

# The case for increased investment into child accident prevention in the Australian Capital Territory

*“If a disease were killing our children at the rate unintentional injuries are, the public would be outraged and demand that this killer be stopped”.*

- **Former US Surgeon General, C Everett Koop**

Every year in Australia, over 100 children are killed by preventable accidents. Between 2020-2021, a staggering 33,000 children aged 0-16 presented to ACT Emergency Departments.<sup>1</sup> Some of those would have suffered injuries that will negatively impact them forever. It's time for serious investment and action.

With Canberra expected to grow to approximately half a million by 2030, the necessity for further investment into child safety is becoming more pronounced. Support for Kidsafe ACT would benefit children, and reduce pressure on the healthcare system, which is already under strain. Evidence shows that 97% of injury-related child hospitalisations are due to accidents, and are entirely preventable. For parents and carers of young children, the best interests of their children are of primary concern.

Kidsafe ACT deserves and seeks recognition that it:

- Delivers a critical, life-saving public service to the ACT community;
- Offers decades of experience and a unique expertise;
- Contributes to the health and safety of Canberran children;
- Saves serious costs to the health system and prevents trauma to families; and now,
- Requires continued and sufficient government funding to effectively operate.

The Canberra Times states: *‘young people were much more likely to come to emergency for an injury with children aged 0 to 4 the most common age group’.*<sup>2</sup> There is a sense of urgency, and kids' lives are at stake.

There are several practical initiatives that Kidsafe ACT is ready to deliver for the Canberra community. Kidsafe ACT asserts that this is an area of health policy that is significantly underfunded across all States and Territories. There is substantial evidence to support an increase in child accident prevention.

Outlined below is the relevant data from the Australian Bureau of Statistics, showing the significant increase in families and people with at least one car and are people with a particular interest in the transport and home safety of children.

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<sup>1</sup> [https://www.act.gov.au/\\_data/assets/pdf\\_file/0016/2225302/Child-and-Adolescent-Clinical-Services-Plan-2023-2030.pdf](https://www.act.gov.au/_data/assets/pdf_file/0016/2225302/Child-and-Adolescent-Clinical-Services-Plan-2023-2030.pdf)

<sup>2</sup> [www.canberratimes.com.au/story/8820090/injuries-the-leading-cause-of-death-for-young-australians](http://www.canberratimes.com.au/story/8820090/injuries-the-leading-cause-of-death-for-young-australians)

*Couple families with children under 15 and/or dependent students*

<b>Region</b>	<b>2011</b>	<b>2021</b>	<b>% change</b>
Gungahlin	6377	11651	83% ↗
South Canberra	2127	2709	27% ↗
North Canberra	3334	4327	30% ↗

*One parent families with children under 15 and/or dependent students*

<b>Region</b>	<b>2011</b>	<b>2021</b>	<b>% change</b>
Gungahlin	1175	2167	84% ↗
South Canberra	510	668	31% ↗
North Canberra	905	1089	20% ↗

*Households with one car*

<b>Region</b>	<b>2011</b>	<b>2021</b>	<b>% change</b>
Gungahlin	5384	10117	88% ↗
South Canberra	3947	6366	61% ↗
North Canberra	8072	11650	44% ↗

*Households with two cars*

<b>Region</b>	<b>2011</b>	<b>2021</b>	<b>% change</b>
Gungahlin	7328	13045	78% ↗
South Canberra	3478	4543	31% ↗
North Canberra	5177	6778	31% ↗

These particular figures should be of particular interest to the Motor Accident Injuries Commission, as more cars could equate to more payouts - and thus impact on the ACT Government - to cover injuries from accidents. If we can keep kids safer in the car, that'll save care costs in the event of an accident.

Given that the Molonglo region has experienced exponential growth in recent years, and that data only commenced in 2016 instead of 2011, the data is provided separately below.

Molonglo	2016	2021	% change
Couple families	550	1514	175% ↗
Single-parent families	91	303	233% ↗
One car	667	1638	146% ↗
Two cars	805	1928	140% ↗

Below are statements from government agencies and peer-reviewed sources from around the world. They make clear the importance of the issue, and the economic and social ramifications of underfunding.

*'Analyses focusing on low income communities have shown a **strong association between fatal and serious paediatric injury and socio-economic disadvantage**.'*

- Centre for Child Development and Education, Menzies School of Health Research <sup>3</sup>

*'Some children disproportionately experience more instances of, and impacts from injuries. First Nations people, and those living in rural and remote parts of Australia have higher rates of injury hospitalisation and emergency department presentation.'*

Kids that 'may' have higher rates of injury - those from Culturally and Linguistically Diverse (CALD) backgrounds, special needs and/or socioeconomically disadvantaged.

