

Foreword.

'Kai taku tiki pounamu, kai taku kuru pounamu poipoīā'

My cherished child, the treasure I hold most dear, cradled in love, nurtured, and always safe.

Our vision is to ensure an Aotearoa in which all tamariki, including tamariki Māori and Pacific children, enjoy the benefits of a safe and happy childhood where whānau are connected, thriving, and flourishing in their homes and taiao (natural environment) and leading healthy and safe lives.

In 2015, Safekids published its first data book report 'Child Unintentional Deaths and Injuries in New Zealand, and Prevention Strategies.' Since then, significant shifts towards 'making New Zealand the best place in the world to be a child' were championed through the Child and Youth Wellbeing strategy (2019). During the development of this strategy, nationwide consultations were conducted. Safekids Aotearoa actively participated in three in person consultations and submitted feedback on the initial draft of the strategy and its respective priority areas to ensure the visibility of unintentional child injuries and deaths. The indicators of the Child and Youth Wellbeing strategy that aligns with unintentional deaths and injuries is the 'Happy and Healthy Outcome', measuring progress against the rate of preventable hospitalisations for tamariki and young people.

In 2019, Safekids proposed a new approach to the Ngā Pou Tamariki Haumaru (unintentional child injury prevention) Strategic Advisory Group. Kawa Haumaru, a mātauranga Māori approach to unintentional child injury prevention and safety promotion (haumarutanga). This approach aims to reduce equity gaps and enable Pae Ora for Māori. Subsequently endorsed by Ngā Pou Tamariki Haumaru, it has been academically published and internally endorsed by Starship Child Health and Te Toka Tumai |Auckland.

Since the approach's endorsement, Safekids academically published 'The societal cost of unintentional childhood injuries in Aotearoa' and 'The shape of New Zealand's child injury prevention workforce'. This evidence has been a key driver of substantial societal impact. Moreover, the workforce study revealed an

under-representation of males, Pacific and Asian individuals in the sector's workforce. The most alarming finding was the low engagement of the sector with Māori authorities, particularly considering the rate of inequities in deaths and injuries among Māori. Unintentional deaths and injuries of tamariki are multifaceted and require a multi-system, multi-sector collaborative approach that can unite policy, agency, and local settings. This type of approach necessitates strong leadership and a clear sense of kaitiakitanga (protection) and commitment from all child injury prevention sector workforces, communities, and iwi leaders. A national strategy to address unintentional child injury prevention is vital for driving change, prioritisation, and funding if we are to truly embody treasuring our tamariki and becoming the best country in the world to be a child and to live, play and grow.

In conclusion, I urge all policy and decision makers, local leaders, and organisations to connect with us, fostering unity and collaboration. In isolation, our achievements may be modest, but together, we have the strength that can accomplish extraordinary outcomes for tamariki and whānau.

'Ki te kotahi te kakaho ka whati, Ki te kapuia e kore e whati'

Alone we can be broken. Standing together, we are invincible.



Maretia Hunt
Poutokomanawa – Director,
Ririki Haumaru
| Safekids Aotearoa

Executive Summary.

This data book looks at the main causes of tamariki unintentional injuries leading to death¹ or hospitalisation² within Aotearoa. It is an update of our 2015 publication Child Unintentional Deaths and Injuries in New Zealand, and Prevention Strategies, with two main differences. Firstly, we are better able to describe what is happening by ethnicity and socioeconomic status than we were in 2015, meaning we can analyse data with a stronger equity lens. Secondly, rather than outlining all possible prevention strategies, we have focused only on policy implications that arise from the data.

All tamariki in Aotearoa deserve to grow up free from unintentional injury. Yet, unintentional injuries, which are largely preventable, are the second most common cause of death for tamariki, and on average cause more than 6,600 injuries for tamariki per year.³ As this data book shows, there are unfair and unjust differences in who is most impacted.

In general, tamariki Māori have higher rates of both fatality and hospitalisation from serious unintentional injury⁴ than tamariki of any other ethnic group – often followed by Pacific children. While there is also a social gradient (with tamariki living in the most relatively deprived areas of Aotearoa having higher rates of death and hospitalisation from injury), this is further compounded for tamariki Māori. An important finding of this data book is that over 60% of tamariki Māori deaths in the time period we looked at occurred for those tamariki Māori who lived in the most relatively deprived areas of Aotearoa.

