
A **C**hild **A**ccident **P**revention Strategy for Jersey 2009 - 2011



Child Accident Prevention (Jersey)



Child Accident Prevention (Jersey)

Child Safety as a Partnership

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1.0 Foreword

The following strategy document aims to influence people and organisations to work together to reduce the incidence and impact of accidental injuries to children 0-16 years of age in the community.

The strategy has been formulated by Child Accident Prevention (Jersey). It is made up of multi agency alliances, which are dedicated and committed people seeking to continually improve prevention of child accidents by identifying the causes of accidents and taking action to reduce them.

The three year strategy contains clear action plans, so that interventions, outcomes and effectiveness can be clearly measured. This ensures progress and successes can be celebrated and gaps identified.

I would personally like to thank all the groups representatives for their energy, time and effort in bring this strategy together and driving its delivery forward.

Pam Massey

Chairperson- Child Accident Prevention (Jersey)

Acting CEO Family Nursing

2.0 Summary

The strategy document recognises that due to the diverse nature of childhood injuries, a multi-agency approach is advocated in child accident prevention programmes. It is;

- Aimed at those agencies and individuals whose work involves child accident prevention.
- Seeks to address inequalities in health to promote access to child accident prevention for all sections of the community.
- Identifies why accidents are important.
- Based upon recognised child accident prevention approaches, including education, environmental modification and enforcement.
- Aimed at complementing and recognising other relevant community strategies, for example drug and alcohol and public health.
- Acknowledged that monitoring and evaluation of child accident prevention activities are central to its role.

3.0 The development of local alliance working

3.1 Historical development of Child Accident Prevention (Jersey)

The alliance was formed in April 1996, as a result of an awareness that whilst many statutory and voluntary agencies contributed to child accident prevention, activities were largely fragmented and an ineffective use of resources. The value of the alliance was seen to be in a co-ordinated approach to child accident prevention that used knowledge, expertise and information more efficiently.

Following initial consultation and discussion, and gradual group development, the alliance now includes representation from;

- Family Nursing and Home Care (Paediatric Health Visiting)
- Health and Social Services (Accident and Emergency, Ambulance, Children's Service and Paediatrics)
- Home Affairs (Fire, Police and Road Safety Officer)
- Education Sport and Culture

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- Headway (Jersey)
 - Housing
 - Jersey Child Care Trust
 - Trading Standards Service
 - Health Promotion

All representatives have a high degree of commitment to child accident prevention with their involvement being supported by Senior Management, and developments being assisted by the appointment of a part-time co-ordinator by Family Nursing and Home Care. With an aim of improving efficiency, Strategic and Operational Meetings were established in 2005, with various special interest groups also being in place. Links have also been established with additional agencies including Women and Children's Services, Employment and Social Security, Day Care Services, Housing, St John Ambulance and ACET Jersey.

3.2 Aims and objectives

The aim of Child Accident Prevention (Jersey) is:-

“To work together to reduce the incidence and impact of accidental injuries to children, 0-16years of age, in the community”.

Objectives include;

- Identification of available sources of information and reasons behind accidents.
- Facilitation of the sharing of resources and information amongst agencies
- Raising awareness amongst the public and professionals of the impact of accidents on the health of children.
- Identification and prioritisation of local needs.
- Undertaking and evaluation of specific projects aimed at accident prevention.
- Encouraging agencies and individuals to incorporate accident prevention into professional practice
- Encouraging local involvement from individuals and groups within the community.

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- Liaison and collaboration with relevant local and national groups.
 - Acquisition of funding and resources for effective alliance working.

3.3 Funding for Child Accident Prevention (Jersey)

Since its inception, the alliance has received annual funding from the Education, Sport and Culture and Health and Social Services Committees, which can be found in annual budget statements. This has been supplemented with great success from various local charities and private enterprises, including the Community Safety Panel (C.A.P. Video and Safety Sam Comic) and Lloyds TSB Foundation (C.A.P. Pilot Scheme for Co-ordinator), without whom achievements to date would have been impossible.