- Australian Institute of Health and Welfare <sup>4</sup>

*'In addition to fatalities, a **substantial number of children require hospitalization each year due to severe injuries sustained in accidents**. These injuries often **require intensive medical care, surgical interventions, and rehabilitation services to facilitate recovery**.'*

*'Many children who survive accidents may experience long-term disabilities, including physical disabilities, cognitive impairments, and psycho-social trauma. These disabilities can have profound impacts on their quality of life, educational attainment, and future opportunities.'*

- Global Pediatrics Journal <sup>5</sup>

<sup>3</sup> [https://occ.nt.gov.au/data/assets/pdf\\_file/0016/1230055/2016-03-22-item-8-13-unintentional-injury-final-01032016.pdf](https://occ.nt.gov.au/data/assets/pdf_file/0016/1230055/2016-03-22-item-8-13-unintentional-injury-final-01032016.pdf)

<sup>4</sup> [www.aihw.gov.au/reports/injury/injuries-in-children-and-adolescents-2021-22/contents/priority-populations](http://www.aihw.gov.au/reports/injury/injuries-in-children-and-adolescents-2021-22/contents/priority-populations)

<sup>5</sup> [www.sciencedirect.com/science/article/pii/S2667009724000599?via%3Dihub](https://www.sciencedirect.com/science/article/pii/S2667009724000599?via%3Dihub)

*There is also a **strong link between child injuries and social deprivation** - children from the most disadvantaged families are **far more likely to be killed or seriously injured due to accidents.***

*'Children from the most deprived areas have **hospital admission rates 45% higher** than children from the least deprived areas.'*

Social care cost of a traumatic brain injury is \$2.3m AUD. Impact on emergency departments is almost \$70m for injuries - not including social care cost.

- UK Health Security Agency <sup>6</sup>

*The frequency, severity, and potential for life-long disability and death, in conjunction with the significant economic cost associated with them, make **childhood injury a leading health problem globally and a major public health issue in Australia.** The degree of this burden would suggest that it is reasonable to argue that **prevention must be incorporated into child health strategies**'.*

*'Targeted childhood injury prevention programmes can have an impact on reducing the rates of injury'.*

*'Children between the ages of four and six have the ability to make conscious decisions about their own safety and how to manage risk if given the right experiences and knowledge'.*

- European Journal of Investigation in Health, Psychology and Education <sup>7</sup>

*'Irrespective of income, the burden (of consequences from unintended injuries) falls **disproportionately on children from the most disadvantaged groups and in the most impoverished environments**'.*

- International Journal of Environmental Research and Public Health <sup>8</sup>

*'Unintentional injuries are responsible for substantial morbidity and mortality in children aged 0-5'.*

*'Evidence indicates that educational interventions can improve uptake of a range of safety practices'. **Home safety promotion for families with high levels of need improves some safety practices** and total number of safety practices'.*

*The **most effective home safety interventions are those that provide access to free or low-cost safety equipment** in addition to educational approaches. This is especially **relevant for disadvantaged families who may struggle to prioritise purchasing equipment**'.*

- British Medical Journal <sup>9</sup>

<sup>6</sup> <https://ukhsa.blog.gov.uk/2017/02/28/preventing-accidents-in-children-under-five>

<sup>7</sup> [www.ncbi.nlm.nih.gov/pmc/articles/PMC8314361](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC8314361)

<sup>8</sup> [www.ncbi.nlm.nih.gov/pmc/articles/PMC6163498](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC6163498)

<sup>9</sup> <https://injuryprevention.bmj.com/content/29/3/227>

## Disadvantage and complexity

The table below outlines every ACT suburb where the child poverty rate is over 10%, of which there are a staggering 38 in total. In some suburbs, the rates are as high as 1 in 5 or 1 in 6. These are the areas where Kidsafe wants to expand its proactive prevention outreach.

