Injuries at a Glance 1

Introduction 2
Kidsafe WA 2
Epidemiology Branch, Department of Health WA 2
Perth Children’s Hospital Emergency Department 2
Injuries to Aboriginal Children 2

Injuries to Aboriginal Children in Western Australia 3
Injury-related Deaths 3
Injury-related Hospitalisations 3
Injury-related Emergency Department Presentations 6

Perception Survey 10

Discussion 14

References 17

Appendix 18

Tables and Figures 20
INJURIES AT A GLANCE

Proportion of Aboriginal children injured in Western Australia:

- **19.8%** Of all injury-related deaths
- **11.8%** Of all injury-related hospitalisations
- **4.1%** Of injury-related presentations to PCH ED

The Kimberley and Pilbara regions have the highest rate of injury-related hospitalisations in Aboriginal children.

**Top Causes of Injury Hospitalisation**

- **FALLS** 24.2%
- **BLUNT FORCE** 23.7%

Males account for 58.2% of PCH ED injury presentations

- **94.1%** Of injury presentations to PCH ED were for unintentional injuries
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 one to fourteen, accounting for nearly half of all deaths in this age group. More children die of injury than die of cancer, asthma and infectious diseases combined. 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**
Hospitalisation and death data utilised in this report was obtained from the Epidemiology Branch of the Department of Health Western Australia through the HealthTracks reporting software. The Epidemiology Branch is responsible for the collection and analysis of a wide range of population health data for Western Australia.

**Perth Children's Hospital Emergency Department**
Perth Children's Hospital (PCH) (formerly Princess Margaret Hospital for Children) is the sole tertiary paediatric hospital in Western Australia acting as a key referral source for childhood injury and disease within the state. The PCH Injury Surveillance System is an electronic database that involves the systematic collection of all Emergency Department (ED) injury data. Injury data is initially collected by triage nurses, and later coded and validated by an Injury Surveillance Officer. This research report provides a summary of the Injury Surveillance System data collected at PCH ED between 2011 and 2015 relating to Aboriginal children. While this data does not capture all ED presentations in Western Australia, it offers a representative snapshot of injury patterns.

**Injuries to Aboriginal Children**
Injury is a leading cause of death in children aged between 0 and 14 years in Australia, as well as a major cause of hospitalisation.\(^1\) In Western Australia, over 27 children die each year from preventable injuries, whilst a further 7,000 are hospitalised.\(^2\)

Aboriginal children are more likely to be hospitalised for injury than non-Aboriginal children in Australia. Aboriginal children were hospitalised at double the rate for transport accidents and unintentional poisoning, over four times the rate for burns and scalds, and over ten times the rate for interpersonal violence between 2005 and 2012.\(^3\) Furthermore, the injury death rate for Aboriginal children was three times higher than that of non-Aboriginal children between 2006 to 2010.\(^4\)

While the focus of this report is on injuries to Aboriginal children, the rates of morbidity and mortality due to injury in Aboriginal people is high across all ages, as evidenced by high hospital admissions and fatalities. Higher rates of injury may be influenced by larger proportions of Aboriginal people residing in regional and remote areas and being from areas of greater socioeconomic disadvantage. Both factors have been found to be associated with higher injury rates.\(^4\)
INJURIES TO ABORIGINAL CHILDREN IN WESTERN AUSTRALIA

Injury-related Deaths
Between 2011 and 2015 there were 23 recorded injury-related deaths in Aboriginal children, representing almost one-fifth (19.8%) of injury-related deaths in all children residing in Western Australia (Table 1). As identified in the 2011 Western Australian Census data, children who identify as Aboriginal and/or Torres Strait Islander descent represent 6.8 percent of the population of Western Australian children under the age of 15 years. This highlights the strong over-representation of Aboriginal children within injury data.