3.4 Marketing

The identity of the alliance has been reinforced by the Safety Sam logo on stationery, T-shirts, publicity material, the planned activities that have taken place, design of website and excellent links with the local media. These will all be maintained and developed.

4. Why Accidents Matter

4.1 Severity of injury

Unintentional childhood accidents are a leading cause of child mortality in the United Kingdom. (Towner 2002). They put more children in hospital than any other cause. Indeed, accidental injury is the main cause of death for children beyond infancy. On average there are 4,000 Jersey Accident and Emergency (A&E) attendances due to an unintentional injury every year involving children under the age of 17 years. This does not include accidents that are treated at home or by general practitioners which will not be included in these statistics.

4.2 Prevention

The term accident can encourage a fatalistic view that an accidental incident is uncontrollable, unexpected and a random event. However, research shows there are strong trends in accidents and they can be predicted and prevented. The term accident has been used in this document as it is the one most currently identified by policy, partner agencies, local practitioners and the general public.

4.3 Accidents in the home

Over one quarter of all Jersey child A&E attendances occur due to an unintentional injury in the home. Children under the age of 5 years are the most vulnerable as nearly two thirds of attendances occur due to an accident in the home. There are considerable estimated costs to Jersey in lost education, lost working time and hospital treatment each year.

4.4 Accidents on the road

Road accidents cause the largest number of serious injuries and deaths nationally. In 2007 there were 107,996 registered motor vehicles on Jersey. Every year in Jersey over 100 children attend A&E because of a road traffic incident with 10% requiring hospital admission.

4.5 Fire related accidents

In 2008 Jersey Fire & Rescue attended 319 fires, with 55 of those fires being accidental dwelling fires (or homes). 20 people were injured in dwelling fires and there have been 4 deaths from fires between 2004 and 2008

4.6 Water related accidents

The Jersey Fire & Rescue Inshore Rescue Boat was launched 15 times in 2008 and rescued 10 people from the sea. Lifeguards patrol 3 Island beaches from the end of May and numbers increase to 4 beaches and more staff in the summer holidays. In 2006 there were 22 lifeguard rescues and advice and warnings were given to nearly 1,000. In 2008 there were 25 rescues at one beach alone from May to August, thought to be caused by heavier seas and an increase in the number of people surfing.

5.0 Approaches to Child Accident Prevention

Activities

5.1 Effective approaches

This strategy was formulated to identify the causes of accidents and to take action to reduce them.

➤ Causes of Accidents

The majority of accidents are caused as a result of human behaviour and attitude. Accidents are likely to be caused by one of three factors.

➤ Knowledge deficits

The person does not know how to accomplish the task safely.

➤ **Equipment deficits**

The equipment is either faulty or unavailable.

➤ **Performance deficits**

The person knows the correct procedure and has the appropriate safety equipment, but fails to perform the task correctly.

Knowledge and equipment deficits do exist and can be managed, but the main cause of accidents is performance deficits.

Growing evidence indicates that the most effective approaches in child accident prevention are evidence based and involve environmental and legislative changes, supported by education programmes, all involving multi-agency collaboration.

An educational approach is aimed at increasing skills, knowledge or awareness of risk factors for accidental injury so as to reduce risks or dangerous behaviour. The educational interventions which have been most effective have concentrated on a single message such as child restraints in cars and smoke alarms.

An environmental approach involves modification of the physical and public environment to eliminate some of the risk factors for accidents, for example, traffic calming schemes to reduce the speed of vehicles in a defined area. The use of safety equipment which modifies physical and personal circumstances such as cycle helmets, stair gates, fireguards and smoke alarms would also be considered environmental approaches.

An enforcement (or legislative) approach is one in which laws or rules which govern certain behaviour are introduced and are backed up by rewards or sanctions. Examples of the enforcement approach would include changes in the law requiring thermostatic mixing valves to be fitted in all bathroom refits, drink/driving legislation and changes to the rules in sport.

The group's strategy will involve an approach which includes education improving the environment and lobbying for safer products, as well as laws that support child accident prevention programmes.

Both primary and secondary interventions will be used, according to need.

