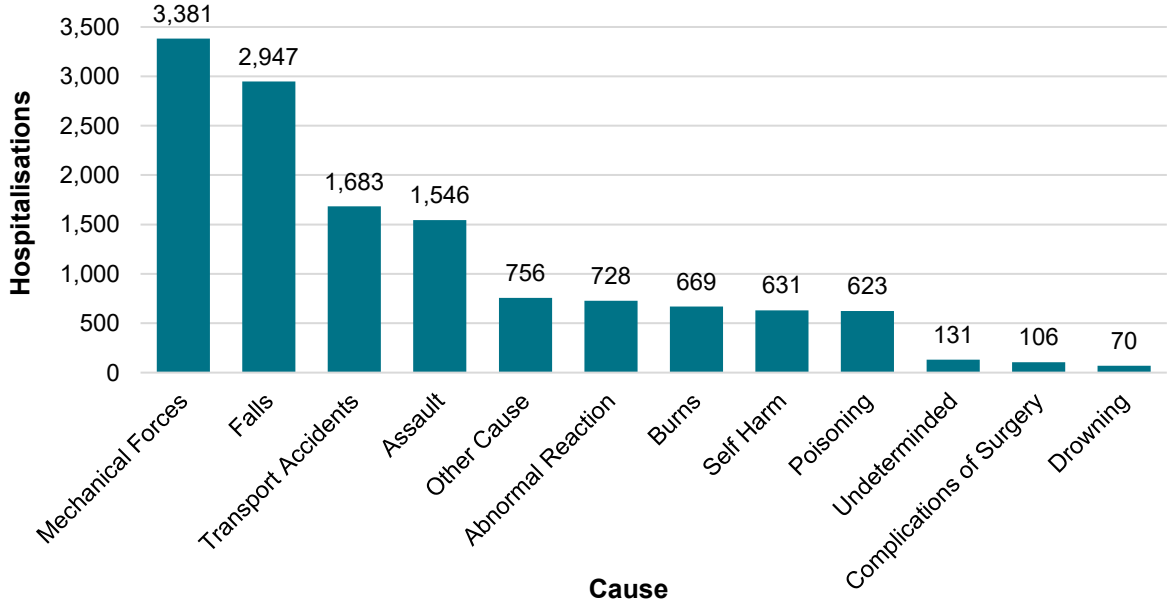
Comparing the age-adjusted rates of injury-related hospitalisations amongst Aboriginal children, the regions with the highest rates include the Kimberley (4,812.3 per 100,000), Pilbara (3,759.0 per 100,000), Midwest (3,595.4 per 100,000), Wheatbelt (3,187.3 per 100,000) and Goldfields (2,793.0 per 100,000). Although the Perth metropolitan area has the highest proportion of hospitalisations, the age-adjusted rate is lower than that of the regions listed above (Table 4).

Table 4: Injury-related Hospitalisations in Western Australia by Area of Residence, Aboriginal Children, 2010 to 2019

WA Aboriginal Children 0-19 Years	Total Injury-related Hospitalisations		
	(n)	%	AAR (per 100,000)
Metro	4,794	56.6%	(2,619.6)
Kimberley	3,355	39.6%	(4,812.3)
Pilbara	1,560	18.4%	(3,759.0)
Midwest	1,321	15.6%	(3,595.4)
Goldfields	852	10.1%	(2,793.0)
Wheatbelt	616	7.3%	(3,187.3)
South West	497	5.9%	(2,040.4)
Great Southern	276	3.3%	(2,342.0)

The leading cause of injury-related hospitalisations in Aboriginal children in WA is mechanical forces accounting for one quarter of all hospitalisations (25.5%, n=3,381). Mechanical force injuries can include collision, crush and striking based injuries. This is followed by falls (22.2%, n=2,947), transport accidents (12.7%, n=1,687), and assault (11.6%, n=1,546) (Figure 3).

Figure 3: Injury-related Hospitalisations in Western Australia by Cause, Aboriginal Children 0-19 Years, 2010 to 2019



A comparison of age-adjusted hospitalisation rates between Aboriginal and non-Aboriginal children highlights disparities across most causes of injury. Notably, the hospitalisation rate for injuries caused by assault is 9.9 times higher for Aboriginal children, while burn-related injuries are 3.7 times more common. Injuries from mechanical forces are 2.1 times higher, and rates for poisoning and transport accidents are 2.0 times higher for Aboriginal children (Table 5).

