HEALTH AND HOUSING SCRUITINY COMITTIEE
29 October 2025

INJURY PREVENTION UPDATE

SUMMARY REPORT

Purpose of the Report

1. This report provides members with a clear overview of the local, regional and national data relating to hospital admissions for unintentional and deliberate injuries for children and young people aged 0-14 years.

2. The information has been prepared in response to a request made following the update in January on performance indicator PBH024 and PBH026. These indicators relate to hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years (PBH 024) and children aged under 15 years (PBH 026). Members requested further detail on these indicators, as well as an update on the findings and recommendations from the recent audit and mapping exercise undertaken in this area.

3. The report also details the current work underway in Darlington on injury prevention and highlights planned actions and the forward work plan.

Summary

4. Nationally hospital admissions caused by unintentional and deliberate injuries in children and young people is the leading cause of death and serious injury in children under the age of 15, many of these injuries are preventable.

5. National indicators show that in 2023/24 the rate of hospital admissions caused by unintentional and deliberate injuries in Darlington was significantly higher than the England average and the highest in England. With a rate of 149 per 10,000 children aged 0-14 years (equating to 275 hospital admissions in 2023/24). However, there are differences in the way that data is collected across the country, which make it difficult to compare data across areas.

6. Unintentional and deliberate injuries contribute to health inequalities as those children in lower socioeconomic groups and those who live in more deprived areas are more likely to be affected. Additionally, children under 5 years, males, children with other health conditions (including autism) and children whose parents have other risk factors (such as drug and alcohol use) are at higher risk of hospital admission due to unintentional and deliberate injuries.

7. A recent audit was undertaken by County Durham and Darlington NHS Foundation Trust to better understand the key reasons for hospital admissions in children for unintentional

and deliberate injuries. This audit also identified that data collection methods in Darlington are contributing to the higher admission rates seen locally.

8. A multi-agency partnership group led by Public Health has been established to take forward a system approach to injury prevention across County Durham and Darlington.

9. A range of actions are being progressed across partner organisations to help prevent injuries in children and young people in Darlington. This work is reported directly to the Darlington Health and Wellbeing Board.

10. A detailed workplan is under-development for the forthcoming year, key areas are described in this report.

11. A new data dashboard has been developed for Darlington to track progress against the relevant national injury indicators.

Recommendation

12. It is recommended that the Health and Housing Scrutiny Committee:-

    (a) Note the current data on childhood injuries and the importance of preventing injuries as a mechanism to improve the health and wellbeing of children and young people.
    (b) Acknowledge the contribution of childhood injuries to health inequalities, as a greater proportion of injuries are experienced by children living in our most deprived communities.
    (c) Support the work already underway with system partners on injury prevention.
    (d) Endorse the system-wide approach and key priorities in the forward workplan.

Lorraine Hughes
DIRECTOR OF PUBLIC HEALTH

Background Papers

- Joint Local Health and Wellbeing Strategy 2025-2029 – Priority in the Best Start in Life section
- Health and Wellbeing Board – Pregnancy and Early Years Deep Dive June 2025 – Key priority (Ambition 5)
- Darlington Health and Wellbeing Board Performance Dashboard (Local fingertips data)

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Council Plan	Supports priority of 'Living Well' and 'Children and Young People', outlining a whole systems approach to injury prevention.
Addressing inequalities	Recognises the contribution of injuries to health inequalities in children and young people and focuses on actions to address these.
Tackling Climate Change	N/A

Efficient and effective use of resources	No impact on the Councils efficiency programme. Actions delivered within budgets. Collaborative system-wide approach to share costs and resources to deliver efficiencies.
Health and Wellbeing	Priority in the Health and Wellbeing Strategy, supporting delivery on the Best Start in Life priority.
S17 Crime and Disorder	N/A
Wards Affected	All
Groups Affected	Children and Young People and families in Darlington.
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
Impact on Looked After Children and Care Leavers	Injury prevention actions will benefit all children including LAC and care leavers.

MAIN REPORT

Information and Analysis

Background

13. The tables and graphs below highlight the rates of hospital admission by unintentional and deliberate injuries in children 0-4 years and those aged 0- 14 years. Both indicators show that despite a recent reduction in the rates of admission (which could be due to the Covid-19 pandemic), they are rising again. There is a significant difference in the Darlington rates compared to the North East and England, for both age groups.