5.2 Address inequalities

Child Accident Prevention (Jersey) will aim to consult with a wide range of users and other agencies through existing community networks. Research into mortality, morbidity and risk factors demonstrate that accidents tend to disproportionately affect families in low socio-economic areas with high health needs.

The Health Development agency document ‘Children and Families – Study on unintentional injuries (HAD 2005) highlights the fact that children from poor families are five times more likely to die from unintentional injuries.

An underlying principle of the strategy will therefore be to give priority to these areas and to ensure the needs of ethnic minorities are met.

6. Scientific Literature on what works

6.1 Unintentional Injury

Unintentional injury is a major cause of avoidable ill health, injury and death. For children aged between one and fourteen, it is the leading cause of death. Evidence for effectiveness of interventions for reducing injury and changing behaviour has been assessed by Towner and Dowsewell (2001) in the three main environments where child accidents occur:

- On the Road
- In the Home
- During Leisure Pursuits

6.2 On the Road

There is good evidence for:

- 20mph zones(leading to injury reduction and behaviour change)
- Cycle helmet education campaigns (leading to behaviour change)
- Child Restraint Loan Schemes (leading to behaviour change)
- Child restraint legislation (leading to behaviour change)

There is reasonable evidence for:

- Area wide urban safety measures (leading to injury reduction)
- Education aimed at parents about pedestrian injuries (leading to behaviour change)
- Cycle training (leading to behaviour change)
- Cycle helmet legislation (leading to injury reduction)
- Child restraint education campaigns (leading to behaviour change)
- Seat belt education campaigns (leading to behaviour change)
- Child restraint legislation (leading to injury reduction)

6.3 In the Home

Significant fatalities and injuries occur, in or near the home. In descending order these occur through:

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- Suffocation and foreign bodies (ingestion or aspiration of foods/non-foods, toys or parts of toys or other “unknown” substances)
 - Fire and flames
 - Drowning and submersion]
 - Falls
 - Poisoning

There is good evidence for:

- Smoke detector programmes (leading to injury reduction and behaviour change)
- Poisoning – child resistant packaging (leading to injury reduction)

There is reasonable evidence for:

- Product design (leading to injury reduction)
- General safety devices (leading to injury reduction)
- Window bars (leading to behaviour change)
- Parent education on hazard reduction (leading to behaviour change)

6.4 At Leisure

There is no good or reasonable evidence of effective intervention, although there is some evidence for interventions targeted at drowning, and play and leisure injuries. (Towner and Dowswell 2001)

7.0 Key Targets for Action

7.1 Identified targets and activities have been produced and include:-

- 2004** Development and circulation of additional educational material
Marketing of C.A.P. Video (Winner of Institute of Best Use of New Media Award
6th Safety in Action Week
7th Annual Safety Shield Award
Firework Safety Campaign
Cycle Helmet Campaign
Numerous Educational Promotion
Improved Collation of Statistical Information

- 2005** Development and circulation of additional educational material e.g. cartoon strip, trampolines, skateboards etc
Marketing of C.A.P. Video
7th Safety in Action Week
Firework Safety campaign
Redistribution of water safety pack

-
- Production of Strategy document
Proposals for 3rd C.A.P. Conference
Further improved collation of statistical information
- 2006** Development and circulation of additional educational material e.g. cartoon strip, safety leaflets
8th Safety in Action Week
3rd Child Accident Prevention Conference
Firework Safety Campaign
Cycle Helmet Campaign
Circulation of annual accident statistics
- 2007** Development and circulation of additional educational material e.g. cartoon strip, safety leaflets
9th Safety in Action Week
Firework Safety Campaign
Cycle Helmet Campaign
Circulation of annual accident statistics
Child Accident Prevention video update development
- 2008** Development and circulation of additional educational material e.g. cartoon strip, safety leaflets
10th Safety in Action Week
Firework Safety Campaign
Cycle Helmet Campaign
Circulation of annual accident statistics
Production of further Strategy document
- 2009** Development and circulation of additional educational material e.g. cartoon strip, safety leaflets
11th Safety in Action Week
Firework Safety Campaign
Cycle Helmet Campaign
Circulation of annual accident statistics
Reduced priced safety equipment scheme
Rear seatbelt and booster seat campaign
- 2010** Development and circulation of additional educational material e.g. cartoon strip, safety leaflets
12th Safety in Action Week
Firework Safety Campaign
Cycle Helmet Campaign
Circulation of annual accident statistics
Reduced priced safety equipment scheme
Rear seatbelt and booster seat campaign