**Every region** includes more than one suburb with **at least 10% of its children suffering poverty**.

Suburb	Percentage	Region
Belconnen	18.5%	Ginninderra
Charnwood	13.1%	Ginninderra
Dunlop	13.9%	Ginninderra
Florey	14.3%	Ginninderra
Giralang	11.5%	Ginninderra
Higgins	10.5%	Ginninderra
Holt	17.3%	Ginninderra
Kaleen	13.3%	Ginninderra
Latham	12.5%	Ginninderra
Macgregor	11.4%	Ginninderra
Macquarie	12.4%	Ginninderra
Melba	12%	Ginninderra
Bonner	16.6%	Yerrabi
Casey	10.9%	Yerrabi
Franklin	12.4%	Yerrabi
Gungahlin	12.5%	Yerrabi
Harrison	10.8%	Yerrabi
Ngunnawal	15.2%	Yerrabi
Palmerston	10.3%	Yerrabi

Lyneham	12%	Kurrajong
Turner	15.1%	Kurrajong
Narrabundah	10.5%	Kurrajong
Banks	15.1%	Brindabella
Bonython	15.9%	Brindabella
Chisholm	16.6%	Brindabella
Conder	14.6%	Brindabella
Gilmore	22.1%	Brindabella
Gordon	13.7%	Brindabella
Isabella Plains	11.9%	Brindabella
Kambah	12.4%	Brindabella
Monash	10.5%	Brindabella
Oxley	16.2%	Brindabella
Richardson	18.1%	Brindabella
Theodore	15.8%	Brindabella
Holder	10.8%	Murrumbidgee
Rivett	13.8%	Murrumbidgee
Stirling	10.5%	Murrumbidgee
Coombs	13.2%	Murrumbidgee

The data in the tables was taken from the Child Social Inclusion Index, compiled by UnitingCare and the University of Canberra.<sup>10</sup> Given that the data is from 2021, and it is well known that poverty rates have increased, it is likely that a) the rates within each suburb have exacerbated and b) the number of suburbs where child poverty rates are above 10% has also increased.

According to ACT Policing, there are increasing rates of family violence, with an increase of 20% between 2022 and 2023, and 35% since 2019.<sup>11</sup> The Domestic Violence Crisis Service reports that these figures are likely higher, and that their support services cannot meet demand. This presents an unacceptable situation whereby children in circumstances of family and domestic violence are not only exposed to the emotional trauma associated with it, but also at potentially greater risk of preventable accidents.

As pointed out by VolunteeringACT, over 12,000 Canberrans ran out of food over the past year.<sup>12</sup> This again highlights the point asserted throughout this report and in the peer-reviewed literature provided above: children from socioeconomically underserved families are already suffering, the number of children in these circumstances are increasing, and they're at even greater risk of serious injury or death.

The cultural, ethnic and linguistic diversity of Canberra is also increasing, both in the number and breadth. Nearly one in four Canberrans speak another language other than English at home. As the ABC notes: 'diversity in the ACT is on the rise, with a greater number of countries represented.' Again, as the abovementioned evidence made clear, these children are at greater risk than other children.

Homelessness Australia communicated that there was a 31% increase in the number of Canberrans at risk of rental stress between 2016 and 2022, more than any other jurisdiction.<sup>13</sup> Again, this means that families buckling under the cost of paying their lease have less money for child safety items.

Overall, there is a situation in the ACT whereby children from socioeconomically underserved and/or migrant and refugee backgrounds have a higher chance of getting seriously injured or killed as a result of preventable accidents, and their families thus more exposed to the associated trauma. This cannot be considered acceptable and action is needed.

## **Children living with a disability**

The NDIS Quality and Safeguards Commission notes the following:

*'Children with autism, intellectual disability, attention deficit hyperactivity disorder and those who engage in behaviours of concern often **need special considerations for safe travel in a motor vehicle**. Research has found that **74 percent of children with autism attempt to remove their seat belt**, and more than **20 percent of parents report their child engages in aggressive or self-injurious behaviour during travel**.'*

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<sup>10</sup> [2024-Child-Social-Exclusion-Report-FINAL.pdf](#)

<sup>11</sup> [www.abc.net.au/news/2024-01-17/act-family-violence-incident-reports-increase-police-statistics/103326284](http://www.abc.net.au/news/2024-01-17/act-family-violence-incident-reports-increase-police-statistics/103326284)

<sup>12</sup> <https://volunteeringact.org.au/a-little-help-can-stop-hunger-in-our-community>

<sup>13</sup> <https://homelessnessaustralia.org.au/australians-missing-out-on-homelessness-support-as-services-buckle-under-strain-report>

Furthermore, research has found that '70 per cent of families with a disability received no information about how to safely restrain their child in the car'.<sup>14</sup> This reflects how critically important it is for this issue to be addressed; children with a disability are at a greater risk while travelling in a car.

