

Paediatric Society of NZ submission on the Government's draft Fifth Report to the United Nations Committee on the Convention of the Rights of the Child

Injury Special Interest Group
February 2015

Summary

We agree with the points made in the draft report, strongly support Government's progress in the areas covered and request the following changes:

We note that:

- (i) The prevention of child injury is an integral part of UNCROC and referred to through children's right to preventative health care (Article 24); to be free from discrimination (Article 2), and free from injury (Article 19).

- (ii) Child injury is a significant contributor to New Zealand childhood morbidity and mortality. We request that the New Zealand Government's final version of the Fifth Report to the United Nations Committee on the Rights of the Child acknowledges and includes childhood injury within the main body of the text.

- (iii) New Zealand population wide data on child injury is readily available from Government sources but missing from the draft Report's supporting statistical information. We request injury data be included.

- (iv) Road transport injury is included in the appendix and we request the final report also acknowledges the steps government has taken to improve road safety related child health outcomes in the main body of the text.

- (v) While some progress is being made in the area of child injury prevention, there is an acknowledged lack of Government agency leadership in this area, significant policy challenges still to be addressed and a current hiatus of policy momentum while at the same time potentially preventable tragic events continue to occur. With the application of proven interventions these events could be avoided in the future.

- (vi) Submitter background: This submission is from the Paediatric Society of New Zealand Injury Special Interest Group.

Submission

1. Children's right to be free from preventable injury is an important and clearly stated part of UNCROC. Article 19 Part One states: *States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, **injury** or abuse,*

neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child (United Nations 1989).

2. New Zealand children of Maori and Pacific Island descent and children who live within families of lower socio-economic status are significantly over represented in child injury statistics (Elizabeth Craig, Judith Adams et al. 2013).
3. We suggest such disparity signals the need for further injury prevention work for these children and their families. We consider this relates to children's rights under UNCROC Article 2, Part one: *"States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status (United Nations 1989).*
4. UNCROC Article 24 identifies children's right to health care, including preventative health care (section f) and States Parties responsibility to diminish infant and child mortality. Best practice preventative interventions can reduce the incidence of these events and their implementation, or otherwise should be identified and acknowledged in the UNCROC report (Shepherd, Kool et al. 2013).
5. Child injury is a significant contributor to New Zealand childhood morbidity and mortality (Shepherd, Kool et al. 2013). *"The leading causes of death in children and young people aged 28 days to 24 years are medical causes and unintentional injury. Intentional injury is the third leading cause of death overall. The leading causes of death vary by age group, with medical causes and unexplained deaths accounting for the majority of deaths in infants. In young people, the leading causes are injury (unintentional and intentional)"* (Child Youth Mortality Review Committee 2011).
6. New Zealand's record in preventing childhood injury is also acknowledged as comparatively poor. *"New Zealand is not doing as well for children as are other comparable countries. In fact, New Zealand sits in the bottom third in OECD rankings for most child indicators and near the bottom for immunisation coverage and injury rates..."* (Public Health Advisory Committee 2010, page iii).

7. Population data on New Zealand child injury is missing from the report's statistical supporting information: The draft report does not include injury statistical data for the general child population and we would like to draw your attention to injury data available from reliable sources at a Government level.
 - a) The New Zealand Child and Youth Epidemiology Service (NZCYES) is a research within the Department of Women's & Children's Health at the Dunedin School of Medicine (Elizabeth Craig, Judith Adams et al. 2013).
 - b) Statistics New Zealand publishes serious injury outcome indicators for children (Statistics New Zealand 2012)
 - c) The Child & Youth Mortality Review Committee (Child Youth Mortality Review Committee 2011)
8. We note statistical information supporting the Fifth Report (Table 65, page 38) includes "Accident or injury" as a cause of impairment for disabled children during the year 2013 is included, however this data does not reflect the short and medium term implications of injury hospitalisation and recovery.
9. Transport Policy changes that are likely to have a significant effect on reducing child injury are included in the appendix of the Draft report. We suggest referring to these changes in the main body of the Fifth report will strengthen Government's presentation for proactive action in support of reducing child injury.
10. The New Zealand Government has more work to do in order to more effectively prevent child injury. While some progress is being made in the area of injury, there is an acknowledged lack of Government agency leadership in this area (Public Health Advisory Committee 2010, Child and Youth Mortality Review Committee 2014), significant policy challenges are still to be addressed and a current hiatus of policy momentum. The New Zealand Injury Prevention Secretariate was disbanded with an intent to replace it with an Injury Prevention Action Plan yet to be realised.
11. The draft report also omits mention excellent injury prevention work undertaken by several Government agencies. The Child and Youth Mortality

Review Committees investigations, reporting and recommending action for preventable, accidental death have contributed a great deal of information, the Coronial Office recommendations have been important and Auckland Council's Ministry of Health funded Injury Indicator project has raised awareness. See

<http://public.tableausoftware.com/profile/paulh6875#!/vizhome/AucklandInjuryRates/InjuryOutcomesDashboard> .

12. **Submitter background:** The PSNZ is an incorporated Society of health professionals who are committed to the delivery of best quality health care services to children and young people. Society membership includes paediatricians, public health physicians, paediatric surgeons, general practitioners, paediatric dentists, child health nurses, midwives, child health managers, allied health professionals (including dieticians, physiotherapists, occupational therapists). The Injury Special Interest Group includes members who have a special interest in the prevention of injury.

References

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