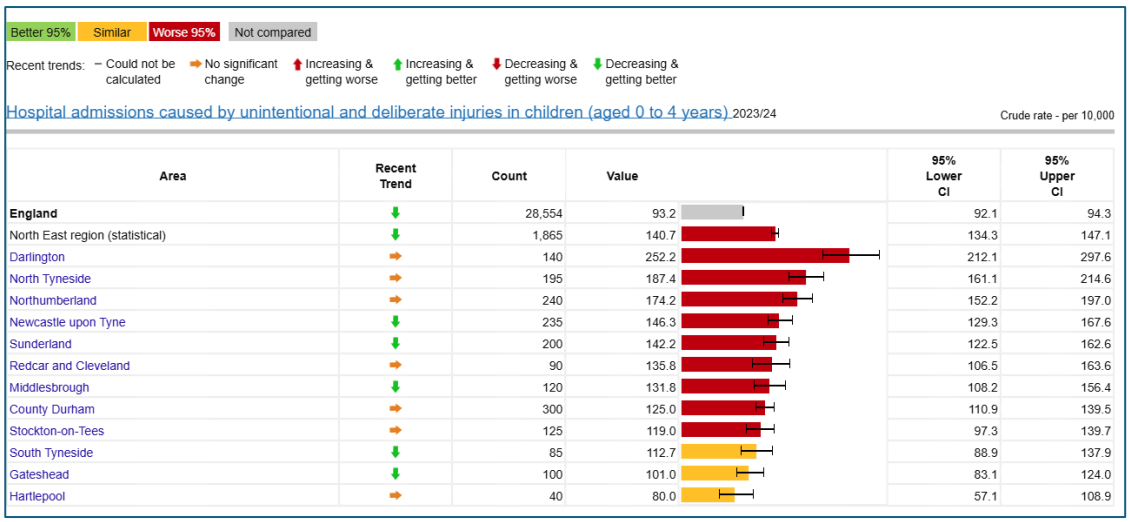
14. There are a range of indicators related to unintentional injuries included in the Department of Health Public Health Profiles (see appendix one), however this report focuses on rates of hospital admission caused by unintentional and deliberate injuries in children 0-4 years and those aged 0- 14 years, in response to performance information shared previously. It is also to be acknowledged that admission data only accounts for the more serious unintentional and deliberate injuries that lead to an actual hospital admission.

15. Differences in the way that paediatric hospital admission data is collected between hospital Trusts means that caution should be applied when comparing local authority areas on these indicators. A recent audit identified that the way paediatric hospital admissions are recorded locally has contributed to the higher rates of admission seen for Darlington, as some children who attended hospital for injuries, but had relatively short lengths of stay, were coded as an admission (where this may have been coded differently in a different hospital/area). It is anticipated that when new national data collection methods for urgent and emergency care are rolled out to all Trusts the comparability of these indicators will be improved.

16. Despite these data comparability limitations childhood injuries remain a leading cause of childhood admission to hospital and affect the health and wellbeing of children and young people in Darlington, and as such require local action across all partners to support work on injury prevention.

Understanding the issue – data and intelligence

17. The below tables show our regional position regarding hospital admission as a result of unintentional and deliberate injuries in children 0-4 years and those aged 0- 14 years. Darlington is ranked highest in the North East and England, with no significant change in the trend for both age groups.

