

# Building a Safer Society



## Annual Report 2011

**“The most vulnerable in our society are not only at the greatest risk of crime, but also suffer a greater impact of crime because of their lack of money and resources...the people who suffer most because of crime tend to suffer most from other social problems”**

**Young(1994)**

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## Foreword By The Minister For Home Affairs

It is my great pleasure to introduce this 2011 Annual Report for the Building a Safer Society Strategy (BaSS). Working in a setting conducive to multi-agency partnerships has become recognised as the most effective way to tackle many issues, and the results from the partnerships made under the auspices of BaSS have provided much to celebrate.

The work detailed herein is just a snapshot of the wide range of interventions and programmes designed to keep our community safe, either directly or indirectly, through investment in families and young people, and to address the causes of crime. They all have in common willingness amongst agencies to work together towards achieving positive outcomes for individuals and our community.

The strategy links directly with the commitment from the Council of Ministers to ensure a safe and caring community and, during its life, has been linked with previous States' plans for keeping the community safe. The long term commitment made by the Council of Ministers to invest in longer term initiatives is at long last, I believe, producing results as evidenced by the Magistrates Court and Youth Court which show such a dramatic reduction in youth crime.

Whilst it is always difficult to justify investment into areas where the results may be a long time coming, especially in times of austerity, I believe that BaSS is a success story, not just for Home Affairs but for all States departments, businesses and 3<sup>rd</sup> sector agencies who have worked so tirelessly to improve outcomes for our community.

During my time as Minister I have had to oversee the difficult tasks that have been inherent in the comprehensive spending review and sometimes the temptation is to overlook areas which need long term investment in favour of quick wins. However, this report demonstrates that the investment into early interventions, diversions and work with offenders and victims has really borne fruit.

However, we cannot afford to be complacent, as what appears a rosy picture now may change very rapidly if investment is not kept up. The impetus for work with the Children and Young People's Plan and other cross- agency strategies needs to be driven forward if we are to maintain our community as a safe and caring place to be.

**SENATOR IAN LE MARQUAND**



**Minister**

# Executive Summary

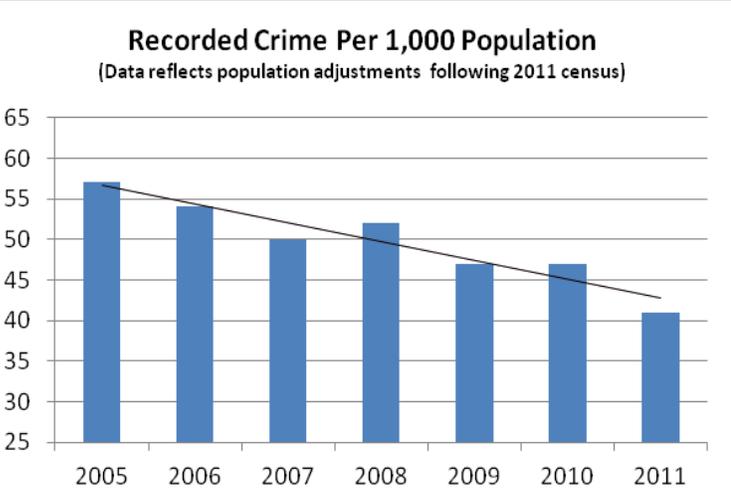
BaSS has three strategic priorities each with its own key objectives. The monitoring and evaluation of each objective has been an important aspect of governance, with the aim of ensuring whether the strategy is succeeding or not.

The following summary shows a snapshot of what we intended to do (strategic priorities and objectives) and whether we achieved it. More detail on each of the priorities can be found in the main text.

## Strategic Priority 1.

**To create a safer environment by reducing crime, public disorder and anti-social behaviour.**

Did we do it?

<p><b>Yes</b></p>	<p>Overall recorded crime per 1000 population is the lowest since the Strategy started – 41 crimes per 1,000. 3,976 crimes were recorded in Jersey during 2011, representing a 13% decrease compared to 2010.</p>	 <p><b>Recorded Crime Per 1,000 Population</b> (Data reflects population adjustments following 2011 census)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Recorded Crime Per 1,000 Population</th> </tr> </thead> <tbody> <tr> <td>2005</td> <td>57</td> </tr> <tr> <td>2006</td> <td>54</td> </tr> <tr> <td>2007</td> <td>50</td> </tr> <tr> <td>2008</td> <td>52</td> </tr> <tr> <td>2009</td> <td>47</td> </tr> <tr> <td>2010</td> <td>47</td> </tr> <tr> <td>2011</td> <td>41</td> </tr> </tbody> </table>	Year	Recorded Crime Per 1,000 Population	2005	57	2006	54	2007	50	2008	52	2009	47	2010	47	2011	41
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<p><b>Yes</b></p>	<p>According to Jersey Annual Social Survey (JASS) 2010– 87% of people felt very safe or fairly safe in their neighbourhood and a greater proportion of people believe their neighbourhood to be "very safe" in 2010, 41% compared to 36% in 2005.</p>																	
<p><b>Yes</b></p>	<p>The Q-Safe Taxi Marshal Scheme- in partnership with Home Affairs, Transport and Technical Services, local businesses, taxi drivers, the Parish of St Helier and the Safer St Helier Community Partnership has been a great success. There have been 60% fewer assaults at the Weighbridge rank since it started.</p>																	

**What we said we would do:**

**1) Engage with the community:**

**Did we do it?**

<b>Yes</b>	The Safer St Helier Community Partnership is the result of a community engagement project that has taken 5 years to reach the stage where it is self-sustaining. It is an active partnership between businesses, government agencies and the community.
<b>Yes</b>	The States of Jersey Police (SoJP) have begun using a policing style that aims to engender public confidence with an emphasis on high visibility policing, including the introduction of the Town Policing Unit, police cycle patrols and the return of Police motorbikes. In addition they have begun community policing in the parishes. (SoJP, 2011 <sup>1</sup> )