Fatalities and hospitalisations also tend to disproportionately impact younger tamariki (those aged 0 to 4 years) compared with older tamariki (aged from 5 years to 14 years) and male tamariki compared with female tamariki. There also tends to be higher rates of fatality and hospitalisation in more rural areas.

The first chapter of this data book provides an overarching view of tamariki fatalities and hospitalisations related to injury. The remaining eight topic chapters in this data book contain in-depth analysis of each of the leading causes of tamariki injury in Aotearoa (land transport injury; choking, suffocation, and strangulation; falls; drowning; inanimate mechanical forces; animate mechanical forces; poisoning; and burns). These chapters set out overarching findings, trends over time, and present analysis by age, prioritised ethnicity, socio-economic status, and gender. In some chapters an analysis by geographic region (using the

boundaries of the former district health boards) is provided. The topic chapters finish with a set of policy implications driven by data in the book, additional research, and consultation with leading experts.

Addressing and reducing the harms from injury are crucially important in improving the health and wellbeing of tamariki. However, it is rarely the case that narrowly defined ‘injury prevention’ activities will achieve sustained, equitable improvement. The data in this publication suggests that while improvements can be made in injury-related outcomes for tamariki – as, for example, the overall rates of hospitalisation for injury have decreased for tamariki over time from a rate of 813.9 per 100,000 in 2012 to 634.5 per 100,000 in 2021 – there is critical work needed to ensure all tamariki benefit in line with their needs.

Our overarching observations are as follows:

- Injury prevention activity needs to be holistic and empowering for tamariki and their whānau.
- Policies and programmes that address wider determinants of health, such as improving access to safe, accessible, and affordable housing for whānau, improving transport options, reducing exposure to stressful life events, and focusing on eliminating inequities (especially for tamariki Māori, Pacific children, and those in the most relatively deprived areas of Aotearoa) must be a part of a whole-of-government and whole-of-society approach to securing the best possible, equitable, outcomes for all tamariki in Aotearoa.

Both of these observations are based on Te Tiriti o Waitangi commitments and are in line with international human rights instruments⁵ and evidence.⁶

Specific policy-level recommendations for each of the eight leading causes of injury for tamariki are set out in the relevant chapters. While the recommendations are focused on structural and policy level changes to prevent injury harm, education and hands-on support for whānau and those who provide care and safe environments for tamariki (e.g. early childhood education centres, schools, and recreational facilities) remains an important part of protecting tamariki. Therefore, our recommendations are complemented by our support for injury prevention activity and programmes that reach and meet the needs of tamariki and whānau, especially for tamariki Māori, Pacific children, and those living in relatively more deprived areas of Aotearoa, while also supporting tamariki to safely explore and play.

Although this data book was able to build on the analysis from our previous publication, there are still critical data gaps. The lack of robust disability data is a limitation of this publication. Without good quality disability data, policy makers are unable to make informed decisions about how to address the needs of tāngata whaikaha/ disabled people and government policies and investments cannot be properly monitored. The issues of disability data, especially in relation to tāngata whaikaha Māori (Māori with lived experience of disability), have been raised consistently in submissions to the Waitangi Tribunal as part of its kaupapa (thematic) inquiry into health services and outcomes (known as Wai 2575),⁷ and addressing this data gap must be a priority for all areas of injury prevention activity.

1. Generally, data on fatalities is provided for the years 2014 to 2018, with trend data from 2009 to 2018.
2. Generally, data on hospitalisations is provided for the years 2017 to 2021, with trend data provided for 2012 to 2021.
3. Te Rōpū Arotake Auau Mate o te Hunga Tamariki, Taiohi | Child and Youth Mortality Review Committee. (2021)
4. Throughout this databook we use the term injury to refer to ‘unintentional injury’.

5. See for example the United Nations Convention on the Rights of the Child, Convention on the Rights of Persons with Disabilities, and the United Nations Declaration on the Rights of Indigenous Peoples.
6. See for example Whitehead, J. et. al, 2023; Paine, S.J. et. al, 2023.
7. See for example King, P.T., (2019).

Introduction.