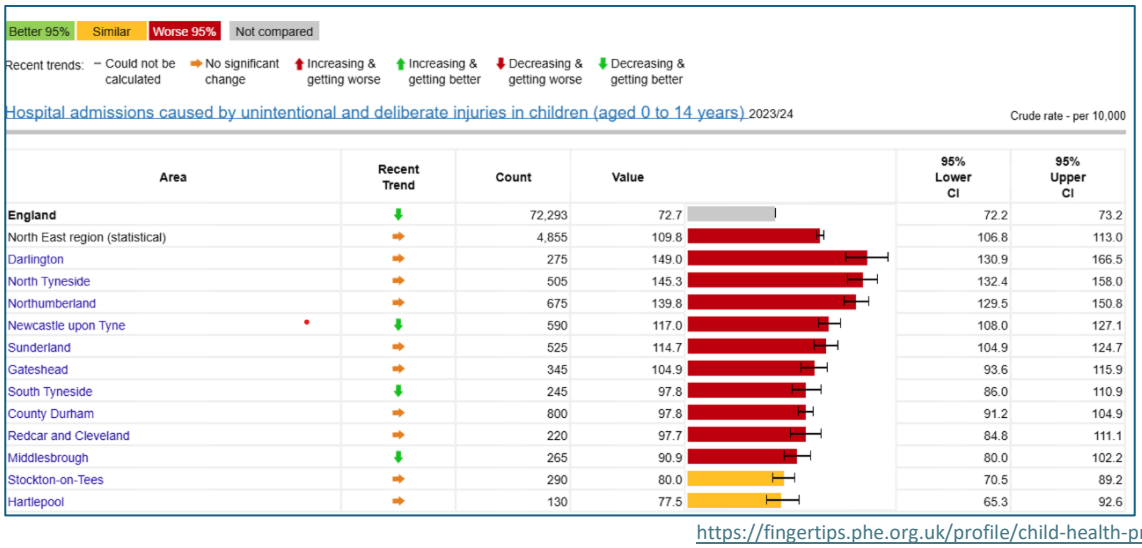


Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) 2023/24 — Crude rate - per 10,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	28,554	93.2	92.1	94.3
North East region (statistical)	↓	1,865	140.7	134.3	147.1
Darlington	→	140	252.2	212.1	297.6
North Tyneside	→	195	187.4	161.1	214.6
Northumberland	→	240	174.2	152.2	197.0
Newcastle upon Tyne	↓	235	146.3	129.3	167.6
Sunderland	↓	200	142.2	122.5	162.6
Redcar and Cleveland	→	90	135.8	106.5	163.6
Middlesbrough	↓	120	131.8	108.2	156.4
County Durham	→	300	125.0	110.9	139.5
Stockton-on-Tees	→	125	119.0	97.3	139.7
South Tyneside	↓	85	112.7	88.9	137.9
Gateshead	↓	100	101.0	83.1	124.0
Hartlepool	→	40	80.0	57.1	108.9



Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) 2023/24 — Crude rate - per 10,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	72,293	72.7	72.2	73.2
North East region (statistical)	→	4,855	109.8	106.8	113.0
Darlington	→	275	149.0	130.9	166.5
North Tyneside	→	505	145.3	132.4	158.0
Northumberland	→	675	139.8	129.5	150.8
Newcastle upon Tyne	↓	590	117.0	108.0	127.1
Sunderland	→	525	114.7	104.9	124.7
Gateshead	→	345	104.9	93.6	115.9
South Tyneside	↓	245	97.8	86.0	110.9
County Durham	→	800	97.8	91.2	104.9
Redcar and Cleveland	→	220	97.7	84.8	111.1
Middlesbrough	↓	265	90.9	80.0	102.2
Stockton-on-Tees	→	290	80.0	70.5	89.2
Hartlepool	→	130	77.5	65.3	92.6

https://fingertips.phe.org.uk/profile/child-health-profiles

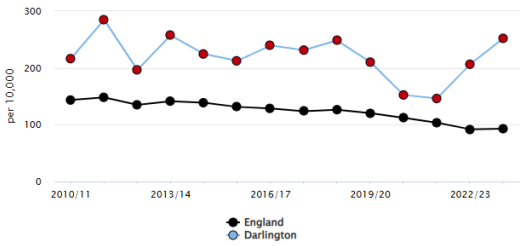
18. The graphs below show the trend data for both age groups between the period of 2010/11 to 2023/24.

Aged 0-4 years - Darlington 252.2, North East 140.7, England 93.2 - per 10,000 population 2023/24. An increase of 22% from the previous year.

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years)

Crude rate - per 10,000

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: ➡ No significant change

Period		Darlington Count	Value	95% Lower CI	95% Upper CI	North East	England
2010/11	●	142	216.4	182.3	255.1	197.4	143.4
2011/12	●	187	284.8	245.5	328.7	218.3	148.3
2012/13	●	130	196.7	167.1	236.8	189.6	135.1
2013/14	●	170	257.5	218.9	297.7	199.9	141.5
2014/15	●	145	224.6	190.9	265.9	206.8	138.7
2015/16	●	135	212.5	175.3	248.1	193.5	131.4
2016/17	●	150	239.5	199.7	277.6	184.2	128.8
2017/18	●	140	231.4	197.7	276.7	169.8	123.9
2018/19	●	145	248.5	208.2	290.6	168.9	126.5
2019/20	●	120	210.3	172.7	249.5	175.7	120.4
2020/21	●	85	152.4	118.6	184.5	145.8	112.1
2021/22	●	80	146.2	119.2	186.0	155.7	103.6
2022/23	●	115	206.5	173.7	251.8	136.3	92.0
2023/24	●	140	252.2	212.1	297.6	140.7	93.2

Source: OHID, based on NHS England and Office for National Statistics data

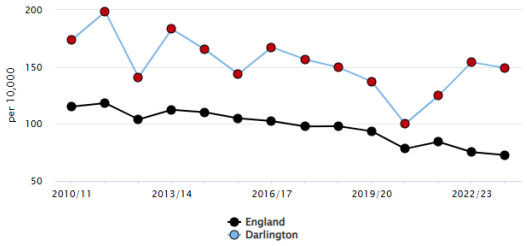
Indicator Definitions and Supporting Information

Aged 0-14 years - Darlington 149.0, North East 109.8, England 72.7 - per 10,000 population 2023/24. An increase of 3% from last year.