**2) Identify Hotspots and Target Offenders:**

**Did we do it?**

<b>Yes</b>	An Anti-Social Behaviour (ASB) Prevention and Intervention Group successfully addressed issues at various places around the island and the SoJP introduced new processes to identify and engage with vulnerable individuals and communities who frequently call upon Police assistance because of crime and ASB. According to SoJP statistics, ASB incidents have been reducing.
<b>Yes</b>	SOJP pursue an intelligence-led tasking process that identifies key hotspots for crime and ASB and allocates patrol and problem-solving capacity accordingly
<b>Yes</b>	SOJP have continually refined a Prolific and Priority Offender approach which targets key individuals identified as committing a disproportionate amount of crime
<b>Yes</b>	SOJP have worked with partner agencies to develop specific initiatives to focus on offender management, including Jersey Multi-Agency Public Protection Arrangements(JMAPPA) and an Offender Management Unit
<b>Yes</b>	94.6% of subjects dealt with via Jersey’s Multi-Agency Public Protection Arrangements (JMAPPA) have not been convicted for further offending.
<b>Ongoing</b>	Jersey still lacks a strategy to manage and develop its night-time economy – but progress is being made on developing an Alcohol Strategy and the Economic Development Department is developing a new policy statement about a new Licensing Law in partnership with other agencies.

<sup>1</sup> States of Jersey Police Annual Report , 2011

### 3) Invest in Young People in order to reduce the likelihood of Future Criminality:

#### Did we do it?

<b>Yes</b>	The proportion of known offenders who are under the age of 18 reduced between 2005 (31%) and 2011 (20%)
<b>Yes</b>	Jersey has many individuals and agencies public, private, 3 <sup>rd</sup> sector and faith groups working together to address the issues that cause offending and trying to prevent those that do from re-offending.
<b>Yes</b>	A project, run through the Children's Service, enables children in need to access mainstream nursery provision in Jersey. Between January 2006 and October 2011, a total of 59 children have been funded through BaSS. Feedback from head teachers has suggested that mainstream nursery provision has helped children's transition in to school, thereby helping them to reach his/her full potential.
<b>Yes</b>	The Prison! Me! No Way!!! Charity has a partnership agreement with the States of Jersey. The aim of Prison! Me! No Way!!! Jersey is to raise the awareness of young people in the Island about the causes, consequences and penalties of crime. There has been positive feedback from parents, students and schools.

### 4) Involve and support parents and guardians:

#### Did we do it?

<b>Yes</b>	The Parenting Programme which runs from The Bridge continues to attract more and more parents including referrals from various services and parents asking for the programmes themselves. The Parenting Programme Team who deliver parenting programmes provide sessions about alcohol, drugs and sex as part of the course.
<b>Yes</b>	The Universal Provisions Project provides children and young people who have been identified by the Children's Service as 'children in need', with continued support and focus by engaging them in some form of mainstream activity or learning provision. The aim is to provide the individual with some positive focus and to support the family by providing respite and financial support In order to prevent crisis situations arising.

### 5) Minimise the harm through support to victims:

#### Did we do it?

<b>Yes</b>	The Jersey Domestic Violence Forum (JDVF) is reviewing and updating the Domestic Abuse Strategy.
<b>Partially</b>	Domestic violence accounted for over 30% (41) of the serious assaults recorded in Jersey during 2011. This is up compared to the 35 such incidents recorded in 2010.
<b>Yes</b>	In 2010, the SoJP prosecuted 33% of domestic-related crimes but this increased to 41% in 2011(SoJP, 2011)
<b>Yes</b>	The most dangerous domestic violence perpetrators are managed through the newly created Jersey Multi-Agency Public Protection Arrangements (JMAPP) system.
<b>Yes</b>	The Domestic Abuse Perpetrators Programme (ADAPT) for men run by the Jersey Domestic Violence Forum in partnership with Hampton Trust and

	Probation, has had 74 men starting the programme since its inception with over 65% completing.
<b>Yes</b>	<p>Victim Support:</p> <ul style="list-style-type: none"> <li>• Supplies a service for male victims of domestic abuse</li> <li>• In 2011 there was a slight increase in the number of clients accessing Victim Support and Witness Service</li> <li>• Victim Support assisted following the deaths of 6 people at Victoria Crescent in August. They supported the family, witnesses and members of the public. Giving help to clients was in the form of disseminating news and developments, liaising with the police and giving assistance in dealing with the media along with emotional support</li> <li>• Victim Support work closely with the Police through the new Victim and Witness Care Unit to ensure Victims and Witnesses get the best care possible</li> </ul>
<b>Yes</b>	The Restorative Justice Initiative run through the Jersey Probation and After-Care Service (JPACS) in partnership with Parish Hall Enquiries continues to be very successful at bringing victims and offenders together and ensuring reparation. All those involved express satisfaction with the process.

#### **6) Reduce Re-offending:**

##### **Did we do it?**

<b>Yes</b>	The figure for those who reduce their risk of re-offending after being on probation is 57.5% .The majority of probation clients are therefore reducing their risk of re-offending by the end of their Probation Order.
<b>Ongoing</b>	The Probation and Aftercare Service in partnership with Highlands College run a Basic Skills programme for those on probation and in prison. During 2011, 14 clients have received tutor support and a total of 67 tutor sessions have been delivered by the team of 5 volunteer tutors.
<b>Ongoing</b>	The Probation and After Care Service works pro-actively with other agencies involved with the criminal justice system including the Prison and SoJP but also with other partners like Housing, Health and Social Services and Work Schemes on various initiatives designed to provide people on probation orders with options to prevent them re-offending.
<b>Ongoing</b>	The majority of prisoners are involved in academic or vocational courses to attain qualifications with a view to helping them get a job when they are released.