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- 2011** Development and circulation of additional educational material e.g. cartoon strip, safety leaflets
13th Safety in Action Week
Firework Safety Campaign
Cycle Helmet Campaign
Circulation of annual accident statistics
Reduced priced safety equipment scheme
Rear seatbelt and booster seat campaign
Production of further Strategy document
Possible 4th Child Accident Prevention Conference

7.2 The key areas for activities – Action Plans - outlined in the table overleaf are arranged in the following way:-

7.2.1 Priority Group

- ▶ Children under 17

7.2.2 Key Locations

The priority group is sub-divided into a variety of key areas.

- ▶ Reduce the number of accidents and severity of injury in children
- ▶ More work in settings providing education
- ▶ Promote safer cycling
- ▶ Increase education and enforcement on seatbelt and child restraint use
- ▶ Reduce death and injury to children due to accidents on the road
- ▶ Improve data collection and dissemination

7.2.3 Methods

- ▶ Contribution to delivery
- ▶ Measure and monitoring
- ▶ Anticipated annual outcomes

It is recognised that approaches will often be combined and that many activities aimed at a particular group will also effect other groups.

8.0 Action Plans

Promote safer cycling			
Partners	Contribution to delivery	Measure & Monitoring	Anticipated annual outcomes
CAPJ, Headway Road Safety Officer Jersey Fire & Rescue	Helmets Matter Campaign	<i>Event delivered and identify number of entries to competition</i>	Deliver evaluated event 350 children entering competition
CAPJ, Headway Jersey Fire & Rescue	Late night Xmas shopping event	<i>Number of events</i>	2
Road Safety Officer Headway, CAPJ	Assembly and school presentations	<i>Number of events</i>	10
Road Safety Officer CAPJ co-ordinator	Statistics	<i>Helmet use data on and off road</i>	Statistics produced
States of Jersey Cycle Strategy group	Statistics	<i>Number of cyclists - leisure & transport</i>	Statistics produced
Road Safety Officer Parents	Cycle training schemes	<i>Number of courses offered</i>	Level 1 – 10 courses Level 2 - 18courses
Headway	Headway awareness week	<i>Event delivered with feedback to CAPJ</i>	Cycling awareness event delivered
Headway	Free cycle helmets via 'Johns Fund Means Helmets' to Nursery & reception units	<i>Number of helmets</i>	10

Increase education and enforcement on seatbelt and child restraint use			
Partners	Contribution to delivery	Measure & Monitoring	Anticipated annual outcomes
Prison! Me! No Way! Road Safety Officer, CAPJ Headway Family Nursing & Home Care	School presentations	<i>Number of schools attending</i>	4
CAPJ	Statistics showing seat belt and child restraint use	<i>Number of schools data collected from</i>	10
States Police Road Safety Panel CAPJ	Seatbelt and child seat campaign	<i>Number wearing seatbelts and using car restraints</i>	Increase
Reduce death and injury to children due to accidents on the road			
Partners	Contribution to delivery	Measure & Monitoring	Anticipated annual outcomes
Road Safety Officer	Be Seen winter campaign	<i>Number of inputs</i>	25
Road Safety Officer	Pedestrian training schemes	<i>Number of schools</i>	2
Road Safety Officer	Investigate complaints relating to child road safety	<i>To be actioned as received</i>	To be resolved satisfactorily
Prison! Me! No Way!! Road Safety Officer States Police, CAPJ	Assembly and school presentations	<i>Number of schools</i>	10
SRTS group & ECO active	Safer routes to school	<i>Helping to develop school travel</i>	Identify travel issues to