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)

Crude rate - per 10,000

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: ➡ No significant change

Period		Darlington Count	Value	95% Lower CI	95% Upper CI	North East	England
2010/11	●	327	173.8	155.5	193.7	158.0	115.2
2011/12	●	375	198.4	178.8	219.5	172.9	118.3
2012/13	●	265	140.9	124.4	158.9	147.0	104.0
2013/14	●	345	183.3	163.9	203.1	158.9	112.5
2014/15	●	310	165.2	147.8	185.2	163.1	110.1
2015/16	●	270	143.7	127.6	162.5	149.5	104.9
2016/17	●	315	167.3	149.3	186.8	147.4	102.4
2017/18	●	295	156.6	139.7	176.1	131.6	97.8
2018/19	●	280	149.6	133.6	169.3	129.1	98.1
2019/20	●	255	137.1	119.8	153.9	134.3	93.6
2020/21	●	185	100.1	85.2	114.5	102.3	78.2
2021/22	●	230	124.7	109.1	141.9	128.5	84.3
2022/23	●	285	154.2	135.8	172.0	116.3	75.4
2023/24	●	275	149.0	130.9	166.5	109.8	72.7

Source: OHID, based on NHS England and Office for National Statistics data

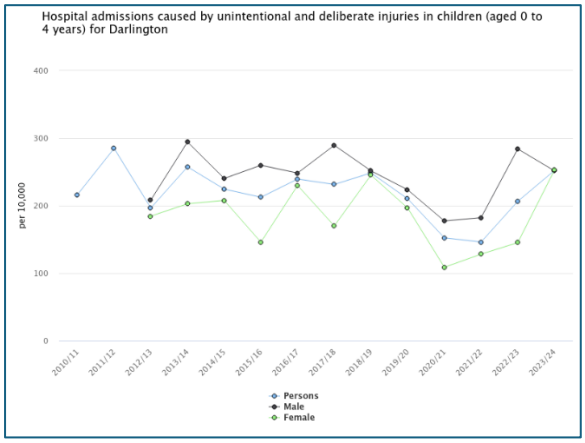
Indicator Definitions and Supporting Information

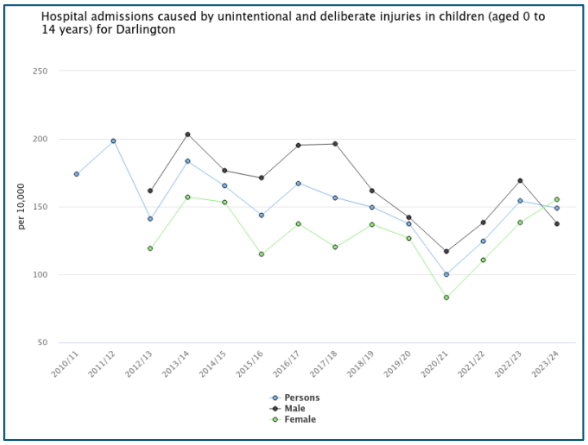
https://fingertips.phe.org.uk/profile/child-health-profiles

Inequalities of Hospital admissions

19. The graphs below show the inequalities regarding hospital admission by unintentional and deliberate injuries in children 0-4 years and those aged 0 - 14 years per 10,000 population (2023/24).

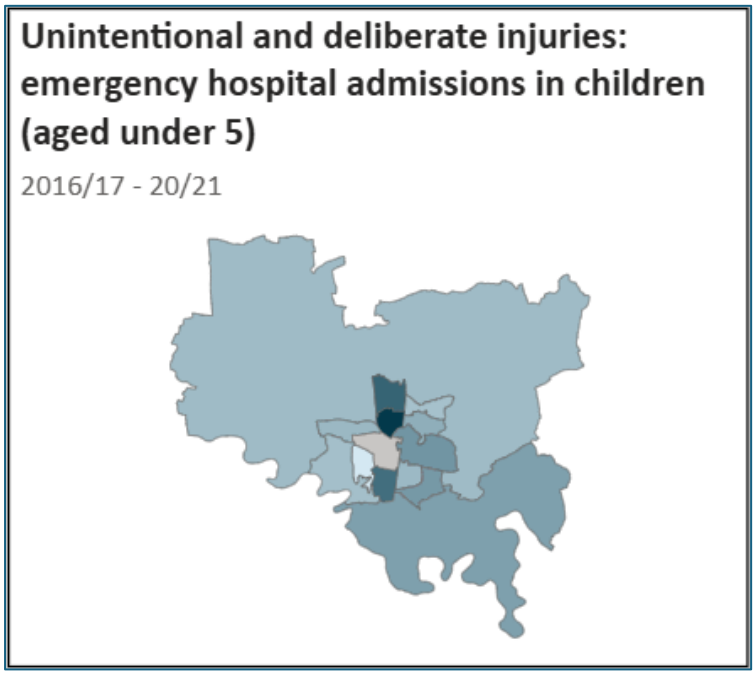
Aged 0-4 years – Darlington Male 251.6, Female 252.7. England Male 103.2, Female 82.0.
Aged 0-14 years - Darlington Male 137.4, Female 155.5. England Male 78.2, Female 66.4.