## **Strategic Priority 2.**

**To provide people with opportunities to develop their potential as lifelong learners and active and responsible members of society.**

To do this we said we would:

### **1) Invest in Personal, Social and Health Education and Information in Order to Promote Self Esteem and Responsible, Healthy Citizens:**

Did we do it?

<b>Yes</b>	The Move On Youth Project is a well established project within the Jersey Youth Service which reaches out to young people on the streets of St Helier. It targets hard-to-reach young people who are vulnerable and potentially at risk. The project has contact with around 1000 young people per quarter and has conversations which cover Health & Well-being, being Safe & Informed, Learning through Involvement, Community Engagement & Awareness and Skills for the Future.
<b>Yes</b>	The Youth Enquiry Service (YES) was created to support young people aged 14 to 25 with any issues affecting them. Young people can access the one-stop-shop which provides free, independent and confidential advice, information and counselling. Over the past 3 years the number of young people accessing the service has continued to grow, with referral from GP's, other States departments and a large number of self-referrals.

### **2) Provide an Integrated Approach to Tackling Social Exclusion:**

Did we do it?

<b>Yes</b>	Unauthorised school absences in Jersey continue to decrease and there has been a dramatic downward trend in the last 7 years (03/04 – 10/11) in Jersey which compares very favourably with the UK
<b>Yes</b>	The Portuguese Offender Worker (POW) at the Jersey Probation and After-Care Service provides equal opportunities for the Portuguese community involved in the criminal justice system: <ul style="list-style-type: none"><li>• The majority of clients supervised on a probation order in 2011 reduced their risk of reoffending</li><li>• The POW attends court and Parish Hall Enquiries on a weekly basis</li><li>• The initiative has proved such a success that last October the officer was invited to present a paper to a European conference in Lisbon where the work of the Jersey service was discussed</li></ul>

**3) To develop, provide and promote continuous opportunities for all members of the community, particularly those perceived to be at risk, to access healthy and interesting pursuits:**

**Did we do it?**

<b>Yes</b>	<p>The Community and Schools Sports Department ensures the young people of Jersey can be healthy, safe and reduce their potential involvement in crime and anti-social behaviour'</p> <p>In 2011 the Community and School Sports Department (CSSD):</p> <ul style="list-style-type: none"><li>• Made over 34,000 contacts with 'identified' young people and adults</li><li>• Secured over £20,000 in private sponsorship</li><li>• Increased the number of contacts at neighbourhood projects by 31%</li><li>• Assisted in reducing calls to police (regarding youths) for the fifth year in a row</li><li>• Helped to reduce conflict within the prison recreational environment</li><li>• Increased the number of volunteers recruited to assist community projects</li></ul>
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### **Strategic Priority 3.**

#### **Reduce the harm caused by drugs, alcohol and solvents.**

To do this we said we would:

**1) Invest in children and young people in order to reduce the likelihood of future substance misuse:**

**Did we do it?**

<b>Yes</b>	<p>The Health Related Behaviour Questionnaire (HRBQ) questionnaire takes place every 4 years and was repeated in April/May 2010. The survey findings have provided a portrait of, and trends in, young people's attitudes and behaviours since 1996. The questionnaire is carried out in Year 6 in Primary schools and in Years 8 and 10 in secondary schools.</p> <p>The 2010 survey shows a continuing trend of improving health-related behaviours in young people:</p> <ul style="list-style-type: none"> <li>• There are continued decreases in rates of smoking, drinking and drug taking.</li> <li>• In addition to this self-esteem remains high with 80% recording medium to high scores.</li> <li>• The data gained from the survey is a valuable source of information about what is happening within our local children's population.</li> <li>• Gaining a clearer understanding of young people's health behaviours now will allow us to shape existing services and plan future provision and inform States policy and strategy such as the Children's and Young People Framework.</li> </ul>
<b>Ongoing</b>	<p>The number of problematic drug users under 25 accessing treatment and support has diminished from 155 in 2005 to 42 in 2011.</p>
<b>Yes</b>	<p>The percentage of youths on probation receiving substance misuse education remains at 100%.</p>
<b>Yes</b>	<p>Young Offenders at La Moye Prison have the opportunity for sessions around alcohol and drugs conducted by counsellors from the Alcohol and Drug service.</p>
<b>Yes</b>	<p>The Health Promotion Officer has developed the Start Thinking about Alcohol Risk Today programme [STAART]. This programme is being piloted in Les Quennevais Secondary School during the summer term of 2012 and targets Year 7 school children.</p>
<b>Yes</b>	<p>The alcohol and substance misuse programmes run by Prison! Me! No Way!! deliver interactive group sessions for Year 8 and stand alone lessons for Years 9-12 which include the consequences of taking illegal drugs and alcohol and driving whilst under the influence of alcohol and drugs.</p>

**2) Reduce the inappropriate consumption of psychoactive substances (including alcohol):**

**Did we do it?**

<b>Yes</b>	Alcohol consumption per head of population in Jersey has fallen from 17 litres of pure alcohol in 1999 to 13 in 2010.
<b>Ongoing</b>	However we still consume high levels of alcohol compared to other countries.
<b>Yes</b>	The Court Liaison Officer plays a key role in helping to reduce the consumption of psychoactive substances. It is his job to see that those offenders sentenced to a Drug Treatment Order (DTO) comply with the terms of the order. The number of drug treatment orders completed decreased.