## Enhancing and expanding effective programs

One of the initiatives that Kidsafe ACT would like to develop and implement is a safety education program in all Canberra public schools. It is our view that all children will have participated in a Kidsafe session by the time they reach year 3, at the latest. Although a different topic, this would be somewhat similar in nature to Constable Koala and Healthy Harold. There is evidence that if designed properly, these programs can be very successful in upskilling children to make positive safety choices.<sup>15</sup>


Other initiatives that Kidsafe ACT could provide, once our capacity constraints are overcome, include:

- Increased safety talks to new parent talks at MACH clinics, Winnunga and others;
- Ability to deliver Presentations at playgroups;
- Hold information stalls at school fetes and other community events such as SouthFest;
- Pop up free checking sites in different locations;
- Social media awareness campaigns; and
- Direct aid to other community organisations, such as providing free hire seats to families in need.

As the Australian Institute of Health and Welfare notes, while 'injury is a leading cause of child deaths', injury death and disability 'can be prevented by identifying and removing the causes or reducing children's exposure to them'.<sup>16</sup> That is, prevention works.

A significant amount of statistics, data and expert opinions have been shared in this document. However, the most important aspect - and the key reason for supporting Kidsafe ACT - is that ultimately, children's lives will be saved and families will be spared the unbearable trauma of serious injury or death.

An example of that can be viewed in the video below, which includes the words of a mother who lost her little son due to a preventable drowning accident. The chilling pain can be felt as she shares her story.

 Amanpreet's Story

The ACT Government's own Best Start strategy is about 'realising the hopes and aspirations families and communities hold for their children'.<sup>17</sup> Part of these desires of local families is to keep their children safe and be upskilled to be able to do so. Increased and extended funding to Kidsafe ACT would enable us to strengthen our outreach and support to families during the crucial first 1,000 days of a child's life.

<sup>14</sup> [www.abc.net.au/news/2022-05-18/families-struggle-to-get-car-seats-for-children-with-disability/101066090](http://www.abc.net.au/news/2022-05-18/families-struggle-to-get-car-seats-for-children-with-disability/101066090)

<sup>15</sup> <https://pubmed.ncbi.nlm.nih.gov/articles/PMC8314361/>

<sup>16</sup> [www.aihw.gov.au/reports/children-youth/australias-children/contents/health/injuries](http://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/injuries)

<sup>17</sup> [www.act.gov.au/\\_data/assets/pdf\\_file/0004/2401177/Best-Start-for-Canberras-Children-The-First-1000-Days-Strategy.pdf](http://www.act.gov.au/_data/assets/pdf_file/0004/2401177/Best-Start-for-Canberras-Children-The-First-1000-Days-Strategy.pdf)

Parents have reflected to us that there needs to be more emphasis on what happens when the child is brought home, and how to keep them safe while travelling, particularly when born prematurely.

## Conclusion

Kidsafe ACT appreciates the opportunity to outline its vision for a *Safer Canberra for Children*. Presented here was a vision for the Australian Capital Territory (ACT) to be the safest place for children in Australia. As the local organisation focused on prevention of childhood accidents, Kidsafe ACT is best placed to lead those efforts; we possess dedicated, experienced and qualified staff and are trusted by Canberrans.

Although not publicly available, Kidsafe ACT urges ACT Health to consider the costs and logistical burden on Canberra Health Services when a child presents for treatment and ongoing care. Although not related to preventable accidents, the University of Sydney found the following broader impacts of hospitalisation:

- An average cost of AUD\$687 per admission to families, sibling care, due to loss of productivity, time off work and expenditure on incidentals;
- Children often often showing 'emotional distress, fear and anxiety, which could increase stress levels and emotional exhaustion for young patients and family members';
- Poorer educational outcomes for children; and
- The 'negative impact of hospitalisation also seemed to be greatest for those from disadvantaged financial backgrounds, regional and rural communities, and Indigenous communities'.<sup>18</sup>

These findings make it clear that all needs to be done to prevent kids from being admitted to hospital.

Overall, this proposal notes the following:

- The population - especially families with young children - has increased rapidly, and still is doing so;
- There are more cars on the road, and hence more children travelling;
- The level of need has increased; due to increased socioeconomic disadvantage;
- Canberra's ethnic, cultural and linguistic diversity has increased; and
- Ill health and death of children from accidental injuries are emotionally devastating and economically costly, while prevention is proven to work.

Every piece of evidence from around the world shows that prevention works, and is thus necessary. Canberrans expect that their local Kidsafe branch will be supported by the ACT Government so that we can continue to promote their children's safety. To consciously underfund child accident prevention initiatives is to proactively put children at risk, a scenario which is unacceptable to Canberrans.

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<sup>18</sup> [www.sydney.edu.au/news-opinion/news/2023/11/13/study-reveals-the-high-cost-of-childhood-hospitalisation.html](http://www.sydney.edu.au/news-opinion/news/2023/11/13/study-reveals-the-high-cost-of-childhood-hospitalisation.html)