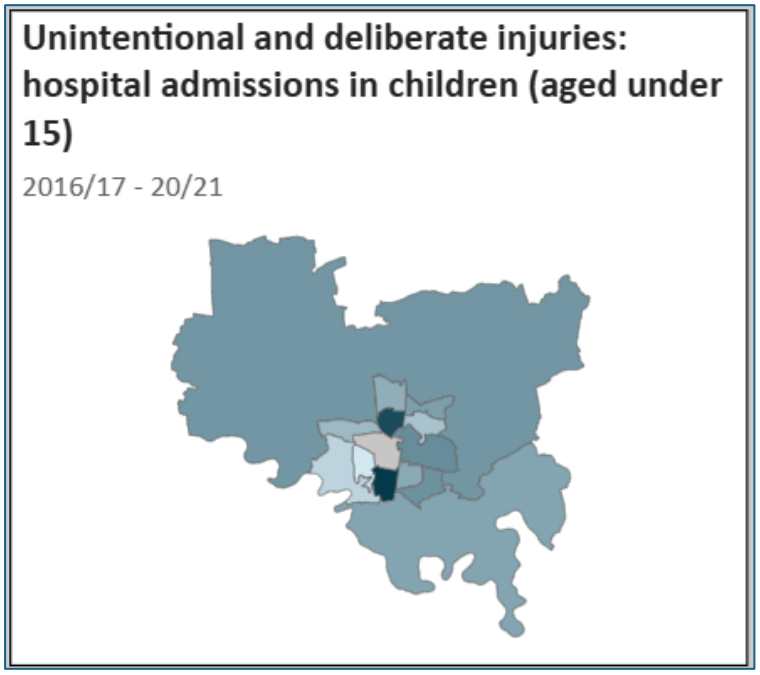


https://fingertips.phe.org.uk/profile/child-health-profiles

20. The maps and tables below show the inequalities within Darlington regarding hospital admission by unintentional and deliberate injuries in children 0-4 years and those aged 0 - 14 years per 10,000 population (2016/17-2020/21). This broad time frame has been used to allow for more meaningful analysis, as the number of admissions in any single year is relatively small and may not accurately reflect trends or inequalities at a local level.



MSOA	Rate per 10,000
Rise Carr	317.92
Harrowgate Hill	272.56
Park East	261.90
Albert Hill & Red Hall	220.82
Firthmoor	216.73
Darlington	212.56
Middleton & Hurworth	209.69
Haughton Le Skerne	194.70
Cockerton & Hopetown	184.56
Bank Top	182.93
Faverdale, Heighington & Sadberge	181.01
Hummersknott	176.68
Whinfield	174.83
College & Park West	133.81



MSOA	Rate per 10,000
Park East	194.76
Rise Carr	184.65
Albert Hill & Red Hall	148.81
Firthmoor	146.30
Faverdale, Heighington & Sadberge	143.70
Darlington	140.42
Whinfield	139.03
Middleton & Hurworth	135.93
Bank Top	133.41
Harrowgate Hill	130.87
Cockerton & Hopetown	125.04
Haughton Le Skerne	119.25
Hummersknott	109.79
College & Park West	99.10

21. Further analysis of hospital admissions data for unintentional and deliberate injuries in children aged 0–4 years revealed that the most common causes of injuries occurring within the home were poisonings and falls. The data presented below is a subset of the broader dataset shown earlier, focusing specifically on these types of incidents.

22. Darlington has the highest rate of emergency admissions for accidental poisoning in children aged 0-4, nationally in 2018/19 - 20/21. A rate of 344.8 per 100,000 for Darlington is statistically worse than every region in England, and significantly worse than the England average (114.1 per 100,000) and the North East average (204.9 per 100,000). There is an increasing inequality in the rate of emergency admissions for accidental poisoning in children aged 0-4, when comparing sex. In 2018/19 – 20/21, the rate of emergency admissions for accidental poisoning (0-4 years) for males increased to 505.3 per 100,000, whereas the rate of emergency admissions for accidental poisoning (0-4 years) for females decreased slightly to 176.6 per 100,000.

23. Between 2016/17 - 20/21, for the rate of poisonings from medicines specifically, Darlington followed the same pattern. The rate for Darlington (184.1 per 100,000) was the highest in England and was statistically worse than the England average (79.7 per 100,000) and the North East average (114 per 100,000). Similarly, there is an increasing inequality in the rate of emergency hospital admissions due to poisonings from medicines in children aged 0-4, when comparing sex. In 2016/17 – 20/21, the rate of emergency hospital admissions for poisoning from medicines (0-4 years) for males increased slightly to 260.7 per 100,000, whereas the rate of emergency hospital admissions for poisoning from medicines (0-4 years) for females decreased to 103.2 per 100,000.

24. Darlington was ranked the 5th highest region in England, 2018/19 – 20/21, for the rate of emergency admissions for falls in children aged 0-4, at 747.2 per 100,000. This has been decreasing but is still statistically worse than the England average (428.6 per 100,000) and the North East average (561.7 per 100,000). The inequality rate for each sex follows a similar pattern to one another. The rates for both sexes are decreasing gradually over time, with a male rate of 842.1 per 100,000 and a female rate of 647.6 per 100,000.

