

Submission on options to address the safety risks of corded window coverings

Your name and organisation

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Responses

Statistical Information	
	<p>Which of the following are you? (tick all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consumer/user of window coverings <input type="checkbox"/> Retailer of window coverings <input type="checkbox"/> Installer of window coverings <input type="checkbox"/> Importer or distributor of window coverings <input type="checkbox"/> Manufacturer of window coverings <input checked="" type="checkbox"/> Health or safety related organisation <input type="checkbox"/> Regulator <input type="checkbox"/> Other interested party (please specify)
	<p>For manufacturers of window coverings:</p> <ul style="list-style-type: none"> • What kinds of window coverings do you manufacture? • What proportion of your window coverings have exposed cords?
	N/A
	For importers or distributors of window coverings:

	<ul style="list-style-type: none"> • What kinds of window coverings do you sell? • What proportion of window coverings you sell are imported? • What countries do you import window coverings from? • What proportion of your window coverings have exposed cords?
	N/A
	<p>For retailers and installers of window coverings:</p> <ul style="list-style-type: none"> • What kinds of window coverings do you sell? • What proportion of window coverings you sell are imported? • If you sell imported window coverings, what countries are they imported from? • What proportion of your window coverings have exposed cords?
	N/A
Problem	<ol style="list-style-type: none"> 1. Do you agree that corded window coverings in New Zealand currently present a significant safety risk? Why /why not? <p>1.1 Yes, Safekids Aotearoa agree that corded window coverings in Aotearoa currently present a significant safety risk to young children. While the death rate (0.33 per year/ 0.12 deaths per 100,000 children under 4 years of age) is relatively low, we are firm in our position that the preventable death of even one child is one death too many.</p> <p>1.2 In addition, while data on injuries and hospitalisations in Aotearoa was not able to be provided in the consultation document, research from the USA shows that the risk of fatality in these incidents is high. In approximately two-thirds of the cases reviewed (67%, 155 out of 231), a child's entanglement with a blind cord ended in a fatality¹.</p> <p>1.3 Strangulations from blind cord entanglement can happen quickly and silently. Children can become unconscious within 15 seconds and death is possible within two to three minutes².</p> <p>1.4 While toddlers would have the motor skills to access blind cords, at this age they do not possess the cognitive ability to identify and assess risk, nor the developmental maturity to be able to free themselves if entangled in a blind cord¹.</p>

¹ Bridget Onders, Eun Hye Kim, Thitphalak Chounthirath, Nichole L. Hodges, Gary A. Smith; Pediatric Injuries Related to Window Blinds, Shades, and Cords. Pediatrics January 2018; 141 (1): e20172359.
10.1542/peds.2017-2359

² OECD – Directorate for Science, Technology and Innovation Committee on Consumer Policy; 2016 OECD Global Awareness Campaign on Corded Window Coverings. September 2017;
<https://www.oecd.org/sti/consumer/Window-Covering-Cord-Safety-Campaign.htm>

	<p>1.5 The risk of corded window coverings has been acknowledged for approximately a century already and currently both product design and legislative options are available to prevent children from being entangled in corded window coverings.</p> <p>1.6 Cordless blind and shade products have been assessed as adding little cost to manufacturing¹.</p>
	<p>2. Do you believe that government intervention is suitable to address this problem? Why/why not?</p>
	<p>2.1 Yes. Safekids Aotearoa strongly believes that government intervention is not only suitable, but necessary to address the safety risk of corded window coverings.</p> <p>2.2 Safekids Aotearoa is of the position that urging caregivers to provide closer supervision to prevent these incidents is unrealistic as it is near impossible to provide constant supervision³. Therefore, we strongly recommend that product modification along with legislation is required to address this problem^{4,5}.</p> <p>2.3 Unlike other hazards around the house like knives, kettles and stove tops, consumers may not easily identify blind cords as a risk for strangulation of young children. Paragraph 24 of the consultation document demonstrates this point as only half of respondents to the consumer survey carried out by MBIE were able to identify air restriction from entanglement in a corded window covering as a potential cause of harm.</p> <p>2.4 Moreover, as measures already exist to eliminate injuries from corded window coverings, the fact that deaths have continued to occur by this means strongly suggest that voluntary guidelines and educational campaigns are not enough in themselves to prevent deaths occurring.</p> <p>2.5 Evidence from Australia and Canada (also cited in Paragraph 35 of the consultation document) shows that mandatory regulation has begun to show a decrease in children's deaths from being entangled in corded window coverings¹. These countries have had voluntary regulations that were revised over several years until mandatory standards were ultimately required to make an appreciable impact. While the decrease in rates were modest, with time it is possible that this risk is eliminated with a complete shift to cordless blinds and the phasing out of corded window coverings.</p> <p>2.6 Additionally, as the cost of installing cordless blinds has been noted as a barrier there is a high likelihood that without government intervention, consumers without the financial means or incentive may not take steps to remediate the hazard caused by corded blinds.</p>
Objective and criteria	
	<p>3. Do you agree with the proposed objective? Why /why not?</p>

³ Baker SP. Childhood injuries: the community approach to prevention. *J Public Health Policy*. 1981;2(3):235–246[PubMed]

⁴ Hosking J, Ameratunga S, Morton S, Blank D. A life course approach to injury prevention: A "lens and telescope" conceptual model. *BMC Public Health* 2011; **11**: 695.