**3) Promote health-enhancing behaviours and reduce the harm caused by substance misuse:**

**Did we do it?**

<b>Yes</b>	The prevalence of needle sharing has dropped from 91% in 2000 to 31% in 2011.
<b>Maybe</b>	The number of new cases of Hepatitis C in drug users has fluctuated slightly since 2005 (22) rising to 32 in 2007 and 23 in 2011.
<b>Yes</b>	The number of opiate-related overdoses (attended by the Ambulance Service) shows a decrease from 37 in 2005 to 16 in 2011
<b>Yes</b>	The numbers of drug-related deaths are low (<5), we average 2 heroin deaths a year.
<b>Maybe</b>	The Arrest Referral Officer offers substance misuse programmes to those who have come into contact with the criminal justice system and also takes referrals from the Parish Hall. In 2011 only 11 referrals were made.

**4) Engage and inform parents and families about illegal drugs and alcohol:**

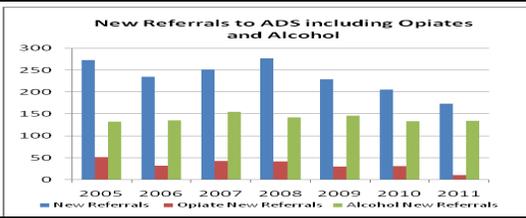
**Did we do it?**

<b>Maybe</b>	The number of carers recorded as receiving information from the ADS has decreased from 52 in 2005 to 6 in 2011. Since 2008, this activity has been picked up within the broader services available through the H&SS Alcohol & Drug Service with information being provided through direct contact, and often advice provided by telephone contact. This activity data has not been recorded and so cannot be included in this activity report.
<b>Yes</b>	HMP La Moye provides in partnership with Health and Social Services and Jersey Probation and After-Care Service, assessment, counselling and support through group work and individual therapies. It is an essential link in the process that can lead a prisoner struggling with substance misuse towards recovery.
<b>Yes</b>	Parenting programmes at The Bridge provide sessions about alcohol, drugs and sex as part of the course. The parents themselves find this helpful whilst recognising that these are emotive issues which are not always easy to broach in a positive manner.
<b>Yes</b>	A Parent's Guide to Drugs is a booklet updated in 2011 by the Health Promotion Officer at the Health Promotion Department working in partnership with agencies and parents island-wide. The stated aim is "to provide clear and factual information on the subject of drugs, and to give parents, and all involved with the development and growth of young people, a real 'feel' of what drugs are about."

**5) Continually review evidence-based interventions in order to extend the range and availability of treatment opportunities for problematic drug users:**

**Did we do it?**

<b>Yes</b>	In 2011 the Alcohol and Drug Service received 547 referrals, 173 were new referrals and 374 were re-referrals
<b>Yes</b>	Of the new referrals, 11 were for opiate issues ( a significant reduction from 31 in 2010) whilst 134 were for alcohol-related issues and of the re-referrals, 230 were for alcohol and 113 for opiates.
<b>Yes</b>	Approximately 24 people per quarter started treatment with either Methadone or Subutex in 2011 and about ¼ of those successfully completed the programme. In 2011, 93% of ADS clients who responded to a yearly self-reporting questionnaire showed an increase in their quality of life since starting the treatment programme and, of those, 56% felt it had improved significantly.
<b>Yes</b>	The Alcohol Liaison Nurse (ALN) role was specifically designed to identify and assess patients admitted to the General Hospital who are found to be drinking above the recommended weekly limit and to provide them with brief interventions and alcohol education. In 2011 = 380 [male = 260 / female = 120] clients were seen.



**6) Where appropriate, provide offenders within the criminal justice process with access to alternative and effective programmes:**

**Did we do it?**

<b>Yes</b>	The statistics from the courts show that the Magistrates follow recommendations given by the Court Liaison Officer where possible and seem confident that the offender is appropriately supervised.
<b>Yes</b>	The majority of offenders get through their orders with a resultant improvement in their CHRISTO (Social skills, health, attendance, attitude, and drug/alcohol use) score.
<b>Yes</b>	This means that the Drug Treatment Orders are effective, in the majority of cases, in reducing substance related problems.

**7) Ensure drug trafficking laws are rigorously and effectively enforced:**

**Did we do it?**

<b>Yes</b>	The Jersey Customs and Immigration Service (JCIS) and the States of Jersey Police (SoJP) investigate the importation of all types of controlled drugs, but with a particular emphasis on the importation of Class A drugs as these are judged to pose the biggest risk to the people of the Island.
<b>Yes</b>	49 persons were brought before the courts and all but one convicted
<b>Yes</b>	Both JCIS and the SoJP continue to target the principals behind drug Importation/supply syndicates, with a particular emphasis on Class A drugs.
<b>Yes</b>	Drugs with a street value of £1,289,920 were seized in 2011 by the SoJP and .JCIS. About 80% of this sum related to heroin and cocaine seizures

## Introduction

Over the past fifteen years we have had, in one form or another, a partnership approach to tackling substance misuse and community safety.

One of the most difficult, yet important, aspects of implementing an island-wide community safety strategy is in gaining and maintaining an impression of the total weight of effort that is being directed at crime, anti-social behaviour and substance misuse. Such complex social issues require multifaceted responses and it is not always obvious how the intricate relationships fit together. Clearly, the work of the States of Jersey Police and the Honorary Police is dedicated to improving community safety. Other agencies and services have this objective as part of their remit, including those that sit outside the public service. BaSS initiatives are more targeted and make an important contribution to the overall effort. The BaSS annual report is the one place which draws the overall effort together, but there will be other contributions that we have not been able to capture.

BaSS has always been designed to incorporate core business as well as other activities and, for many of the partners, much of their work feeds into the strategy. This includes the States of Jersey Police and the Alcohol and Drug Service, and the Youth Service to name three, and voluntary agencies like Victim Support and Prison! Me! No Way!!!, as well as 3<sup>rd</sup> Sector agencies like the Jersey Child Care Trust and NSPCC whose prime aim is not community safety but whose unstinting work has positive effects on the safety and well-being of our island.