25. Between 2016/17 - 20/21, for the rate of falls from furniture specifically, Darlington followed the same pattern. Darlington is ranked 6th highest region in England, with a rate of 251.1 per 100,000. This rate has slightly increased and is statistically worse than the England average (123.1 per 100,000) and the North East (142.5 per 100,000). The inequality rate for each sex differs slightly for emergency hospital admissions due to falls from furniture (0-4 years), as the rate for females (240.8 per 100,000), has surpassed the rate for males (228.1 per 100,000) in the most recent time period of data collection.

26. In Darlington the rate of emergency admissions for exposure to inanimate mechanical forces, for example crushing or lacerations (see appendix two for more detail) in children aged 0-4, was 344.8 per 100,000, in 2018/19 – 20/21. This is statistically worse than England (208.6 per 100,000) but similar to the North East (352.1 per 100,000). The inequality rates between sexes is narrowing, with the rate for males increasing to 280.7 per 100,000, and the rate for females decreasing to 412.1 per 100,000.

27. Whereas the rate of emergency admissions for exposure to animate mechanical forces, for example bites and stings (see appendix two for more detail) in children aged 0-4 for Darlington, was 57.5 per 100,000, in 2018/19 – 20/21. This is statistically similar to England (39.3 per 100,000) and the North East (71.8 per 100,000). Numbers are too small for a sex split for animate mechanical forces.

Findings from local audit data

28. An audit has been undertaken by County Durham and Darlington NHS Foundation Trust (CDDFT) to better understand the key reasons for hospital admissions in children for unintentional and deliberate injuries. The audit reviewed hospital admission data for 2023/24, for children aged 0-14 years who were admitted to Durham and Darlington hospitals.

29. Key messages and trends from the 2023/24 injury admission audit for all children aged 0-14 years who were admitted to CDDFT included the following:
    - Hospital admissions for unintentional and deliberate injuries remained an important reason for under 18 admissions to hospital (over 10% of all paediatric admissions).
    - More male than female children were admitted for unintentional & deliberate injuries; this is in line with national trends.
    - Hospital admissions for childhood injuries were higher in our most deprived communities, when compared to our least deprived communities. In line with national trends.
    - Hospital admissions for injuries were higher in the summer months between May and September.
    - Rates of injury admission varied by geographical areas, with some areas having higher rates of children admitted to hospital for injuries.
    - The top 3 diagnosis codes used for injury admissions were ‘injuries to the head’, ‘poisoning by drugs, medicaments and biological substances’ and ‘injuries to the elbow and forearm’.

30. To better understand the key reasons for injuries within the local population and identify opportunities for prevention, the audit also provided a deep dive into 100 records.

31. The deep-dive audit of 100 records (aged 0-14 years) for admissions to CDDFT identified the following:
    - 47% of the injuries occurred within the home (53% outside of the home);
    - 89% of the children were admitted for unintentional injuries (10% were admitted for deliberate injuries, which includes self-harm and assault);
    - Overall cause of injury:
        - 39% were due to falls (including falling from an object);
        - 12% were due to sporting injuries;
        - 10% were due to poisonings;
    - the most common causes of injuries taking place inside the home were: poisonings, falls (which includes falls from objects), foreign body injuries and crush injuries;
    - the most common causes of injuries taking place outside the home were: falls (including falls from something) and sporting injuries;
    - 34% of the children included in the audit had attended CDDFT Accident and Emergency (A&E) within 12 months of their injury admission and many had multiple A&E attendances;
    - 10% of the admissions reviewed in the audit were classified as deliberate injuries, with the majority of these being for self-harm, poisoning or overdose. All of these occurred in the home setting.

32. The key findings from the audit have now been shared with partner organisations, including Darlington Borough Council Public Health Team, Durham County Council Public Health Team and the 0-19 public health service (heath visitors and school nurses). Work is underway to take forward key actions to contribute to the whole-systems approach and support injury prevention.

Key actions to support injury prevention

33. System-approach to injury prevention

    - A multi-agency partnership group led by Public Health has been established to take forward a system approach to injury prevention across County Durham and Darlington. The injury prevention group work together to agree accident prevention priorities, identify the evidence base for interventions and agree a joint approach to reducing unintentional injuries. This joint approach has been adopted in recognition of shared priorities and common stakeholders, including CDDFT and Harrogate and District NHS Trust, which provides the 0-19 public health services in both areas.
    - A range of actions are being progressed across partner organisations to help prevent injuries in children and young people in Darlington. This work is reported directly to the Darlington Health and Wellbeing Board.
    - A detailed delivery plan is under development based on the key areas described above.

34. Health promotion and service development

    - A system-wide injury prevention campaign is being developed jointly between Darlington Borough Council, Durham County Council and CDDFT, alongside other partners, utilising the data from the local audit to develop key messages and resources. This will then be used by all partners to amplify key prevention messages in target population groups.