⁵ Herbert, S., Hunt, M. and Ameratunga, S. (2022), Aspiring toward Pae Ora: Values and strengths-based child safety messaging in Aotearoa/New Zealand. *J Paediatr Child Health*, 58: 1924-1928.

<https://doi.org/10.1111/jpc.16119>

	<p>3.1 Safekids Aotearoa is fully supportive of the objective that protecting young children is a high priority, as they are not able to take measures to protect themselves against the harm caused by corded window coverings.</p> <p>3.2 Safekids Aotearoa strongly believe that the risk that corded window coverings pose to young children can be eliminated because the design and technology to remove this hazard already exists.</p> <p>3.3 With the design of cordless blinds and the fact that Aotearoa has a relatively small housing stock (approx. 2 million), a staged approach (see paragraph 11.2 below) to banning corded blinds could result in the hazard being completely eliminated and therefore zero deaths occurring.</p>
	<p>4. Do you agree with the use of net benefit as the main criterion to determine suitability of the options? Why /why not?</p>
	<p>4.1 No, Safekids Aotearoa does not agree with the use of net benefit as the main criterion to determine the suitability of options.</p> <p>4.2 It is our position that the value of children in policy such as this is essentially a values-based and social question rather than one that can be simply answered by using calculations⁶. It has been noted in recent literature around the cost of child health inequities that traditional economic frameworks need to be re-thought for instances such as this and the development of more appropriate methodologies is required⁷.</p> <p>4.3 It is the position of Safekids that no monetary value can accurately account for the tragic loss of a child particularly when options exist to remediate products that have been found to create a risk of death for young children.</p> <p>4.4 We strongly recommend that a Kaupapa Māori theoretical framework be employed in this analysis. This would be driven by a Māori worldview and privileges Māori culture and values including the status assigned to children and would take into consideration the impact of an avoidable death of a child to Māori whānau and future generations ⁷.</p>
	<p>5. What other criteria are important to consider?</p>
	<p>5.1 It will be vital in this analysis to consider the issues faced by communities in rental accommodation in terms of making minor modifications. One third of households in Aotearoa are renters; for Māori households it is 70% and 80% of Pacific people's households are renters⁸. On one hand the law has allowed tenants to make minor modifications, such as installing safety devices. However, the reality is that tenants are often declined the opportunity by landlords to carry out such modifications that would ensure the safety of their whānau.</p> <p>5.2 In addition, when considering what the term 'household' pertains to, it should be factored in that the failed housing system of Aotearoa, which views housing as a</p>

⁶ Chambers, J., & Campbell, M. (2016). Pricing the priceless child: Measuring the benefit of saving children's lives. *New Zealand Sociology*, 31(5), 73–87.

⁷ Mills, C., Reid, P. & Vaithianathan, R. (2012). The cost of child health inequalities in Aotearoa New Zealand: a preliminary scoping study. *BMC Public Health* 12, 384.