Table 1: Number and Age-adjusted Rate (per 100,000 population) of Injury-related Deaths in Aboriginal Children in Western Australia aged 0-14 years, 2011-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Injury-related Deaths in Aboriginal Children (n AAR)</th>
<th>Injury-related Deaths in all Children (n AAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>8 (NA*)</td>
<td>22 (4.82)</td>
</tr>
<tr>
<td>2012</td>
<td>5 (NA*)</td>
<td>24 (4.97)</td>
</tr>
<tr>
<td>2013</td>
<td>10 (NA*)</td>
<td>32 (7.00)</td>
</tr>
<tr>
<td>2014</td>
<td>NA*</td>
<td>19 (NA*)</td>
</tr>
<tr>
<td>2015</td>
<td>NA*</td>
<td>19 (NA*)</td>
</tr>
</tbody>
</table>

*Number of cases too small to generate a reliable result
AAR = Age-adjusted Rate

As the number of injury-related death in Aboriginal children is small, we are unable to conduct further analysis into demographics, cause of injury-related death and regionality for the purpose of this report.

Injury-related Hospitalisations
Over the five year period 6,009 Aboriginal children were hospitalised for an injury (Table 2). This represents 11.8 percent of all injury-related hospitalisations for Western Australian children. Of Aboriginal children that were hospitalised for injury, 59.1 percent (n=3,549) were male and 40.9 percent (n=2,460) female. This gender ratio is similar to injury hospitalisations in all children (60.2% male, 39.8% female). Age-adjusted rates per 100,000 population show a reduction in injury-related hospitalisations in all Aboriginal children from 2013 to 2015, however rates still remain significantly higher compared to injury hospitalisation rates in all children.
Table 2: Number and Age-adjusted Rate (per 100,000 population) of Injury-related Hospitalisations in Aboriginal Children in Western Australia aged 0-14 years, 2011-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Injury-related Hospitalisations in Female Aboriginal Children (n (AAR))</th>
<th>Injury-related Hospitalisations in Male Aboriginal Children (n (AAR))</th>
<th>Injury-related Hospitalisations in all Aboriginal Children (n (AAR))</th>
<th>Injury-related Hospitalisations in all Children (n (AAR))</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>529 (3,383.59)</td>
<td>705 (4,533.79)</td>
<td>1,234 (3,962.35)</td>
<td>9,880 (2,162.68)</td>
</tr>
<tr>
<td>2012</td>
<td>443 (2,854.46*)</td>
<td>776 (4,986.85*)</td>
<td>1,219 (3,925.91)</td>
<td>10,448 (2,216.14*)</td>
</tr>
<tr>
<td>2013</td>
<td>508 (3,301.03)</td>
<td>689 (4,404.29)</td>
<td>1,197 (3,855.01*)</td>
<td>10,317 (2,122.34*)</td>
</tr>
<tr>
<td>2014</td>
<td>466 (3,031.12*)</td>
<td>690 (4,362.78*)</td>
<td>1,156 (3,704.93*)</td>
<td>10,184 (2,056.97*)</td>
</tr>
<tr>
<td>2015</td>
<td>514 (3,365.29)</td>
<td>689 (4,381.50*)</td>
<td>1,203 (3,875.50*)</td>
<td>9,931 (1,981.95*)</td>
</tr>
</tbody>
</table>

*Indicates significant change compared to 2011  
AAR = Age-adjusted Rate

The leading cause of injury-related hospitalisation in Aboriginal children is accidental falls (24.2%, n=1,452), followed by mechanical forces (23.7%, n=1,426) which can include collision, crush and striking based injuries (Figure 1). Transport accidents (9.7%, n=585) and burns and scalds (6.2%, n=370) also account for a high number of injuries. Of intentional injuries, assault (5.1%, n=308) and drug-related injuries (3.6%, n=218) were most common.

Figure 1: Number of Injury-related Hospitalisations in Aboriginal Children in Western Australia aged 0-14 years by Cause, 2011-2015
The Kimberley and the Pilbara regions have the highest rate of injury-related hospitalisation in Aboriginal children, accounting for 5,985 per 100,000 and 5,103 per 100,000 respectively (Figure 2). While both of these regions have a smaller total number of injury-related hospitalisations compared to the Perth Metropolitan Area, when reflected in comparison to population size into account the incidence of injuries is greater.

**Figure 2: Number and Age Adjusted Rate of Injury-related Hospitalisations in Aboriginal Children in Western Australia aged 0-14 years by region, 2011-2015**
Injury-related Emergency Department Presentations

During the five year period between 2011 and 2015, 3,769 Aboriginal children between 0-14 years of age attended the Perth Children’s Hospital Emergency Department (PCH ED) with an injury, accounting for 4.1 percent of all children attending the ED (Table 3).