Since the beginning of 2010, BaSS aligned its work with the 2009-2014 States Strategic Plan, Priority 7 - Protect the Public and Keep our Community Safe, and the challenge for the future will be to ensure that its work remains aligned with future strategic priorities, especially in light of the continuing reduction in overall crime, the reduction in youth crime and Youth Court cases, and the success of the work of various initiatives supported by BaSS.

This report is a shorter report than in previous years and only covers a snapshot of the initiatives which contribute to community safety in the island. The reason for this is twofold:

- The CSR savings have resulted in a reduction in executive support. This has meant that the time spent on compiling reports and conducting research has had to be reduced. However, it has also meant that the funds have remained concentrated on frontline rather than administration staff.
- The previous reports have given a comprehensive overview of the work being undertaken and remain an excellent resource in their own right. However, this report will concentrate more specifically on those projects which are funded by the strategy whilst still providing an over-view of the overall outcomes for Jersey from the investment.

The following pages include:

- A report on the projects which contribute to the overall outcomes of a safe and caring community and reducing the harm caused by drugs, alcohol and solvents.
- Executive support and budget

# Strategic Priority 1.

***To create a safer environment by reducing crime, public disorder and anti-social behaviour.***

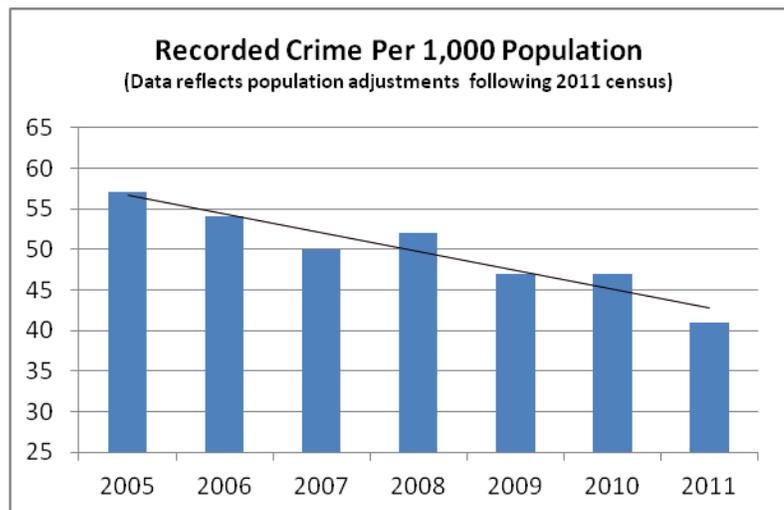
*“Crime, disorder and anti-social behaviour are of major concern to local people. The perception is that Jersey has an increasing crime rate, especially in relation to youth crime and anti-social behaviour. The reality is that since 1999, recorded crime has reduced quite markedly.*

*This has been achieved through a great deal of hard work and commitment from a number of agencies and individuals in the public, private and voluntary sectors. This part of the strategy aims to build upon that success” (BaSS Strategy, 2005-09)*

In general Jersey is a very safe community with the numbers of crimes recorded by the States of Jersey Police (SoJP) remaining low.

3,976 crimes were recorded in Jersey during 2011, representing a 13% decrease compared to 2010.

This was the biggest percentage reduction in crime recorded in a single year in Jersey since the adoption of the National Crime Recording Standard 10 years ago, taking the annual total below 4,000 for the first time in that period (SoJP, 2011<sup>2</sup>)



Reducing crime, public disorder and anti-social behaviour is a key performance indicator for Bass. The fact that recorded crime has reduced so significantly can only be seen as a success for all the agencies involved.

<sup>2</sup> States of Jersey Police Annual Report , 2011  
<http://www.jersey.police.uk/about/ReportsDocuments/Pages/AnnualReports.aspx>

## ***Engaging with the community:***

*“It is now commonly acknowledged that successful neighbourhood crime reduction means putting communities in the driving seat. Resident participation is needed at all stages, from identifying problems and agreeing priorities, to developing and delivering solutions and tracking progress. Achieving this is extremely difficult in neighbourhoods that often have little history of community development, a track record of bad relations with local public services, where residents are cynical that matters can improve and States departments have a poorly developed notion of how to engage with the community.” (BaSS Strategy, 2005-09)*

The SoJP is using a policing style that aims to engender public confidence with an emphasis on high visibility policing, including the introduction of the Town Policing Unit, police cycle patrols and the return of police motorbikes. In addition they have begun community policing in the parishes. (SoJP, 2011<sup>3</sup>)

According to the Jersey Annual Social Survey (JASS) 2010 – 87% of people said they felt very or fairly safe in their neighbourhood. This is a reflection of the fact that Jersey is on the whole a safe place to live and, whilst the social survey was not carried out in 2011, it will be interesting to see if there is an increase in the perception of safety in 2012 following the changes in the policing methods and the large reduction in recorded crime.

One of the initiatives aimed at engaging more fully with our local community and trying to make people feel safer in town at night is the ‘Safer St Helier’ Community Partnership (SSHCP). The SSHCP is led by members of the community, focuses on issues that are most relevant to the communities in St Helier and seeks to implement solutions that are both practical and sustainable for those communities.