All tamariki in Aotearoa deserve to grow up free from serious unintentional injury. Yet, unintentional injuries are the second most common cause of death for tamariki, and on average cause over 6,600 injuries for tamariki per year.⁸ The impact of these injuries are devastating for whānau and communities and cause serious emotional harms in addition to the physical injuries themselves. Research from Aotearoa has shown wider societal and economic impacts from tamariki injuries – finding that the proportional loss in discretionary income arising from injury is higher for Māori and Pacific households compared with non-Māori, non-Pacific households.⁹

As we did in our 2015 publication Child Unintentional Deaths and Injuries in New Zealand, and Prevention Strategies, we have sought to analyse and present data on injury for tamariki aged 0 to 14 years across Aotearoa by looking at fatalities from unintentional injury¹⁰ and hospitalisation numbers and rates. This time, however, we were able to take a deeper look at ethnicity and socioeconomic data, which has strengthened our equity analysis. We have also focused our recommendations on what policy makers and government agencies can do to have the biggest impact on injury prevention, based on what the data shows, our additional research, and consultation with leading experts.

Our intention is to provide relevant and easy to understand data and analysis for injury prevention practitioners, policy makers in central and local government, and to people in decision-making roles that have an impact on injury prevention for tamariki. While we are often providing technical statistical information in this data book, we aim to present the information in a way that honours the fact we are talking about real lives, real tamariki, and real whānau.

The injuries we talk about in this data book are serious unintentional injuries, that result in death or at least overnight hospitalisation. They are often the cause of substantial stress, worry, and trauma. We begin and end this data book with pure¹¹ because of this, and we have attempted to avoid overly technical terms or phrases that have the impact of hiding or sanitising the issues we are talking about.

Structure of this data book.

This data book is organised into nine different chapters. The first chapter provides an overview of fatalities and hospitalisations and the next eight chapters focus

different injury types. Each of these eight injury-specific chapters begins with a brief description of the area and a summary of the data within the chapter before looking specifically at trends over time and data by age, prioritised ethnicity, socio-economic status, gender and – where possible – geographic region. Where figures need additional explanation or interpretation notes these are provided immediately below the relevant graph or table. The chapters on specific injury topics end with a section on policy implications, which include our recommendations.

The material included in this data book is based on data from the national Mortality Collection (MORT) and the National Minimum Data Set (NMDS), using the World Health Organisation classification system (ICD-10). Using this kind of classification system has benefits both because it both aligns with the way data is already collected and recorded and because it allows us to compare injury data across different time periods, with different countries or between different regions

The trends data in each chapter generally relates to the years 2009 to 2018 for fatalities and 2012 to 2021 for hospitalisations. The rest of each chapter focuses on the period 2014 to 2018 for fatalities and 2017 to 2021 for hospitalisations.

Age groups analysis is usually broken into three main age groupings: tamariki aged 0 to 4 years, tamariki aged 5 to 9 years, and tamariki aged 10 to 14 years. For some topic areas a more detailed analysis is provided for the age group 0 to 4 years, in which case data is further split into tamariki aged less than 1 year and tamariki aged 1 to 4 years.

The ethnicity data used in this data book has been prioritised, meaning each tamariki has been allotted a single ethnic grouping, even if they have more than one ethnicity recorded, using a standard prioritisation table. It is well established that tamariki can belong to more than one ethnic group and there are standards for the health and disability system that ensure the ethnicity question caters for multiple responses.¹²

The New Zealand Index of Deprivation (NZDep) is used as a proxy for socio-economic status in this data book. NZDep measures the level of deprivation of people in small areas using a set of variables such as income, employment, and living space. The NZDep quintiles range from the least relatively deprived areas in Aotearoa¹³ (NZDep 1) to the most relatively deprived areas (NZDep 5).

Geographic data is based on former district health board (DHB) areas. Although DHBs were disestablished by legislation in 2022 and replaced by Health New Zealand|Te Whatu Ora, which is responsible for health services across Aotearoa, they were the entity responsible for hospital-level health services for the period that this data relates to.

8. Te Rōpū Arotake Auau Mate o te Hunga Tamariki, Taiohi | Child and Youth Mortality Review Committee, 2021.

9. Young, et.al, 2021.

10. Throughout this databook we use the term injury to refer to 'unintentional injury'.

11. Clearing and setting of intentions

12. Ministry of Health, 2017.

13. Pae Ora (Healthy Futures) Act 2022

Key terms

Many of the terms used in this data book have specific meanings that are important to understand when reading and interpreting the data. A full glossary is provided in Appendix 3, but some terms are used frequently and need to be explained from the beginning.