Table 3: Number of Injury-related Emergency Department Presentations in Aboriginal Children to PCH ED aged 0-14 years, 2011-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Injury-related Emergency Department Presentations in Female Aboriginal Children</th>
<th>Injury-related Emergency Department Presentations in Male Aboriginal Children</th>
<th>Injury-related Emergency Department Presentations in all Aboriginal Children</th>
<th>Injury-related Emergency Department Presentations in all Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>349</td>
<td>505</td>
<td>854</td>
<td>18,329</td>
</tr>
<tr>
<td>2012</td>
<td>367</td>
<td>504</td>
<td>871</td>
<td>18,449</td>
</tr>
<tr>
<td>2013</td>
<td>301</td>
<td>410</td>
<td>711</td>
<td>18,378</td>
</tr>
<tr>
<td>2014</td>
<td>249</td>
<td>405</td>
<td>654</td>
<td>19,203</td>
</tr>
<tr>
<td>2015</td>
<td>310</td>
<td>369</td>
<td>679</td>
<td>17,964</td>
</tr>
<tr>
<td>Total</td>
<td>1,576</td>
<td>2,193</td>
<td>3,769</td>
<td>92,323</td>
</tr>
</tbody>
</table>

Of Aboriginal children who attended PCH ED with an injury, 58.2 percent (n=2,193) were male and 41.8 percent female (n=1,576). This gender composition is similar to that of all children (57.3% male, 42.7% female). A large proportion of injuries to Aboriginal children (42.5%, n=1,602) occurred in children under 4 years of age (Figure 3). Subsequently 27.5 percent (n=1,038) of injuries occurred in children aged between 5 and 9 years and 29.9 percent (n=1,127) occurred in children aged between 10 and 14 years.

Figure 3: Number of Injury-related Emergency Department Presentations in Aboriginal Children to PCH ED aged 0-14 years by Age and Gender, 2011-2015
The majority of injuries to Aboriginal children occurred as a result of unintentional circumstances (94.1%, n=3,546), with the remainder recorded as either alleged assault (2.6%, n=99), intentional self-harm (2.0%, n=76) or undetermined (1.3%, n=48). Compared to all children the proportion of alleged assault is 4 times higher, intentional-self harm is 1.5 times higher and undetermined is 2.5 times higher in Aboriginal children.

Similarly to hospitalisations, the leading cause of injury-related ED presentations in Aboriginal children is falls (28.1%, n=1,060), followed by blunt force (22.7%, n=855) which can include collision, crush and striking based injuries (Figure 4).

![Figure 4: Number of Injury-related Emergency Department Presentations in Aboriginal Children to PCH ED aged 0-14 years by Cause, 2011-2015](image)

The most common sporting activities include Australian Rules Football (18.0%, n=99), cycling (17.5%, n=96) and trampolining (13.8%, n=76) (Figure 5).
The majority of Aboriginal children that presented to PCH ED for an injury resided in the Perth metropolitan area (75.3%, n=2,837), with the remainder living in rural areas (23.9%, n=900) (Figure 6a). This proportion of metropolitan and rural injuries differs greatly from that of all children in which 94.2 percent resided in the metropolitan area (n=86,950) and 4.6 percent resided in rural areas (n=4,268) (Figure 6b).

The Kimberley (5.4%, n=203), Wheatbelt (5.2%, n=197), Midwest (4.5%, n=168), and Pilbara (4.2%, n=158) were the most common areas of residence in rural Aboriginal children. This differs from the most common rural areas of residence in all children presenting to PCH ED for injuries, where the Wheatbelt has the highest rate (1.7%, n=1,538) followed by the South West (0.7%, n=631).

Every child presenting to PCH ED is allocated a triage category based on the urgency of medical attention required. The proportion of resuscitation presentations is 3.5 times higher in Aboriginal children compared to presentations in all children (Table 4). Similarly, emergency and urgent presentations were 1.7 times and 1.4 times higher in Aboriginal children compared to all children, respectively. This reflects a higher proportion of serious injuries that Aboriginal children present to PCH ED with compared to all children.