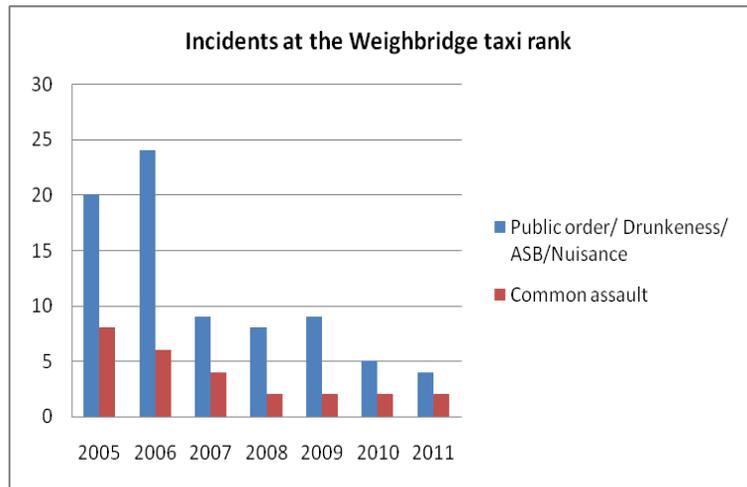
The SSHCP has developed a number of partnerships with statutory agencies, community groups and private sector businesses and has been involved in setting up, monitoring and evaluating the ‘Q-Safe’ Taxi Marshal Scheme – in partnership with Home Affairs (HA), Transport and Technical Services (TTS), the Parish of St Helier, the Jersey Hospitality Association (JHA), local businesses and taxi drivers.

Q-Safe is extremely effective and, as it is monitored and evaluated, can show success. It improves the environment in St Helier and around the Weighbridge and helps to keep the community safe. The cost to the tax and rate payer has been kept to a minimum. More taxi drivers use the rank on the nights when the marshals are on duty because they feel safer and the benefits to the businesses have been a much more orderly dispersal away from the Weighbridge area. In addition, customers and visitors are far more likely to visit St Helier on a Friday or Saturday evening if they are confident of a trouble-free and orderly transport solution at the end of the evening.

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<sup>3</sup> States of Jersey Police Annual Report , 2011

'Q-Safe' has been in place since 2007 and there can be little doubt that it has been hugely successful; reducing the anti-social behaviour in St Helier, and improving the quality of life of those living, working and using the area, exceeding the expectation of travellers and taxi drivers. It has, according to SoJP statistics, reduced levels of crime and disorder at the Weighbridge by ½ since 2008 compared to the previous 3 years. There have also been 60% fewer assaults at the Weighbridge rank in the same time.



Feedback has also been received from the SoJP, the Honorary Police, taxi drivers and other members of the public which has been extremely positive. The scheme won the St Helier Social Responsibility Award in 2008 and has received recognition by the National Community Safety Network in the UK.

Funding for the 'Q-Safe' marshals has been through an ongoing round of negotiations with various partners and SSHCP have raised funds through an innovative partnership providing advertising on taxis which was launched in August 2009 by the then Chief Minister, TTS Minister and representatives from Barclays Wealth and other business partners.

In April 2011 sustainable funding was sought from a partnership arrangement between SSHCP, HA, the Parish of St Helier, the JHA and the Jersey Taxi Drivers Association together with input from businesses like Collins Stewart Wealth Management. This has sustained funding but negotiations for future funding will need to be re-opened.

## **Identify Hotspots and Target Offenders:**

*“In Jersey, as has been found in other countries, some neighbourhoods tend to suffer higher levels of crime and anti-social behaviour than others. It is also true that a large proportion of crime is committed by a small minority of offenders. This objective will use the National Intelligence Model and the tasking and co-ordinating process to identify ‘hotspots’ of crime and anti-social behaviour. It also aims to target prolific offenders by the use of intelligence sources.”* (BaSS Strategy, 2005-09)

## **Anti-Social Behaviour**

In 2010/2011 much of the work of BaSS was aligned to the States Strategic Plan, Priority 7 “Protect the public and keep our community safe”. Following research into anti-social behaviour (ASB) in the Island, a special partnership project was commenced with the aim of forming a multi-agency group to address ASB. An Anti-Social Behaviour Intervention and Prevention (ASB) Group was formed with members from HA, H&SS, ADS, ESC, SoJP Housing, the Bridge and Honorary Police.

The ASB Group felt that it was important that its work did not have a detrimental effect on the public’s fear of crime by exaggerating the problem of ASB and although it recognised the real problems that ASB can cause for those blighted by it, they did not see that ASB was in itself a significant Island-wide problem at this time.

It was important to define what was understood by ASB and the group agreed a definition similar to the present UK Crime and Disorder Act definition with additions about communities and environment:

*‘Acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household or to local communities or the environment.’*

It was felt this definition was sufficiently broad as to enable a wider interpretation of how interventions could be targeted and that the definition recognised that it was the effect of the behaviour rather than the behaviour itself that was oftentimes more important.

It was decided that it remains the responsibility of local groups and individuals to deal with localised issues and, in the first instance, this should always be the response. The Group together has experience of many Island-wide problems and will provide advice or action if it is appropriate. The ASB Group therefore determined to carefully assess future work streams to ensure that only those problems that fall within its terms of reference will be dealt with.

During 2011 the ASB Group successfully addressed issues at Les Quennevais Sports centre, Parade Gardens and the Millennium Park. It also submitted a joint response to the Scrutiny Report – Policing of Beaches and Parks as there were frequent references to ASB.

According to SoJP statistics, ASB incidents have been reducing. Although public perceptions of safety have remained high in Jersey since 2005, according to JASS 2010 a greater proportion of people believe their neighbourhood to be “very safe” in 2010, 41% compared to 36% in 2005.

## **Policing Style**

During 2011, States of Jersey Police:

- consolidated and improved their new geographic policing model based around five geographic areas – St Helier, St Saviour, West (St Brelade, St Peter, St Ouen) East (St Clement, Grouville, St Martin) and North (St Lawrence, St John, Trinity, St Mary)– with a view to enhancing community engagement, reassurance and problem-solving initiatives in their designated areas.
- increased the number of foot patrols and introduced cycle patrols to increase police visibility, deter crime and ASB and increase public confidence and community intelligence.
- introduced new processes to identify and engage with vulnerable individuals and communities who frequently call upon Police assistance because of crime and ASB.
- continued a major project to introduce new call-handling processes which will improve incident response and management.