Table 5: Injury-related Hospitalisations in Western Australia by Cause, 2010 to 2019*

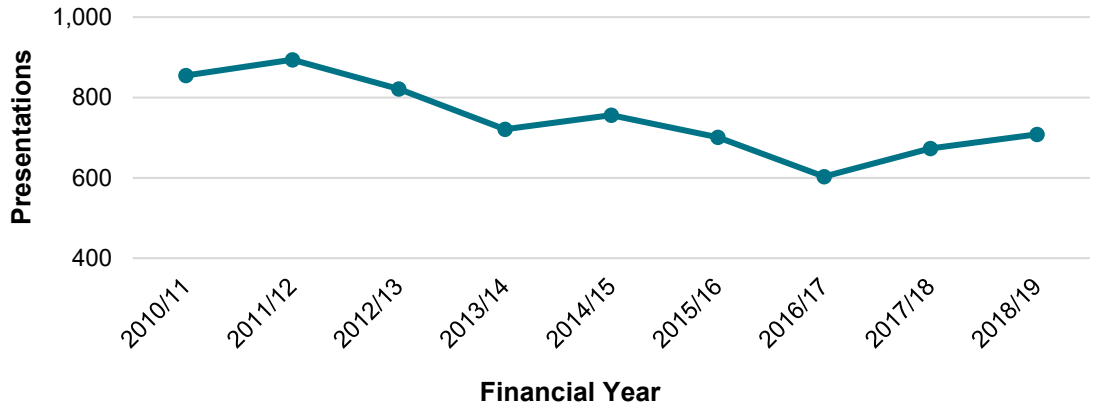
WA Children 0-19 Years	Aboriginal		Non-Aboriginal	
	n	AAR (per 100,000)	n	AAR (per 100,000)
Mechanical Forces	3,381	(807.9)	23,321	(389.9)
Falls	2,947	(680.8)	30,155	(501.0)
Transport Accidents	1,683	(413.3)	12,227	(210.9)
Assault	1,546	(396.9)	2,313	(39.9)
Abnormal Reaction	728	(173.3)	8,368	(140.3)
Burns	669	(149.8)	2,526	(41.0)
Self-harm	631	(164.8)	5,436	(94.8)
Poisoning	623	(140.9)	4,409	(71.4)
Complications of Surgery	106	(24.5)	3,220	(52.9)
Drowning	70	(15.3)	756	(11.9)

**Note: Causes categorised as 'Other' and 'Undetermined' have been excluded from this table as their age-adjusted rates are not relevant for this comparison.*

Injury-related Presentations at Perth Children's Hospital Emergency Department Aboriginal Children 0-15 Years, July 2010 to June 2019

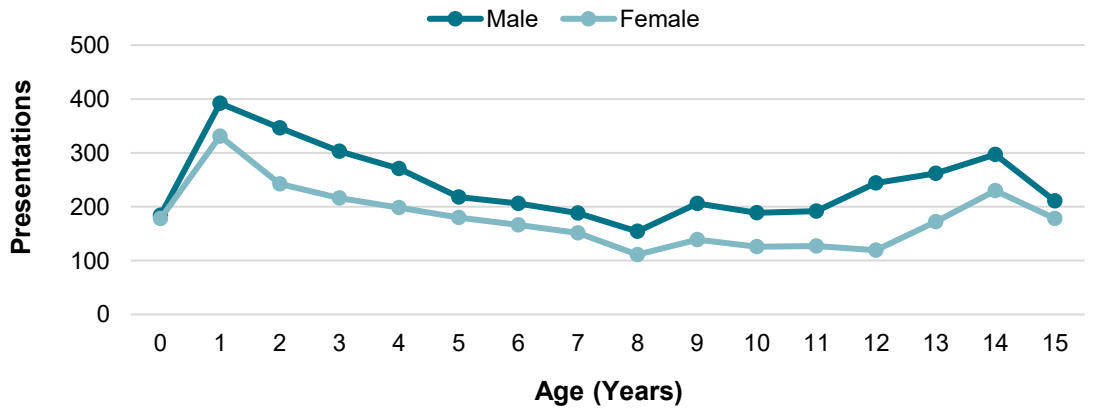
Between July 2010 and June 2019, 6,732 Aboriginal children aged 0 to 15 presented to Perth Children's Hospital Emergency Department (PCH ED) with an injury, accounting for 4.0 percent of all injury-related presentations during this period. The highest number of presentations occurred in 2011/12 (13.3%, n=894), followed by a slight decline in presentations over the following years (Figure 4). With 51.0 percent of Aboriginal children under 17 years living in regional and remote areas of WA[1], it is likely that many injuries are not captured in this PCH ED data. Aboriginal children in regional and remote areas are likely to present to regional hospitals or general practitioners, with more severe injuries likely transferred to PCH ED.