### Table 4: Triage Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Aboriginal Children (%)</th>
<th>All Children (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Resuscitation</td>
<td>1.8</td>
<td>0.5</td>
</tr>
<tr>
<td>(2) Emergency</td>
<td>4.7</td>
<td>2.7</td>
</tr>
<tr>
<td>(3) Urgent</td>
<td>25.7</td>
<td>18.6</td>
</tr>
<tr>
<td>(4) Semi-Urgent</td>
<td>67.5</td>
<td>77.8</td>
</tr>
<tr>
<td>(5) Non-Urgent</td>
<td>0.3</td>
<td>0.3</td>
</tr>
</tbody>
</table>
The majority of Aboriginal children that presented to PCH ED with an injury were able to depart with treatment complete (64.8%, n=2,444) while 32.9 percent were admitted to hospital (n=1,241) (Figure 7a). The admission rate in Aboriginal children is twice as high as admission rates in all children (15.6%, n=1,444) (Figure 7b).

**Figure 7a: Outcome of PCH ED Attendance - Aboriginal Children aged 0-14 years, 2011-2015**

- Departed: Treatment Complete 64.8%
- Departed: Did Not Wait 1.3%
- Admitted to Hospital 32.9%
- Other 0.9%

**Figure 7b: Outcome of PCH ED Attendance - All Children aged 0-14 years, 2011-2015**

- Departed: Treatment Complete 82.6%
- Departed: Did Not Wait 1.0%
- Admitted to Hospital 15.6%
- Other 0.8%
PERCEPTION SURVEY

Overview
Kidsafe WA conducted a survey with professionals working with Aboriginal children in Western Australia to identify the perception of injuries to Aboriginal children in their community. The information gathered allows for a better understanding of injuries to Aboriginal children in conjunction with death, hospitalisation and ED data presented in this report. This assists in the development of targeted, relevant resources and services in an aim to reduce the number and severity of injuries to Aboriginal children in WA.

Method
The perception survey was conducted from July to December 2018 via hard copy and electronic surveys. Hard copy surveys were distributed at professional workshops conducted by Kidsafe WA during scheduled visits to regional WA in this time, which included the Midwest and Pilbara regions.

Electronic surveys were distributed to relevant health and child care professionals on the Kidsafe WA contact list. This included professionals from Aboriginal Medical Services, child care centres, child health services, community organisations, hospitals, population health and universities that had previously utilised Kidsafe WA services. The invitation email was accompanied by a description of the project’s aims and objectives. Participation in the survey was at the decision of the invited professionals with their participation remaining anonymous. The survey remained open for three months. The survey was also promoted on Kidsafe WA social media pages to access professionals that were not on the Kidsafe WA contact list. The response rate was 19 percent (Table 5).

Table 5: Response Rate

<table>
<thead>
<tr>
<th>Distributed</th>
<th>Responses</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>252</td>
<td>48</td>
<td>19.04%</td>
</tr>
</tbody>
</table>

The survey was conducted online using the survey platform Survey Monkey and used quantitative and qualitative methods. It included questions about demographics, the level and type of contact with Aboriginal children in the community, the perception on major injury issues in Aboriginal children, barriers to injury prevention, and recall of Kidsafe WA Aboriginal resources. Participants were not required to complete all questions and could choose to omit any as required. See Appendix One for Survey Questions.
Results

Demographics

The majority of participants were female (91.7%, n=44) and the most common age group of participants was 45-49 years (18.7%, n=9) (Figure 8). One fifth of respondents identified as being of Aboriginal or Torres Strait Islander descent (22.1%, n=11).

Location

The majority of participants resided in regional WA (57.4%, n=27) or remote WA (38.3%, n=18) (Figure 9a). The small remainder resided in the Perth Metropolitan area (4.3%, n=2). Over a third of the participants that resided in regional or remote WA were located in the Pilbara region (37.0%, n=17), followed by the Midwest (21.7%, n=10) (Figure 9b).
Profession or Role
Survey participants were asked which category of profession or role in the community best described them (Figure 10). Over a third of participants selected ‘other’ as profession (35.1%, n=13), comprising of professions such as Emergency Nurse, Family Support Worker, Community Resource Centre, Foster Carer and Indigenous Support Worker. Other responses included Child or Community Health Nurse (24.3%, n=9), Parent or Carer (21.6%, n=8), and Population Health or Health Promotion (21.6%, n=8).