## **Prolific Offenders**

The SoJP strategy is to identify and target the prolific offenders who are responsible for a disproportionate amount of crime in Jersey. The more effective they are in limiting the activities of these individuals, the safer our community will become. This intelligence-led approach identifies key offenders who are of current concern and makes them a priority for targeted police effort (SoJP, 2011<sup>4</sup>)

## **Night-Time Economy**

It is important to reiterate that Jersey still lacks a strategy to manage and develop its night-time economy (NTE). However, work has been continuing to develop a new Alcohol Strategy. An intrinsic factor to all of the issues in the NTE is a legislative framework that encourages social responsibility. Work on the review of the Licensing (Jersey) Law 1974 has been in process since 2009 conducted by EDD. EDD intend to publish an analysis of the policy statement about the new legislation in 2012, with a view to undertaking law drafting. EDD are working with H&SS to reach a common understanding in respect of the effects of alcohol on the community, as reflected by the number and type of licensed premises. The States Economic Advisor has provided a report with an analysis of the situation.

## **Public Protection**

Jersey's Multi-Agency Public Protection Arrangements (JMAPP) was implemented in 2011 when the Sex Offenders (Jersey) Law 2010 came into force. In pursuance of Article 28 of that law, arrangements to assess and manage sexual, violent and dangerous offenders, together with potentially dangerous persons were made. The purpose of JMAPP is to protect the public by reducing the offending behaviour of sexual and violent offenders.

94.6% subjects dealt with via JMAPP have not been convicted for further offending. Of those that did re-offend, none of the convictions during 2011 fell within the criteria for a serious further offence as detailed in the MAPP Guidance 2009, Version 3.0.

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<sup>4</sup> States of Jersey Police Annual Report , 2011

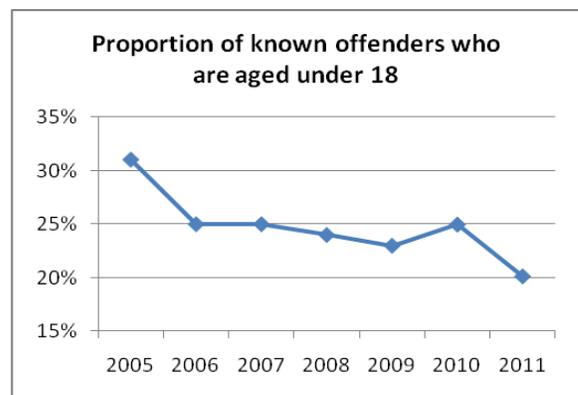
## ***Invest in Young People in order to reduce the likelihood of Future Criminality:***

*“The vast majority of our young people are law abiding and do the island a great deal of credit. However, there is a significant minority who engage in criminal and anti-social behaviour. As has been shown in other countries, approximately 40% of all recorded crime is committed by young people aged 10-18. The majority of these offences are committed by a small group of persistent offenders. The aim of this objective is to prevent young people from offending in the first place, deal effectively with those that do offend and ensure that every effort is made to stop young people from becoming persistent offenders” (BaSS Strategy, 2005-09)*

### **Youth Offending**

The proportion of known offenders who are under the age of 18 reduced between 2005 (31%) and 2011 (20%), whilst the proportion of 14-17 yr olds who have committed an offence, from the total population of that age group, is about 3.1%.

There are many agencies working together to address the issues that cause offending and try to prevent those that do from re-offending, one of which is Prison! Me! No Way!!! (PMNW)



### **PMNW**

The aim of PMNW is ‘To raise the awareness of young people in the Island about the causes, consequences and penalties of crime, by using a non-threatening and non-lecturing style of education. We hope to dissuade young people away from a life of crime, by using a multi-agency approach, which will give young people information enabling them to make informed life choices; to help them grow into responsible citizens; and hopefully reduce the devastating effects of criminal behaviour on society.’

In 2011, 5914 students were reached by PMNW.

PMNW deliver:

Crime Awareness Days – Secondary School Programme

Your Choice – Primary School Programme

Community Awareness Days –In partnership with States of Jersey Housing Department

Outside these programmes the PMNW Co-ordinator also works in partnership with the Heads of PSHE in our schools to design and deliver individual lessons suitably tailored for each year group from Year 7 up to and including Year 13. The subjects include: Crime & Safety Awareness, CEOP Internet Safety, Attitudes to Crime, Bullying / Violence, Alcohol, Drugs and

the Law, Prison Life, Citizenship / Attitudes, Drink-Driving Awareness, Drugs Awareness, ASB.

All lessons are designed in line with PSHE (Personal, Social and Health Education) to ensure consistent, factual and relevant, age-appropriate information is disseminated to students.

PMNW also visits youth clubs to talk about ASB and drugs.

There is anecdotal evidence from young people to demonstrate that the PMNW Jersey scheme does produce results. There has also been some extremely positive feedback from parents, students and schools who have participated in the Crime Days and Your Choice Days, completed PMNW Jersey structured feedback forms and created student project books to demonstrate that the scheme does indeed have a positive impact on the morals and values of these young people.

### **Mainstream Nursery Project**

International research has shown that quality pre-school day care can have a significant impact on a child's development. This is particularly so for the most disadvantaged and vulnerable children. If risk factors such as social exclusion, poor emotional and behavioural development, absence of parenting skills and parent/sibling substance misuse can be mitigated, the risk of a child becoming involved in crime, drugs and ASB is minimised.