Figure 4: Injury-related Presentations at PCH ED by Financial Year, Aboriginal Children 0-15 Years, July 2010 to June 2019



Children aged 0 to 4 accounted for the highest number of injury-related presentations amongst Aboriginal children seen at PCH ED (39.5%, n=2,661), followed by children aged 10 to 15 (34.9%, n=2,347) and children aged 5 to 9 (25.5%, n=1,719). Overall, males represented a higher proportion than females across all ages, accounting for 57.4 percent (n=3,866) of all presentations (Figure 5).

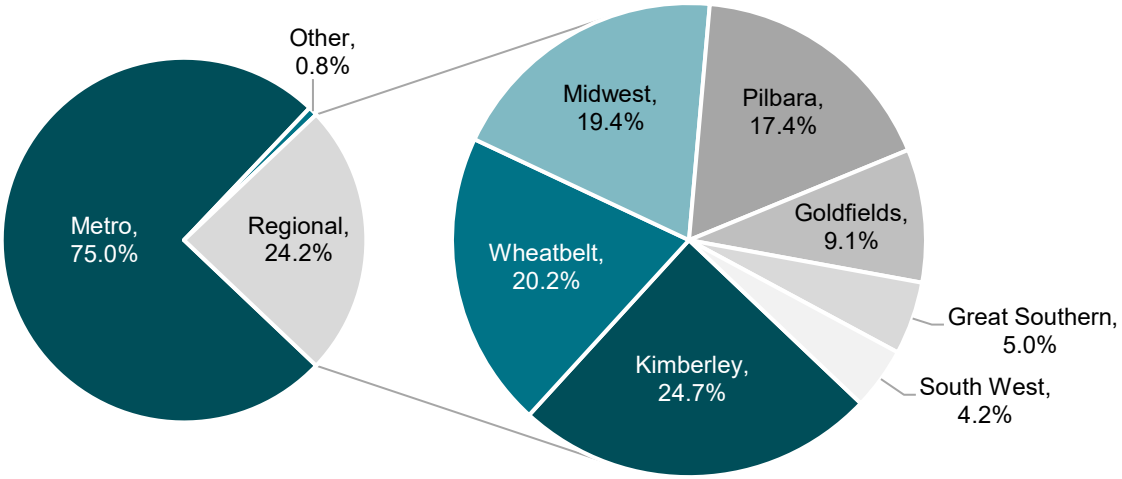
Figure 5: Injury-related Presentations at PCH ED by Age and Sex, Aboriginal Children, July 2010 to June 2019



The majority of Aboriginal children that presented to PCH ED for an injury resided in the Perth metropolitan area (75.0%, n=5,049) while 24.2 percent resided in regional areas (n=1,628) (Figure 6). This proportion of Aboriginal children presenting from regional areas is significantly higher than the 3.9% (n=6,367) seen amongst non-Aboriginal children, which is expected with over 50 percent of Aboriginal children in WA residing in regional or remote areas[12].

Amongst Aboriginal children presenting from regional areas, the Kimberley had the highest number of presentations (24.7%, n=402). This is followed by the Wheatbelt (20.2%, n=329), Midwest (19.4%, n=316), Pilbara (17.4%, n=283), Goldfields (9.1%, n=148), Great Southern (5.0%, n=81) and South West (4.2%, n=69) (Figure 6).