![Figure 10: Role of Participants](image)

The vast majority of participants work with or are in regular contact with Aboriginal children or Aboriginal communities (89.6%, n=43). Participants were asked to provide examples of the work they do with Aboriginal children or Aboriginal communities in their role. Responses included:

- Coordinating playgroups for Aboriginal children and parents/carers
- Home visits and clinic appointments for child health checks and immunisations including follow up of high risk families
- Supporting families to remain together, providing parent support
- Foster carer to Aboriginal children
- Coordinating group activities for Aboriginal children and families.

Injury Issues, Prevention and Barriers
Almost half of participants perceived that falls (48.9%, n=23) and assault (46.8%, n=22) were the biggest injury issues to Aboriginal children (Figure 11). Following these the most common perceived injury risks were blunt force (42.5%, n=20), bites and stings (40.4%, n=19) and burns and scalds (38.3%, n=18). Responses from participants that selected ‘other’ (19.1%, n=9) included substance abuse, sporting injuries and mental health problems.

Participants were asked why they thought these were the biggest issues for Aboriginal children. Common responses included lack of supervision, limited support and family issues.
Participants suggested the following methods to assist in reducing injuries to Aboriginal children in their community:

- Education and prevention programs
- Increased supervision
- Playgroups for young children and organised activities for older children
- Funding to agency workers in the communities to continue their work
- Improve service delivery
- Changes to environment
- Addressing community risks in relation to alcohol and other substance use.

Participants noted the following barriers that exist for reducing injuries to Aboriginal children in their community:

- Language barriers
- Lack of education
- Lack of consultation
- Normalisation of injuries
- Relevant education that encapsulates learning styles of Aboriginal children
- Connection with the families themselves
- Competing priorities across community
- Poor resources
- Lack of maintenance to homes
- Communicating with families.

**Resource Awareness**

Participants were asked if they had used or heard of a selection of Kidsafe WA resources targeted to Aboriginal families. Approximately one third of participants had used or heard of the *Watch out for your Kids Professional Flip Chart* (33.3%, n=15) and the *Watch out for your New Baby Brochure* (31.1%, n=14). A small amount of participants had used or heard of the *Watch Out for your Kids Magnet* (15.9%, n=7).
DISCUSSION

Data consistently shows that Aboriginal children are at higher risk of child injury deaths and hospitalisations compared to non-Aboriginal children in Western Australia. Children who identify as Aboriginal and/or Torres Strait Islander represent 6.8 percent of children under 15 years in WA yet accounted for 20 percent of injury-related deaths and 11 percent of injury-related hospitalisations from 2011 to 2015. This reflects a strong over-representation of Aboriginal children in injury rates.

From 2011 to 2015, 3,769 Aboriginal children under the age of 15 years presented to PCH ED with an injury, accounting for 4.1 percent of all children that attended the ED in this period. While this rate is similar to the proportion of Aboriginal children in WA the injuries seen were more serious and life-threatening than other presentations. This is highlighted by the higher rates of PCH ED presentations triaged as resuscitation, emergency and urgent in Aboriginal children compared all children. Additionally, the proportion of hospital admission rates from PCH ED in Aboriginal children was double that of all children, which emphasises the serious nature of injuries presenting. This may be partly attributable to Aboriginal children presenting from regional areas more than all children, as regional presentations are often more likely to be due to a serious injury that could not be cared for at regional medical facilities.

Almost a quarter of Aboriginal children presenting to PCH ED for an injury resided in a regional area, a strong contrast to the regional proportion of presentations in all children at less than 5 percent. The Wheatbelt and Midwest regions accounted for the highest number of injury presentations to PCH ED by Aboriginal children. This was closely followed by Kimberley and Pilbara, which also had the highest rates of injury-related hospitalisations in Aboriginal children. The higher rate of rural presentations is to be expected, as a high proportion of the Aboriginal population reside in regional and remote areas. Other factors that can influence the number of injury presentations from regional locations include proximity to the metropolitan area and access to suitable local medical facilities. Often more severe injuries are transferred from rural hospitals to PCH ED for treatment, as discussed above.