⁸ Stats NZ (2020). *Housing in Aotearoa: 2020*. Retrieved from www.stats.govt.nz

	<p>commodity as opposed to a basic human right, has resulted in as many as 4500 children living in temporary housing, emergency housing, transitional housing and boarding houses, the majority of which are Māori and Pacific peoples. These forms of housing have already been noted as unsafe for children⁹. Any regulations passed must include these forms of temporary housing to ensure that the safety of children in these unfavourable housing situations are prioritised.</p>
Options for managing potential risk	
	<p>6. Are there any options missing?</p>
	<p>6.1 Applying a holistic view of health and wellbeing over the issue shows that there are other initiatives that could potentially be levers which have not been explored in the consultation document. For example, programmes such as the Healthy Homes Initiative which focuses on warm, dry, and safe homes could be resourced to deliver remediation efforts¹⁰.</p> <p>6.2 In programmes such as the above, good quality/thermal curtains are generally recommended rather than blinds as they tend to be more effective at retaining heat in homes. Organisations to consult with on this option could include Healthy Homes Rotorua, Community Energy Action Trust Christchurch and Habitat Curtain Bank.</p> <p>6.3 Safekids Aotearoa strongly recommends that the Ministry of Business, Innovation & Employment take a lead role in collaborating with existing government (health and social) and non-government entities that deliver healthy home, safer home, Well-Child and Whānau Ora initiatives to increase the speed and effectiveness of this policy change and saving lives of children.</p>
	<p>7. Do you agree with the advantages and disadvantages of the options identified in the discussion paper?</p>
	<p>7.1 Safekids Aotearoa disagrees with the point in paragraph 48 that notes the advantage of an ‘information and education only’ option is that it is directed specifically to those who are <i>in the best position</i> to control the risk to children in their care (i.e. parents and caregivers). It is our position that this option would likely only be suitable for a certain sector of society, likely middle-class families with fewer additional life stressors to contend with.</p> <p>7.2 In addition to the above, as mentioned previously, traditional safety messaging that places undue burden on parents/caregivers to pay constant attention to children is unrealistic and contradicts modern injury control principles that eschew an overreliance on individual behaviour⁵.</p> <p>7.3 Safekids Aotearoa are of the opinion that it is the responsibility of the Crown to enforce regulation around hazardous corded window coverings and mobilise the prioritisation of government sectors and government funded agencies (NGO and others) to provide the support to implement safety measures for all whānau home environments.</p> <p>7.4 It should be noted that Options 1 and 2 assume a balanced power dynamic between tenants and landlords as consumers, while the reality is quite different. There is a</p>

⁹ Ministry of Housing and Urban Development. Supporting the reset and redesign of the emergency housing system. Available at <https://www.hud.govt.nz/assets/Uploads/Documents/Emergency-Housing-Review-Redacted.pdf> Accessed 1 March 2023.

¹⁰ Jackson G, Thornley S, Woolston J, et al. Reduced acute hospitalisation with the healthy housing programme. Journal of Epidemiology & Community Health 2011;65:588-593.

	<p>significant power imbalance tilted towards landlords which may hinder the safety efforts of tenants. As an example of this, multiple whānau that are part of the Safekids Home Safety Programme have reported their landlords are unwilling to allow corded window covering safety devices to be installed in their homes.</p> <p>7.5 Furthermore, consideration must be given to the fact that there are certain instances where safety devices may not be able to be installed due to the type of window frame or wall material in homes.</p>
	<p>8. Do you have further information on the advantages and disadvantages of the options?</p> <p>8.1 When providing information and education, Safekids Aotearoa strongly recommends appropriate resourcing be provided for community organisations that are already supporting whānau in their homes to implement this option e.g. Healthy Home Initiative, Safekids Aotearoa, Family Start etc. so that the most vulnerable whānau in our communities can be reached.</p>
Approach to analysis	
	<p>9. What other costs or benefits need to be taken into account?</p> <p>9.1 The societal costs of an avoidable death of a child should be considered including¹¹:</p> <ul style="list-style-type: none"> - <i>Indirect costs</i> (the lost potential productivity of caregivers in the workplace due to an avoidable death of their child), - <i>Intangible costs</i> e.g. trauma, stress and pain experienced by whānau of an avoidable death of their child; the generational knowledge, responsibility to iwi and a generation lost from the marae due to an avoidable death, - <i>Other direct costs</i> of the death of a child (e.g. funeral costs) - Importantly, it should be noted that the proportional loss in discretionary income arising from an unintentional injury or death of a child has been shown to be higher for Māori and Pacific whānau compared to non-Māori, non-Pacific households and the the most deprived households are more heavily impacted by an injury or death than the least deprived.⁷ <p>9.2 The cost for community organisations that may action Options 1 or 2 should also be considered. These organisations are often best placed to provide information, education and services for whānau who may otherwise interact with Government agencies.</p> <p>9.3 The cost of Years of Life Lost (YLL) should also be taken into consideration⁷.</p>
	<p>10. What other data could you make available, or are you aware of, that may be useful to inform this analysis?</p> <p>10.1 Safekids Aotearoa recommends that the incidence approach which has been used to quantify the societal costs of unintentional childhood injury should be used in the cost-benefit analysis of this injury prevention intervention⁷. And incidence-based approach could help to provide more comprehensive information on the social and economic impacts of a preventable child death on family and community. For example this could include loss of future income and</p>

¹¹ Young M, Love T, Wilson M, Alatini M, Shepherd M. The societal cost of unintentional childhood injuries in Aotearoa. N Z Med J. 2021 Aug 13;134(1540):25-37.