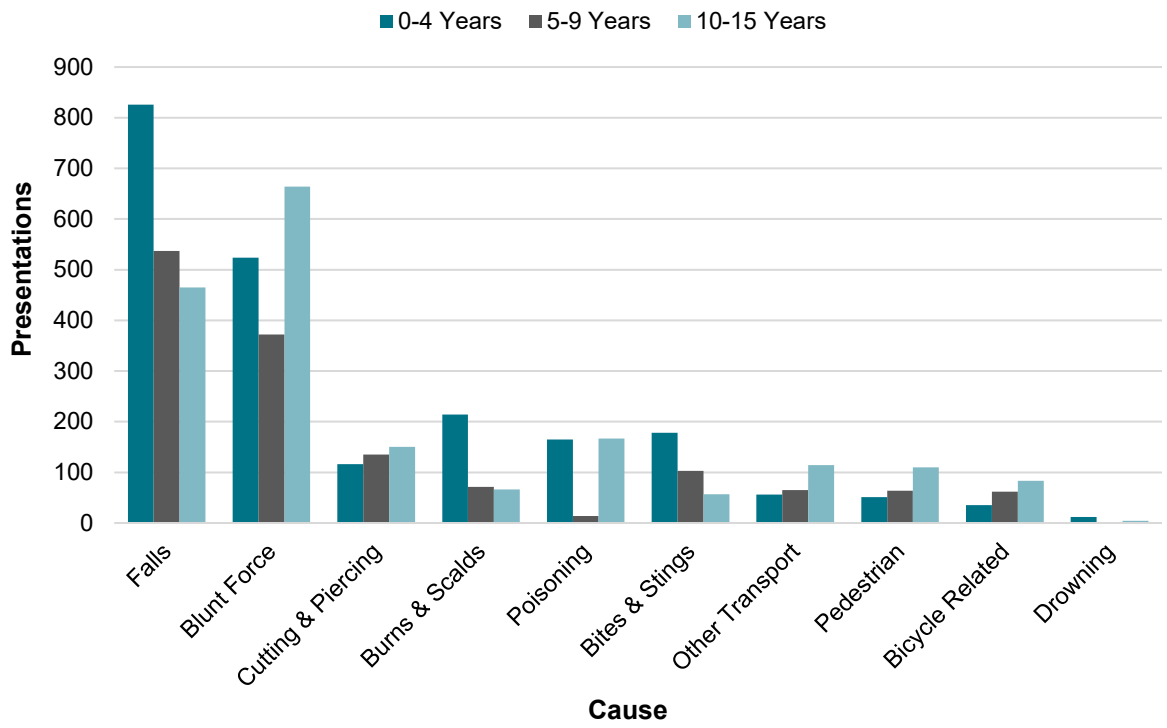
Figure 6: Injury-related Presentations at PCH ED by Area of Residence, Aboriginal Children 0-15 Years, July 2010 to June 2019



The leading cause of injury for Aboriginal children presenting to PCH ED was falls (27.2%, n=1,828) followed by blunt force injuries including collision, crush and striking based injuries (23.2%, n=1,560). The causes of injury vary across age groups with notable differences between younger and older children. Children aged 0 to 4 were more likely to sustain an injury from falls, burns/scalds and bites/stings, while children aged 10 to 15 experience a higher proportion of injuries caused by blunt force, cutting and piercing, transport-related incidents and pedestrian accidents (Figure 7).

Specifically, regarding poisoning-related injuries the number of presentations were similar between children aged 0 to 4 (n=165) and those aged 10 to 15 (n=167). When looking at the intent classification of these injuries, 25.1 percent (n=42) of poisoning injuries in older children were classified as intentional self-harm, while 98.2 percent of poisoning injuries in younger children were classified as unintentional (n=162).

Figure 7: Injury-related Presentations at PCH ED by Cause and Age Group, Aboriginal Children 0-15 Years, July 2010 to June 2019



The majority of Aboriginal children presenting to PCH ED were injured as a result of unintentional circumstances (93.6%, n=6,300). The remaining presentations were classified as intentional self-harm (2.3%, n=155), alleged assault (2.8%, n=186) or undetermined (1.3%, n=86) (Table 6). The proportion of injuries due to intentional self-harm in Aboriginal children was 2.8 times higher than the 1.8 percent (n=2,844) seen amongst non-Aboriginal children, while the proportion of injuries due to alleged assault is 5.6 times higher than the 0.5 percent (n=864) seen amongst non-Aboriginal children during the same period.