States Police Honorary Police	Monitoring part time 20mph speed limits by schools	<i>plans 10 schools</i> <i>As resources permit or hot spot is identified</i>	work with agencies to improve Slower speeds outside schools
Transport & Technical Services Road Safety Officer	Identify trends in accidents and plan campaigns accordingly	<i>Identify number of hot spots and campaigns</i>	How many of the spot and campaigns are acted upon
Jersey Fire & Rescue Youth Service	On Two Wheels scheme	<i>Courses provided when required</i>	Raised awareness to dangers associated with driving/young drivers
Improve data collection and dissemination			
Partners	Contribution to delivery	Measure & Monitoring	Anticipated annual outcomes
A&E,CAPJ co-ordinator	Provide access to A&E data	<i>Ability to access data</i>	Data available
CAPJ	Collate and report on data	<i>Number and variety of reports prepared and disseminated. Action taken on trends.</i>	Annual report available
Jersey Fire & Rescue	Provide data on house fires & rock rescues	<i>Data shared at CAPJ meeting</i>	Report available
Public Health – Health Intervention	Literature review on evidence of accidents and evidence of effectiveness of interventions	<i>Report provided to CAPJ</i>	Data available Trend monitoring possible
Statistics Unit Public Health	JASS 09 – Perceptions & barriers to active travel and accidents report	<i>Report including statistical data and base line data</i>	Data available

Reduce the number of accidents and severity of injury in children			
Partners	Contribution to delivery	Measure & Monitoring	Anticipated annual outcomes
CAPJ co-ordinator	Bench mark level of injuries in under ones falling from raised surfaces	<i>Number of under 1 year olds resulting from falls from raised surfaces</i>	Data available
Family Nursing & Home Care CAPJ	Develop awareness raising campaign re falls from raised surfaces	<i>Number of campaign packs delivered</i>	20
CAPJ co-ordinator	Bench mark the number and categories of accidents in under 5 years of age	<i>Data to be shared via CAPJ</i>	Data available
Family Nursing & Home Care CAPJ co-ordinator	Prompt tool safety check list for Health Visitors and Nursery Nurses for under fives	<i>Prompt tool developed</i>	Safety check list available and evaluated
CAPJ co-ordinator Pathways Family Nursing & Home Care	Talks to parenting groups	<i>Number of talks Numbers attending</i>	2 15
Family Nursing & Home Care CAPJ	Referrals from Health visitors for reduced priced safety equipment scheme for families in financial difficulty with children under five years	<i>Number of families accessing scheme Number of items sourced by families Number of A&E attendances</i>	70 100 Reduced
Accident & Emergency CAPJ co-ordinator Trading Standards	Develop and provide resources	<i>Number of displays in A&E paediatric waiting area Leaflets available from Trading</i>	5 Available

CAPJ	Redevelop and design new CAPJ website Raise public awareness of website	<i>Standards</i> <i>Website designed</i> <i>Number of website hits</i>	Available Increases
Trading Standards	Monitor and inspect suppliers for dangerous goods which may be supplied to children	<i>Number of investigations</i> <i>Number of recall warnings</i>	Dangerous goods removed from sale
Jersey Child Care Trust CAPJ co-ordinator	Accident prevention CPD training course for practitioners working and caring for children aged from birth to 12 years	<i>Number of places available</i> <i>Number of practitioners attending</i>	15 15
JCCT	Increase first aid training for practitioners working and caring for children aged from birth to 12 years	<i>Number of practitioners financially reimbursed</i>	Increase
Ambulance	Provide 'DRAB' first aid skills and making an emergency phone call training to children	<i>Number of students</i>	1,500
Ambulance	Develop and produce 'DRAB' first aid leaflet	<i>Leaflet produced</i>	Every child receiving DRAB training receives a leaflet
Housing	Install Thermostatic Mixing Valves (TMV's) in all Housing rental new builds	<i>Number of TMV's fitted</i>	Each new build property