- Provide a bespoke training offer for reducing unintentional injuries, delivered by the Child Accident Prevention Trust (CAPT). This training offer has initially been offered to the Early Help Team, 0-19 public health service and Fostering Team. These teams have provided positive feedback highlighting their staff are more vigilant when visiting homes with regards to hazards and potential risks.
- Making Every Contact Count (MECC) proposal to include an injury prevention focus in the MECC gateway.
- CDDFT are working with partners to develop a training package for frontline staff to raise awareness of injury prevention in key services including Paediatrics, A&E and Maternity.
- Work is underway to improve pathways between CDDFT and the 0-19 public health service to improve the flow of information and target interventions to support families who experience a hospital admission due to unintentional and deliberate injuries.

35. Data intelligence and evidence

- A new Darlington Health and Wellbeing board performance dashboard has been developed and published to track progress of key indicators, including the relevant national injury indicators.
- CDDFT has undertaken a further deep-dive audit focusing on self-harm injury admissions in under 18 year olds, to identify trends, opportunities for improved care or prevention. This is informing work in the multi-agency groups working on mental health, safeguarding and suicide prevention.
- A literature review has been undertaken on what works to reduce unintentional injuries and this is now being reviewed by Darlington and County Durham public health teams, to help inform their local action plans.

Appendix One: Unintentional injuries indicator list within the Child and Maternal Health Profile