Table 6: Injury-related Presentations at PCH ED by Age Group and Intent, Aboriginal Children, July 2010 to June 2019

Age Group	Unintentional	Intentional Self-harm	Alleged Assault	Undetermined
0-4 Years	2,581	2	40	38
5-9 Years	1,681	2	22	14
10-15 Years	2,038	151	124	34
Total	**6,300**	**155**	**186**	**86**

Most Aboriginal children presenting to PCH ED for an injury are referred by themselves or a relative (74.4%, n=5,007). This is followed by referrals from other hospitals (16.7%, n=1,126) and general practitioners (n=5.0, n=335), with the remaining presentation referrals being unknown (2.0%, n=133) or other (1.9%, n=131). The proportion of Aboriginal children who are referred by another hospital is 3.1 times higher than the 5.4 percent (n=8,756) seen amongst non-Aboriginal children.

Each child presenting to the PCH ED is assigned a triage category based on the urgency of medical attention required. The majority of Aboriginal children presenting with an injury were categorised as either semi-urgent (67.1%, n=4,516) or urgent (25.6%, n=1,726). The proportion of Aboriginal children presenting with severe injuries classified as resuscitation or emergency, was notably higher than the proportion seen amongst non-Aboriginal children during the same period. Specifically, the percentage of resuscitation presentations amongst Aboriginal children was 3.2 times higher than non-Aboriginal children, while the percentage of emergency presentations was 1.7 times higher for Aboriginal children compared to non-Aboriginal children (Table 7).

Table 7: Injury-related Presentations at PCH ED by Triage Code, Children 0 to 15 Years, July 2010 to June 2019

Triage Code	Aboriginal Children		Non-Aboriginal Children	
	n	%	n	%
(1) Resuscitation	106	1.6%	743	0.5%
(2) Emergency	358	5.3%	4,826	3.0%
(3) Urgent	1,726	25.6%	29,590	18.2%
(4) Semi-urgent	4,516	67.1%	126,745	78.0%
(5) Non-urgent	24	0.4%	582	0.4%

The majority of Aboriginal children presenting to PCH ED with an injury were able to depart with treatment complete (65.3%, n=4,393) while 32.5 percent were admitted to hospital (n=2,188). Presentations that required admission for further treatment are generally considered more severe injuries. The proportion of Aboriginal children requiring admission for their injury was 2.3 times higher than the 14.3 percent (n=23,238) seen amongst non-Aboriginal children presenting during the same period.

DISCUSSION

Injuries remain the leading cause of death amongst children aged 0 to 17 years in Australia. This report highlights the disproportionate impact of injury on Aboriginal children in WA, consistent with national injury trends[1,5]. Despite representing only 7.3 percent of the state's population under 17 years[12], Aboriginal children account for significantly higher proportions of injury-related deaths and hospitalisations. Age-adjusted rates show Aboriginal children are 4.5 times more likely to die from an injury and 1.8 times more likely to be hospitalised compared to non-Aboriginal children. These figures demonstrate that injury continues to be a major contributor to the health gap between Aboriginal and non-Aboriginal children in WA.

Children aged 0 to 4 and 15 to 19 were most at risk of injuries across both deaths and hospitalisations. At PCH ED, younger Aboriginal children commonly presented with injuries from falls, burns and scalds and accidental poisoning, consistent with general injury risks for early childhood[1]. In contrast, older children commonly presented with injuries from blunt force, transport accidents and intentional self-harm including poisoning and cutting injuries. Across all data sources, Aboriginal males were over-represented, with the most significant difference seen in males aged 15 to 19 who died from an injury more than twice the rate of females. This aligns with national data showing Aboriginal adolescent males are at particularly high risk of injury[4,5].