	<p>contributions to society, and the emotional and psychological impact on family members and caregivers.</p>
Preferred options	
	<p>11. Do you think the Government should intervene through:</p> <ol style="list-style-type: none"> 1. information and education to educate and encourage consumer behaviour (e.g. communication programmes, social media campaigns, etc.), 2. providing funding for household to install safety devices/replace existing corded window coverings with cordless options, 3. encouraging voluntary modification by businesses to reduce risks (e.g. selling safety devices or cordless designs, providing advice to consumers, etc.), 4. putting in place a mandatory standard for window coverings to be manufactured, sold and installed in the future, or 5. a combination of the above options? Which options? Why do you think this option is best?
<p>11.1</p>	<p>Safekids Aotearoa strongly recommends that the Government intervene with the adoption of Option 5 above. This would entail a combination of Options 1, 2 and 4.</p>
<p>11.2</p>	<p>Safekids Aotearoa strongly recommend that the safest options for whānau would be to act on the following:</p> <ol style="list-style-type: none"> a. Put in place a mandatory standard for only cordless window coverings to be manufactured, sold and installed with urgency. b. During the interim remediation period, it is recommended that <ul style="list-style-type: none"> - the Government work in a cross-agency manner, with key agencies such as Kāinga Ora and Oranga Tamariki, and alongside community organisations who visit private homes, private rental agencies, Papakāinga and kaumātua (iwi) homes, and emergency and transitional housing providers to replace existing corded window coverings with cordless options, or where appropriate, well fitted/thermal curtains - It is strongly recommended that any remediation work is fully funded by the Government. - This step should be combined with ongoing education and information provided to whānau.
<p>11.3</p>	<p>Safekids Aotearoa strongly believes that Option 4 should be adopted. Evidence cited in paragraph 35 of the consultation document shows that there has been some success with decreasing the death rate from corded window coverings in both Australia and Canada subsequent to regulations being passed. As deaths continue to occur in this manner in Aotearoa, it is unconscionable that regulations have not already been put in place to prevent further deaths.</p>
	<p>12. If you selected option 4, ‘putting in place a mandatory standard’, do you think the mandatory standard should require:</p> <p>4A. corded window coverings to include mandatory safety features (e.g. warnings, safety devices), or</p>

	<p>4B. prohibit window coverings with exposed cords?</p> <p>Why do you think this option is best?</p>
	<p>12.1 Safekids Aotearoa is firm in our position that the best approach is to prohibit corded window coverings. This will reflect that the safety and wellbeing of whānau is being prioritised.</p> <p>12.2 Safekids Aotearoa strongly recommends that designing or reengineering the problem out of existence, by allowing only cordless blinds to be manufactured is the most effective strategy to prevent harm to young children¹.</p> <p>12.3 As the effort required by caregivers to implement prevention strategies (e.g. using safety devices) increases, its effectiveness decreases³. It has been documented that while parents and caregivers may be aware of the risk of window blind cords, only a small proportion address the concern in their homes¹². There may also be instances where caregivers simply forget to use safety devices like blind cleats.</p> <p>12.4 Therefore, Safekids Aotearoa strongly advises that prohibiting window coverings with exposed cords, where constant supervision of children would not need to be relied upon, is the most effective strategy to eliminate the risk that corded window coverings pose to young children.</p>

Questions for industry and consumers

Questions specific to industry

For manufacturers, importers, distributors, retailers and installers	
	13. What would be the impact on the industry of a mandatory standard regulating the installation of safety features (option 4A)?
	N/A
	14. What costs would be incurred by your business if a mandatory standard was introduced regulating the installation of safety features (option 4A)? Can you provide monetary estimates of these costs?
	N/A
	15. What would be the impact on the industry of a mandatory standard requiring window coverings to be cordless (option 4B)?

¹² Safe Kids Worldwide. Report to the nation: protecting children in your home. Available at: <https://www.safekids.org/research-report/reportnation-protecting-children-your-homefebruary-2015>. Accessed 1 March 2023.

	N/A
	16. What costs would be incurred by your business if a mandatory standard was introduced requiring window coverings to be cordless (option 4B)? Can you provide monetary estimates of these costs?
	N/A
	17. Are you aware of any technologies offering safer, affordable, and easier-to-use alternative operating systems for window coverings? If yes, what are these technologies and how are they safer?
	N/A
	18. Would cordless window coverings be more expensive for the consumer than the current corded designs? Manual or motorised? Vertical or horizontal? Why? How much more expensive?
	N/A

Questions specific to consumers

For consumers
19. Would you be willing to pay a higher price for cordless or corded window coverings that are safer for young children? Why/why not?
N/A
20. How much extra would you be willing to pay (percentage) for a compliant design that is safer for young children?
N/A

Other comments

- Consideration should be given in submissions such as these that not all consumers hold the same level of power to enact safety messaging. Questions could address landlords and renters as consumers separately.
- Remote and rural populations need special consideration when designing any educational resources and programmes.

References

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10. Jackson G, Thornley S, Woolston J, et al. Reduced acute hospitalisation with the healthy housing programme. *Journal of Epidemiology & Community Health* 2011; 65:588-593.
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12. Safe Kids Worldwide. Report to the nation: protecting children in your home. 2015. Available at: <https://www.safekids.org/research-report/report-nation-protecting-children-your-home-february-2015>