Housing	Replacement hot water cylinders fitted with thermostatic control max hot water temperature 60°	<i>Number of thermostats fitted</i>	Each cylinder replacement
Housing	'Home Safety check List' included in each new tenants pack	<i>Number of new tenants</i>	Each new tenant receiving leaflet
Housing	Housing rental property information packs CO ² detectors fitted to all Housing rental properties	<i>Number of housing rental properties</i>	Each property has detector fitted
Housing	Concerned housing tenants able to contact housing re window lock installation	<i>Number of clients contacting housing</i>	Each tenant gets satisfactory response
More work in “settings” providing education for example; schools, toddler groups and Children centres			
Partners	Contribution to delivery	Measure & Monitoring	Anticipated annual outcomes
CAPJ, Headway States Police Family Nursing & Home Care Jersey Fire & Rescue	Safety Sam comic with school talks	<i>Number of schools receiving comic and talks</i>	30
		<i>Number of teacher evaluation forms</i>	20
CAPJ, Headway States Police Family Nursing & Home Care Jersey Fire & Rescue	Be Safe with Safety Sam video	Number of children film was shown to by CAPJ member	500

CAPJ, Headway States Police, Ambulance Family Nursing & Home Care Jersey Fire & Rescue Education Sports & Culture Road Safety Officer Trading Standards	Safety in Action	<i>Number of agencies taking part</i> <i>Number of schools attending</i> <i>Number of pupils attending</i> <i>Number of teacher/parent evaluation forms</i> <i>Evaluation showing knowledge gain</i>	7 30 950 30 Report available
CAPJ	Safety Sam visits	Number of visits	10
Reduce death and injury to children due to fire			
Jersey Fire & Rescue	'Your Choice' Prison! Me! No Way!! Sessions on fire safety	<i>Number of schools</i>	25
Jersey Fire & Rescue	'Crime' Prison! Me! No Way!! Sessions on arson, hoax calls and consequences of actions	<i>Number of secondary schools</i>	8
Jersey Fire & Rescue	School/nursery/scout visits (people who helps us/Great Fire pf London)	<i>Number of visits</i>	30
Jersey Fire & Rescue	Home Fire Safety Visits (HFSV)	<i>HFSVs provided on request for all families with children under 6 years</i>	minimum 75 family HFSVs
Jersey Fire & Rescue	Attend public events (Fetes/fundays etc)	<i>Number of events</i>	20
Jersey Fire & Rescue	Safety campaigns (Make a Plan/Test your	<i>Number of campaigns</i>	2

	smoke alarm etc)		
Reduce death and injury to children due to accidents involving fireworks			
Jersey Fire & Rescue CAPJ	News Release re: fireworks/sparkler safety	<i>Media features run</i>	JEP/CTV features
Jersey Fire & Rescue	Firework safety leaflets produced and distributed to schools and retailers	<i>Number of children</i> <i>Number of retailers</i>	4,000 18
Reduce death and injury to children due to accidents involving the sea			
Jersey Fire & Rescue	'Your choice' Prison! Me! No Way!! Sessions on sea/beach safety	<i>Number of primary schools</i>	25
Jersey Fire & Rescue	Summer Sea/Beach safety campaign	<i>Raised Awareness to beach/sea safety</i>	JEP/CTV features
Education, Sports & Culture	'Learn to Swim' courses	<i>Number of places provided per term</i>	500

9.0 Using the Strategy

Evidence suggests that to sustain multi-agency collaboration, there needs to be long term financial investment and support for locally-based injury prevention programmes. The commitment of organisations and the support of senior management are an essential part of the strategy, to endorse the activities of fieldworkers.

Management must take measures to incorporate injury prevention into the broader strategy for public health since it is the greatest cause of mortality and morbidity for healthy children.

Implementation of the strategy will be a regular agenda item for Child Accident Prevention (Jersey) meetings, and the group will systematically review areas for action, identify any gaps in resources, and evaluate progress to date.

Communication and honesty both within and between agencies will be essential to develop a spirit of co-operation and mutual trust.

10.0 Monitoring and Evaluation

10.1 Monitoring accident trends

This will be a regular agenda item in Child Accident Prevention (Jersey) meetings and members will discuss data which they will routinely collect within their agency, to enable action plans and publicity to be achieved. On a regular basis, data will be collated from Accident & Emergency (A&E) attendees with a view to monitoring changes in local trends in relation to accidental injuries.