Hospitalisation

When a tama (child) stays overnight at a hospital. It excludes day stay cases (those who do not stay in the hospital past midnight).

Hospitalisation rates

Rate of hospitalisation per 100,000 of the age-specific population.

Injury

Serious unintentional injury, caused by an unintended event.

Tamariki

Children and young people aged 0 to 14 years. The term 'children' is used when referring to tamariki of different ethnic groups (e.g., Pacific children).

Whānau

Family/families (both immediate and wider families) of tamariki. The term 'family' is used when referring to whānau of different ethnic groups (e.g., Pacific families).

Policy implications

At the end of each of the eight injury-specific chapters we have provided a set of policy implications. These are meant to be actions or areas of priority for attention by policy makers at the local and central government levels and for those who are in decision-making positions around resource allocation related to injury prevention.

In developing these policy implications, we went through a process of identifying key focus areas based on the data, reviewing current policy and practice in the area, identifying evidence-based or best practice recommendations, and engaging with experts in the area. Our focus has been to go as 'up stream' as possible, looking at the ways policy could be used to create structural changes or supports to reduce injury harms for tamariki, and create nurturing societal environments.¹⁴

We are especially grateful to our expert advisors and peer reviewers who helped to strengthen our recommendations based on their own experience, practice, mātauranga, and knowledge of the evidence base.

Although we have concentrated on policy-level changes, our recommendations are complemented by our continued support for injury prevention activity and programmes that reach and meet the needs of tamariki and their whānau, especially for tamariki Māori, Pacific children, and those living in relatively more deprived areas of Aotearoa.

Overarching recommendations

While we have been able to make recommendations for each of the eight injury topics in this data book, we were reminded by the evidence base, our expert advisors, and our reviewers of the necessity of addressing the wider determinants of health and wellbeing (including the elimination of racism), and honouring Te Tiriti o Waitangi if we as a country and as communities are serious about sustained and equitable improvement for all tamariki.

14. Underwood, et al, 2023

Our overarching observations are as follows:

- Injury prevention activity needs to be holistic and empowering for tamariki and their whānau.
- Policies and programmes that address wider determinants of health, such as improving access to safe, accessible, and affordable housing for whānau, improving transport options, reducing exposure to stressful life events, and eliminating inequities for tamariki Māori must be a part of a whole-of-government and whole-of-society approach to securing the best possible, equitable, outcomes for all tamariki in Aotearoa.

A theme throughout our recommendations is that culturally safe approaches to injury prevention are essential. We especially note the success to date of wānanga and other programmes that build on the strength of mātauranga Māori for the benefit of tamariki Māori, their whānau, and our wider communities, and the opportunities we have to build on lessons from these approaches and develop effective ways reach other communities that are disproportionately impacted by the harms from injuries (such as Pacific children and their families).

The need for more data, analysis and research is also a theme throughout this data book. We often found ourselves wanting to know more about what was driving the patterns we were seeing, such as around sporting related injury, injuries around the home, or changes over time for different ethnic groups (especially for Pacific children). Finding answers to many of these questions will require intentional investment in research.¹⁵

While this data book was able to build on the analysis from our previous publication, there are still recognised data gaps and, in particular, the lack of robust disability data is a limitation of this publication. The issues of disability data, especially in relation to tāngata whaikaha Māori (Māori with lived experience of disability), have been raised consistently in submissions to the Waitangi Tribunal as part of its kaupapa (thematic) inquiry into health services and outcomes (known as Wai 2575),¹⁶ and addressing this critical data gap must be a priority for all areas of injury prevention activity.



**He aha te mea nui o te ao?
He tangata! He tangata!
He tangata!**

**What is the most important thing in the world?
It is people! It is people! It is people!**

15. The need for further research has been noted in child injury research, especially in terms of understanding how interactions between the wider societal context for tamariki and whānau, the risk of experiencing injury. See for example: Ghebreab, L, et. al, 2021.

16. See for example: King, P.T., 2019.

This whakataukī speaks to the importance of human connection and relationships to people and place. This is what creates community and enables people to flourish.