Falls and blunt/mechanical force are the most common cause of injuries in Aboriginal children for both hospitalisations and PCH ED attendance. Falls account for 24.2 percent of hospitalisations and 28.1 percent of PCH ED attendance, while blunt force accounts for 23.7 percent of hospitalisations and 22.7 percent of PCH ED attendance. Falls and blunt force are also the top two causes of hospitalisations and PCH ED presentations in all children. Results from the perception survey were closely in line with the top causes of injury, with 48.9 percent of respondents perceiving falls as a major injury issue, and 42.5 percent perceiving blunt force as a major injury issue.

Sporting injuries were involved in just over 14 percent of PCH ED injury presentations, which is over 5 percent lower than sporting injury rates in all children. The most common sporting activities involved in injuries to Aboriginal children are Australian Rules Football and cycling. These lower rates of sporting injuries may be associated with different injury presentation patterns between Aboriginal and non-Aboriginal children, rather than directly reflecting lower sporting injury rates in Aboriginal children.
Males are injured at higher rates than females in both Aboriginal and non-Aboriginal children. Injury-related hospitalisations and injury-related PCH ED presentations in Aboriginal children both reflect an over-representation of males, accounting for 59.1 percent of hospitalisations and 58.2 percent of PCH ED presentations. Each of these proportions are consistent with male over-representation in non-Aboriginal children.

This study has some limitations and does not capture all injury occurrences in Aboriginal children in WA. As previously mentioned PCH ED data does not represent ED injury presentations for the whole state and is therefore not a complete representation of injury trends. It does however provide a valuable snapshot into injury occurrences and trends. A significant portion of PCH ED injury surveillance data has missing time, location and injury mechanism details which highlights the importance of ongoing triage nurse education. Kidsafe WA and PCH continue to provide education seminars to advocate for and support staff in the collection of data.

Due to the small number of injury-related deaths in Aboriginal children in the data utilised, further analysis was not able to be completed therefore the cause and other factors of injury deaths are unknown. Finally, other studies have found there may be an overestimation of the representation of Aboriginal populations for such issues as injury, as some individuals identify differently between hospital and census records for Aboriginality. However, the data in this report shows a large over-representation of Aboriginal child deaths and hospitalisations compared to non-Aboriginal children, therefore a disparity would still most likely be present even after taking differences in reporting of Aboriginal status into account.

Prevention

Results of the perception survey show that appropriate and effective injury prevention methods need to allow for a connection with families and encapsulate the learning style of Aboriginal children and adults. Consultation with Aboriginal communities is an integral part of ensuring injury prevention approaches are appropriate and effective. In addition, feedback from professionals regarding the barriers to successful injury prevention centred on competing interests and a lack of resources in the community. This highlights the need for ongoing funding and support to reduce inequalities between Aboriginal and non-Aboriginal children.

A large proportion of Aboriginal people reside in regional and remote areas and areas of greater socioeconomic disadvantage, both of which have been found to be associated with higher injury rates. This, along with existing literature and findings from the perception study, emphasizes the importance of addressing underlying social determinants of injury when focusing on prevention. Studies have also highlighted the importance of ensuring injury prevention methods are culturally appropriate and that Aboriginal communities are involved in the development of initiatives.
Kidsafe WA have a number of Aboriginal-targeted child injury prevention resources that are aimed at parents, carers and professionals:

- **Watch Out for your New Baby Brochure, Watch Out for your Kids Magnet and Posters:**
  Visually based resources promoting child injury prevention messages, including topics such as passenger safety, water safety and falls prevention.

- **Watch Out for your Kids Professional Resource Tool**
  This professional resource is in the form of a flip chart designed for professionals working with Aboriginal parents and carers. Information to facilitate a discussion about child injury is provided to the facilitator, with images reinforcing these messages displayed to the group.

Kidsafe WA aims to continue working with communities to ensure initiatives are inclusive to the needs of Aboriginal families in an effort to reduce the number and severity of injuries to Aboriginal children.
REFERENCES


APPENDIX

APPENDIX ONE

PERCEPTION SURVEY

Injuries to Aboriginal Children

Kidsafe WA with the support of the Department of Health Western Australia are conducting research into injuries to Aboriginal children aged 0-14 in Western Australia. We are asking for your assistance to provide feedback about your perception of injuries to Aboriginal children in your community. Your responses are anonymous and confidential. The results of the survey will be aggregated in a report and no single individual's answers will be identified.