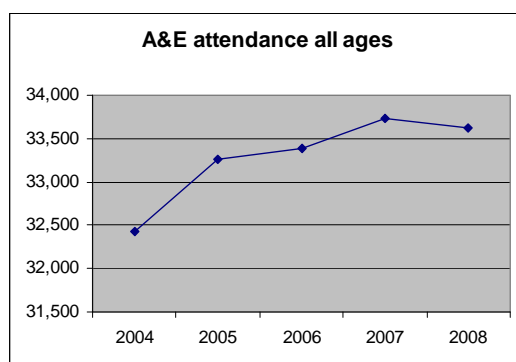


Fig.1

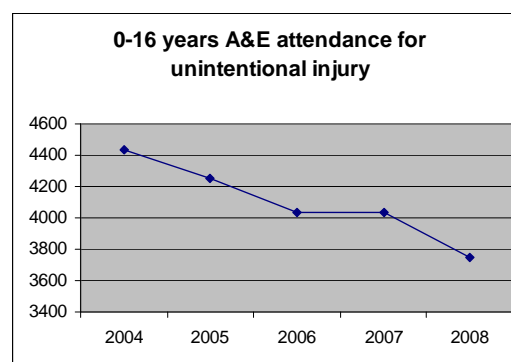


Fig. 2

The current trend shows an increase in the total number of A&E attendances (Fig 1) over the past 5 years and a decrease in the number of children attending due to an accidental injury (Fig.2).

10.2 Evaluating interventions

Specific health promotion interventions undertaken by the group will be subject to appropriate evaluation with reports being presented at Child Accident Prevention (Jersey) meetings.

10.3 Evaluating Child Accident Prevention (Jersey)

► The alliance will regularly review its own performance and will produce an annual report to include:-

- (i) **Process** - commitment (resources), community involvement, communication, joint working, accountability.
- (ii) **Output** - policy changes, service and environmental changes, skill development, publicity, contact with target group, knowledge, attitude and behavioural change of target group.

- A detailed account of the activities and outcomes of projects initiated by the alliance, including evaluation reports and media coverage.
- Monitoring of data on accident trends.
- An account of how the alliance works as a multi-agency body.
- The membership of the alliance, organisation of steering and sub-groups, planning processes, as well as an assessment of performance.
- A financial statement.
- Future projects to be targeted.

Appendix 1 - **Table Summarising Implementation, Monitoring and Evaluation**

AIM	ACTION	RESPONSIBILITY
1. Ensure strategy is implemented	Seek endorsement at highest level of member organisations.	Strategic Group
	Use in members' operational plans	Strategic Group / Operational Group
2. Ensure strategy is up to date	Review strategy after three years	Chair/Strategic Group / CAP (J) Co-ordinator
3. Monitor Accident trends	Monitor information as regular agenda item	CAP (J) Co-ordinator / Group Members
	Collate and present Accident & Emergency data	CAP (J) Co-ordinator / Group Members
4. Evaluate interventions	Evaluate all interventions and report to Strategic Group	Chair of Operational Group/ CAP (J) Co-ordinator / Group Members
5. Evaluate impact of member organisations' activities	Report to the Chief Executives of agencies involved	Chair of Strategic Group/ Operational Group/ CAP (J) Co-ordinator
6. Evaluate effectiveness of Child Accident Prevention (Jersey) as an alliance	Review performance annually	Chair of Strategic Group/ CAP (J) Co-ordinator / Group Members
7. Monitor impact of Child Accident Prevention (Jersey)	Produce annual report	Chair of Strategic Group/ CAP Co-ordinator / Group Members

Appendix 2 - **Child Accident Prevention (Jersey)**

As of January 2009 Members of Child Accident Prevention (Jersey) include:

Strategic Group

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Divisional Manager for Clinical Services

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Links with other agencies include:

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Day Care Registration Education Department Highlands St Saviour JE4 8QJ	Tel:449387	St John Ambulance Headquarters Midvale Road St Helier JE2 3YR	Tel: 735611
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