https://fingertips.phe.org.uk/profile/child-health-profiles

Better 95% | Similar | Worse 95% | Not compared

Indicator	Period	England	North East region (statistical)	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years)	2023/24	93.2	140.7	125.0	252.2	101.0	80.0	131.8	146.3	187.4	174.2	135.8	112.7	119.0	142.2
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)	2023/24	72.7	109.8	97.8	149.0	104.9	77.5	90.9	117.0	145.3	139.8	97.7	97.8	80.0	114.7
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years)	2023/24	88.6	124.1	82.9	127.8	123.4	123.3	117.8	103.7	222.5	196.5	131.6	135.6	100.7	138.8
Emergency admissions for falls in children aged 0-4	2018/19 - 20/21	428.6	561.7	626.4	747.2	348.8	510.4	488.3	454.2	659.0	622.4	490.5	647.0	438.8	657.6
Emergency admissions for exposure to animate mechanical forces in children aged 0-4	2018/19 - 20/21	39.3	71.8	94.9	57.5	47.6	95.7	69.8	70.7	58.6	67.9	93.4	80.9	73.1	68.0
Emergency admissions for exposure to inanimate mechanical forces in children aged 0-4	2018/19 - 20/21	208.6	352.1	310.0	344.8	332.9	191.4	366.2	464.3	322.2	373.5	280.3	384.2	204.8	487.6
Emergency admissions for exposure to heat and hot substances in children aged 0-4	2018/19 - 20/21	76.1	91.9	82.3	57.5	95.1	63.8	34.9	151.4	131.8	101.9	46.7	101.1	43.9	102.0
Emergency admissions for accidental poisoning in children aged 0-4	2018/19 - 20/21	114.1	204.9	246.8	344.8	142.7	159.5	209.3	111.0	219.7	237.7	140.1	182.0	175.5	249.4
Emergency hospital admissions due to inhalation of food or vomit (aged 0-4 years)	2016/17 - 20/21	14.2	18.1	14.9	33.5	18.5	*	62.1	12.0	*	13.5	40.9	*	*	*
Emergency hospital admissions due to falls from furniture (aged 0-4 years)	2016/17 - 20/21	123.1	142.5	163.5	251.1	120.5	113.0	155.2	95.9	140.2	148.1	122.7	144.7	128.8	154.0
Emergency hospital admissions due to hot tap water scalds (aged 0-4 years)	2016/17 - 20/21	5.4	4.9	*	*	*	0.0	*	*	*	*	*	*	*	*
Emergency hospital admissions due to burns from food and hot fluids (aged 0-4 years)	2016/17 - 20/21	44.4	50.8	55.7	33.5	64.9	37.7	41.4	83.9	61.4	40.4	27.3	48.2	17.2	53.6
Emergency hospital admissions due to poisoning from medicines (aged 0-4 years)	2016/17 - 20/21	78.7	114.0	159.8	184.1	92.7	75.3	124.2	53.9	96.4	87.5	122.7	108.5	128.8	133.9
Children killed and seriously injured (KSI) on England's roads	2020 - 22	16.5	21.4	21.5	18.5	18.3	28.3	31.0	17.9	16.0	21.9	28.9	18.8	19.8	22.0
Children aged 5 and under killed or seriously injured in road traffic accidents	2020 - 22	7.5	8.4	12.2	0.0	2.7	11.0	15.2	7.0	5.0	9.6	16.1	7.0	2.5	7.9
Children aged 6-10 killed or seriously injured in road traffic accidents	2020 - 22	12.3	18.7	13.9	31.0	5.9	29.2	33.6	21.7	11.1	25.5	16.6	19.4	15.6	17.1
Children aged 11-15 killed or seriously injured in road traffic accidents	2020 - 22	30.6	38.0	38.7	25.2	48.3	45.1	46.8	26.9	33.1	30.8	54.6	31.5	41.4	41.9
Emergency admissions for pedestrians (aged 0-24)	2016/17 - 20/21	11.7	15.5	13.2	10.0	15.9	18.2	14.6	14.6	23.6	12.6	10.6	19.4	13.7	20.4
Emergency admissions for pedal cyclists (aged 0-24)	2016/17 - 20/21	13.0	17.5	19.2	16.6	15.9	14.5	18.8	17.3	18.1	16.3	15.9	16.9	15.4	19.1
Emergency admissions for motorcyclists (aged 0-24)	2016/17 - 20/21	10.4	10.0	13.9	10.0	8.8	14.5	8.4	6.4	5.4	10.0	10.6	12.1	8.5	10.2
Emergency admissions for car occupants (aged 0-24)	2016/17 - 20/21	14.1	15.5	25.2	20.0	10.6	18.2	10.4	9.1	12.7	25.1	10.6	12.1	12.0	8.9
Fatal casualties from road traffic accidents (aged 0-24)	2016 - 20	1.7	1.7	2.6	0.0	2.1	1.5	0.8	1.5	0.7	2.5	2.7	1.0	1.7	0.8
Serious casualties from road traffic accidents (aged 0-24)	2016 - 20	35.7	32.7	38.6	32.6	33.2	32.0	24.2	28.8	29.4	43.2	27.6	26.6	26.3	34.2
Slight casualties from road traffic accidents (aged 0-24)	2016 - 20	205.0	167.7	170.8	209.0	197.8	138.2	172.6	151.7	145.0	202.2	136.4	143.7	147.0	177.7
Pedestrians killed or seriously injured in road traffic accidents (aged 0-24)	2016 - 20	10.1	11.4	10.5	8.7	12.0	15.3	12.5	14.4	15.6	9.3	9.6	8.2	8.5	11.2
Pedal cyclists killed or seriously injured in road traffic accidents (aged 0-24)	2016 - 20	4.5	4.3	3.6	6.0	3.5	5.1	3.8	4.6	2.5	3.3	6.4	4.8	4.8	5.9
Motorcyclists killed or seriously injured in road traffic accidents (aged 15-24)	2016 - 20	22.1	14.2	13.1	9.0	17.9	18.8	14.0	8.3	11.8	20.2	16.5	12.4	18.4	18.5
Car occupants killed or seriously injured in road traffic accidents (aged 15-24)	2016 - 20	28.4	23.2	39.8	23.4	23.9	15.0	5.0	9.2	13.8	50.7	13.8	19.8	15.7	19.8
Percentage of pedestrians killed or seriously injured in road traffic accidents taking place on a 30mph road (aged 0-24)	2016 - 20	78.7	78.6	79.7	92.3	58.8	95.2	63.3	70.9	79.1	86.5	88.9	94.1	92.0	79.5
Percentage of pedal cyclists killed or seriously injured in road traffic accidents taking place on a 30mph road (aged 0-24)	2016 - 20	75.4	80.1	77.8	88.9	90.0	100	44.4	76.0	71.4	69.2	83.3	80.0	85.7	91.3
Percentage of motorcyclists killed or seriously injured in road traffic accidents taking place on a 30mph road (aged 0-24)	2016 - 20	64.4	72.9	63.3	80.0	63.6	100	66.7	85.7	76.9	41.9	66.7	90.9	90.5	90.0
Percentage of car occupants killed or seriously injured in road traffic accidents taking place on a 30mph road (aged 0-24)	2016 - 20	35.3	35.2	32.5	57.9	18.2	62.5	83.3	56.3	55.6	21.7	13.3	38.9	36.8	47.4

Appendix Two

Emergency admissions for exposure to inanimate mechanical forces in children aged 0-4.

Definition: Rate of emergency hospital admissions caused by exposure to inanimate mechanical forces in children aged 0-4 years per 100,000 resident population. This includes crushing, lacerations and impact injuries due to inanimate objects, explosions, accidental discharge of a firearm, exposure to noise, exposure to hypodermic needles and foreign bodies entering through the skin. https://fingertips.phe.org.uk/profile/child-health-profiles

Emergency admissions for exposure to animate mechanical forces in children aged 0-4.

Definition: Rate of emergency hospital admissions caused by exposure to animate mechanical forces in children aged 0-4 years per 100,000 resident population. This includes accidental injuries caused by another person, as well as contact (bites, stings and impacts) from animals and plants. https://fingertips.phe.org.uk/profile/child-health-profiles