Aboriginal children in regional and remote areas of Australia are at greater risk of injury[4,5]. This pattern is consistent across all data sources, with the Kimberley region having the highest rates of injury-related deaths and hospitalisations. Other regions with high hospitalisation rates included the Pilbara, Midwest, Wheatbelt and Goldfields. While Aboriginal children from regional areas accounted for 24.2 percent of PCH ED injury presentations, this is disproportionately high compared to general child injury patterns at PCH[16]. Given that 51.0 percent of Aboriginal children in WA live in regional or remote areas[12], many injuries are likely to present to local health services. At PCH ED, Aboriginal children were more likely to be referred from another hospital, assigned a more urgent triage code, and more likely to be admitted. This suggests that more severe injuries to regional Aboriginal children are being transferred to PCH ED due to limited local health services.

Causes of injury amongst Aboriginal children varied across data sources but consistently showed disparities when compared to non-Aboriginal children. Intentional self-harm was the leading cause of injury-related death, with Aboriginal children dying at a rate 7.3 times higher than non-Aboriginal children, consistent with national youth suicide trends[3]. Significant disparities were seen across most causes of hospitalisations with Aboriginal children almost 10 times more likely to be hospitalised for assault, 3.7 times more likely for burns, and twice as likely for mechanical forces, poisoning and transport injuries. At PCH ED, Aboriginal children were 2.8 times more likely to present with self-harm injuries, and 5.6 times more likely to present with injuries from alleged assault. These findings align with national data showing Aboriginal children are at an increased risk of intentional injuries including self-harm and assault[3,4].

The findings in this report highlight the need for targeted, culturally informed injury prevention efforts across Western Australia that address the specific risks faced by Aboriginal children. Developing programs in partnership with Aboriginal organisations is essential to reduce the burden of childhood injury[4,13] and to ensure all children have the opportunity to grow into healthy adults.

PREVENTION

Injuries place a significant burden on the health and wellbeing of Aboriginal children in Western Australia. As highlighted in this report, Aboriginal children are disproportionately impacted by injury, reflecting broader national injury trends across Australia. A perception survey conducted by Kidsafe WA in 2019 identified consultation and relationship-building with Aboriginal communities as an essential part of effective injury prevention initiatives[15]. These findings, supported by existing research[4,10], highlight the importance of acknowledging historical and cultural factors along with the broader social determinants of health that contribute to injury risk amongst Aboriginal children. With high injury rates seen amongst young children and adolescents, prevention strategies should be tailored to the specific injury risks faced by each group:

- **Young children:** Injury prevention programs should focus on parent and carer education, addressing key home safety topics such as falls, poisoning, and burns and scalds, as well as the correct use of child car restraints.
- **Adolescents:** Given the disproportionately high rates of intentional self-harm and assault amongst older Aboriginal children, there is an urgent need for targeted mental health support and suicide prevention strategies throughout WA.

With many Aboriginal children living outside of metropolitan areas, prevention efforts must prioritise regional and remote communities, particularly in the Kimberley and Pilbara where injury rates are highest. Given the diversity of these communities, programs should be developed in partnership with Aboriginal organisations to ensure they are culturally appropriate, community-led and sustainable. In July 2023, Kidsafe WA launched their Reflect Reconciliation Action Plan to strengthen relationships with Aboriginal communities and organisations. This commitment supports the delivery of tailored injury prevention services that can be delivered in partnership with Aboriginal organisations across WA, including:

- Community education workshops for parents and carers
- Professional development workshops and accredited training
- Injury prevention resources available to download or order
- Primary school incursions and classroom resources
- Child car restraint fitting, checking, advice and hire services
- Playground advisory services

Kidsafe WA also conduct annual visits to regional communities to deliver child injury prevention workshops and services. If you're interested in having Kidsfe WA visit your school, organisation or community group, visit www.kidsafewa.com.au/regional-visits.

While this report highlights the overrepresentation of Aboriginal children in childhood injury data, it likely underrepresents the true burden of injury in this population. To ensure prevention efforts are effectively targeted, there is a clear need to improve injury data collection within regional and remote health services. Strengthening partnerships with Aboriginal health services is essential for improving injury surveillance and gaining a better understanding of the injury risks faced by Aboriginal children across WA.

If you or someone you know needs support, or the content of this report was upsetting in any way, the agencies listed at the start of this report can help. For more information, visit www.kidsafewa.com.au or call (08) 6244 4880.

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