1. What age group (in years) are you?
   - □ 19 and under
   - □ 20 - 24
   - □ 25 - 29
   - □ 30 - 34
   - □ 35 - 39
   - □ 40 - 44
   - □ 45 - 49
   - □ 50 - 54
   - □ 55 - 59
   - □ 60 and over

2. What is your gender?
   - □ Male
   - □ Female
   - □ Other

3. Do you identify as Aboriginal or Torres Strait Islander descent?
   - □ Yes
   - □ No

4. Where do you currently reside?
   - □ Perth Metropolitan Area
   - □ Regional Western Australia
   - □ Remote Western Australia

5. If regional or remote Western Australia, in which region do you currently reside?
   - □ Goldfields
   - □ Kimberley
   - □ Pilbara
   - □ Wheatbelt
   - □ Great Southern
   - □ Midwest
   - □ Southwest

6. Which of the following best describes you? (tick all that apply)
   - □ Aboriginal Health Professional
   - □ Child Care Professional
   - □ Child or Community Health Nurse
   - □ Parent or Carer
   - □ Population Health or Health Promotion
   - □ Teacher
   - □ Other - please specify ________________________________

7. Do you work with or are you in regular contact with Aboriginal children or Aboriginal communities?
   - □ Yes
   - □ No

8. If yes, can you provide examples of the type of work you do with Aboriginal children or Aboriginal communities?
   ________________________________________________
   ________________________________________________
   ________________________________________________

141 Railway Parade | WEST LEEDERVILLE, WA, 6077
T: 08 6241 4580 | E: kidsafe@kidsafewa.com.au | www.kidsafewa.com.au | ABN 73 313 701 615
9. Which of the following do you believe are the three biggest injury issues for Aboriginal children in your community? (tick three)

- Assault
- Bites and Stings
- Blunt Force (collision based injuries)
- Burns and Scalds
- Drowning
- Other - please specify

10. Why do you believe these are the three biggest injury issues for Aboriginal children in your community?

11. What do you think can be done to reduce the number of injuries to Aboriginal children in your community?

12. What are some of the barriers to reducing the number of injuries to Aboriginal children in your community?

13. Have you used or heard of any of the following Kidsafe WA Watch Out for your Kids resources?

- Flo Chart
- New Baby Brochure
- Magnet
TABLES AND FIGURES

LIST OF TABLES

Table 1: Number and Age-adjusted Rate (per 100,000 population) of Injury-related Deaths in Aboriginal Children in Western Australia aged 0-14 years, 2011-2015

Table 2: Number and Age-adjusted Rate (per 100,000 population) of Injury-related Hospitalisations in Aboriginal Children in Western Australia aged 0-14 years, 2011-2015

Table 3: Number of Injury-related Emergency Department Presentations in Aboriginal Children to PCH ED aged 0-14 years, 2011-2015

Table 4: Triage Category

Table 5: Response Rate

LIST OF FIGURES

Figure 1: Number of Injury-related Hospitalisations in Aboriginal Children in Western Australia aged 0-14 years by Cause, 2011-2015

Figure 2: Number and Age Adjusted Rate of Injury-related Hospitalisations in Aboriginal Children in Western Australia aged 0-14 years by Region, 2011-2015

Figure 3: Number of Injury-related Emergency Department Presentations in Aboriginal Children to PCH ED aged 0-14 years by Age and Gender, 2011-2015

Figure 4: Number of Injury-related Emergency Department Presentations in Aboriginal Children to PCH ED aged 0-14 years by Cause, 2011-2015

Figure 5: Number of Injury-related Emergency Department Presentations in Aboriginal Children to PCH ED aged 0-14 years by Sporting Activity, 2011-2015

Figure 6a: Area of Residence – Aboriginal Children aged 0-14 years, PCH ED, 2011-2015

Figure 6b: Area of Residence – All Children aged 0-14 years, PCH ED, 2011-2015

Figure 7a: Outcome of PCH ED Attendance – Aboriginal Children aged 0-14 years, 2011-2015

Figure 7b: Outcome of PCH ED attendance – All Children aged 0-14 years, 2011-2015

Figure 8: Age and Gender of Participants

Figure 9a: Location of Participants

Figure 9b: Location of Regional Participants

Figure 10: Role of Participants

Figure 11: Perceived Injury Risks for Aboriginal Children