The Wheatbelt forms an arc around most of the Perth Metropolitan region and covers around 157,000 square kilometres. Nearly all major roads entering Perth, except those through the South West, pass through the Wheatbelt. In recent years many of the bordering Wheatbelt towns have experienced a population increase due to their close proximity to the Perth metropolitan area. The main industries within the region are agriculture, fishing and mining with the Wheatbelt offering a diverse geographic profile.

There are four district hospitals in the Wheatbelt situated in Narrogin, Northam, Merredin and Moora, with a subsequent 20 smaller hospitals around the region. The Wheatbelt has a scattered distribution of its population, which has hindered the development of a major regional centre.

**Demographics**

20,348
Children reside in the Wheatbelt region on average per year

9% Aboriginal
91% Non-Aboriginal

**Child Injury Stats**

About 1 in 13 WA child injury deaths occur in the Wheatbelt

4,133 Wheatbelt children treated each year for an injury

514 Wheatbelt children hospitalised each year for an injury

**Regional Childhood Injury Snapshot: Wheatbelt**

6 Child deaths due to injury each year
The Wheatbelt region recorded the second highest injury death rate (34.3 deaths per 100,000) and the fifth highest hospitalisation rate (2,543.7 per 100,000) among 0 to 19 year olds when compared to all other regions in WA. The Wheatbelt region also recorded the second lowest injury hospitalisation rate of Aboriginal children in WA with 2,523.7 per 100,000 compared to 2,545.6 per 100,000 for non-Aboriginal children.

When child injury hospitalisations are broken down by gender, males aged 0-19 years were more likely to be hospitalised for an injury in the Wheatbelt region accounting for 3,233.0 per 100,000 compared to females with a rate of 1,791.3 per 100,000.

The majority of hospitalisations (93.6%, n=4,551) were due to unintentional circumstances. Causes of unintentional injury resulting in hospitalisation in the Wheatbelt include:

- **Falls (26%)**
- **Transport Accidents (24%)**
- **Poisoning (4%)**
- **Burns & Scalds (4%)**

### PRIORITIES FOR PREVENTION

- Raise awareness within the community of the causes of childhood injury and the extent of the problem.
- Convey to the community that childhood injuries are largely preventable.
- Involve key community stakeholders such as parents, carers, child care services, educators, health professionals and sporting organisations.
- Provide culturally appropriate information with a specific focus on injuries to Aboriginal children, children of low socio-economic status and those living in remote communities.
- Encourage supervision as the most important method in the prevention of childhood injuries.
- Promote the use of child car restraints and direct parents and carers to qualified type 2 child car restraint installers.
- Educate children and young people on how to stay safe on and around roads.
- Encourage community members to keep children away from hot items that could burn or scald such as camp fires, hot tap water and hot food and drink.
- Educate community members on how to keep young children safe in and around water.

For further information on childhood injury prevention and resources that may be useful in your region please visit the Kidsafe WA website: [www.kidsafewa.com.au](http://www.kidsafewa.com.au)

### REFERENCES