The Mainstream Nursery project provides funding for vulnerable children, enabling them to access quality nursery provision. The aim of the project is "to increase the number of nursery placements available for Social Services' clients by enabling the referral/transfer of children to mainstream nurseries, with appropriate levels of advice and support". It enables 'children in need' to access mainstream nursery provision in Jersey in order to promote the following:

- Self-esteem, individuality and the development of both autonomy and co-operation.
- Develop all areas of the child's development – emotional, social, cognitive and physical.
- Positive behaviour by praising the child and acknowledging kind, considerate, and caring attitudes/actions displayed.

These qualities, and the appreciation of respect for property and towards other children, will help the child to develop positive attitudes/values which they will be able to carry forward in the future.

Although the project is for under 5's, there are more referrals for children aged 3 and under. (This could be due to the fact that once a child reaches the age of 3+ they are eligible for a school nursery place). However finding mainstream nursery provision for the under 3's is more difficult as that is the age group most in demand.

Children only attend on a part-time basis as it is important that they spend time with their parent/s in order to maintain attachments. At times it is the parent who requires 'educating' in what is needed for their child to reach his/her full potential. The offer of a nursery placement enables the parent to attend targeted or universal parenting programmes. Previous information has evidenced that, through attendance on courses, parents have indicated they are better equipped with strategies to deal with issues such as challenging behaviour.

Between January 2006 and October 2011, a total of 59 children have been funded through BaSS.

Feedback from head teachers has suggested that, by attending a mainstream nursery provision whereby there is early identification of future needs for the child, has helped his/her transition into the school, therefore helping the child to reach his/her full potential.

## ***Involve and support parents and guardians:***

*“The aim of this objective is to ensure that parents are provided with the support necessary to develop skills, which help them to successfully provide care, appropriate supervision and guidance to their children. This particularly applies to vulnerable families.” (BaSS Strategy, 2005-09).*

Parenting is one of the key protective factors in young peoples’ lives, but it has also been identified as one of the key potential risk factors. In other words, harsh or erratic discipline, poor supervision and conflict at home are risk factors increasing the chance of offending or ASB, whilst positive and consistent discipline, constructive supervision and warm and supportive parent- child relationships, reduce those chances.

### **Parenting Programme**

The parenting programme which takes place at The Bridge continues to attract more and more parents including referrals from various services and self-referrals. The Parenting Programme Team provide sessions about alcohol, drugs and sex as part of the course.

Research shows that young people whose parents talk to them are less likely to become involved in risky behaviour. The aim of the sessions is to increase parents’ knowledge and skills to talk to their children about difficult issues. These sessions form part of the programme which deals with communication, boundaries and negotiations and, whilst information is given in various interactive ways, the emphasis is on how the parents will talk to their children. Feedback from the parents themselves shows they find this helpful whilst recognising that these are emotive issues which are not always easy to broach in a positive manner.

For example when asked:

"Is this course making a difference on how you discuss difficult issues with your teen, such as sex, drugs etc?"

Parents responded:

"Yes the messages are really helpful"

"I am finding it easier to open up as before I was scared of what to say"

"It feels we are now meeting half way instead of me doing all the talking"

"I am finding I am less dictatorial and able to listen to what they are saying"

"I feel the softer approach often has a bigger impact"

### **Universal Provisions Project**

The Universal Provisions Project provides children and young people who have been identified by the Children’s Service as ‘children in need’, with continued support and focus by engaging them in some form of main stream activity or learning provision.

The rationale is two-fold: to provide the individual with some positive focus and to support the family by providing respite and financial support to maintain the placement. The aim is to

prevent crisis situations arising by providing support for the child and family and a degree of monitoring throughout the project.

Children and young people are referred for a multiplicity of reasons: they often come from complex and difficult social backgrounds; the family is usually economically deprived; and poor behaviour issues either exist with the child or within the family. Factors such as, health issues within a family, the existence of multiple siblings, poor living conditions, poor parenting experiences, no access to transport or the existence of abuse within the family home often mean that without the support from BaSS access to universal provisions would be extremely limited for those 'at risk' families.

For families whose situations pose a low level of risk, the fact that the child is receiving support and a degree of monitoring through the project often enables the social worker to close the case and focus on higher risk cases. Requests for after-school, provision and holiday scheme cover are assessed and supported as appropriate and within the limitations of budgets

### **Preventative Focus Work Project**

The number of referrals to the Preventative Focus Work Project was significantly down for 2011. This is a reflection of the changes being made within the Service as a whole and the relocation of the Grands Vaux staff team to other teams within the Children's Service. Nevertheless, the service continues to deliver focus group work for children in need of services and accessing universal provision.

The service continues to review requests for after-school, provision and holiday scheme cover. These requests are assessed and supported as appropriate and within the limitations of budgets. BaSS funding allows this type of service to be delivered to families in need again preventing crisis situations arising.

In addition to the after school provision, currently there are a number of preventative focused work initiatives being delivered by the Children's Service.

- Forest school - work with two children with the emphasis on self-esteem and working with the environment.
- Another family with four children have been provided with resources to access universal provision during the school holiday's in addition to focused work.
- Focused work has been undertaken with a young person who was at risk of entering the criminal justice system. It is hoped that this focused work will reduce the risks of re offending. Other projects have included a young female who was an offender but has not offended for a while.
- There have been two groups run with the focus on sexual exploitation and risks in the community. The two groups comprised of approximately 10 females.

## ***Minimise the harm through support to victims:***

*“Minimising the harm to victims is central to the success of this strategy. Building on the previous crime and community safety strategy, this strategy intends to ensure that anyone who becomes a victim of crime has access to the appropriate services in order to minimise the effect that crime and anti-social behaviour has upon them and their family.” (BaSS Strategy, 2005-09)*

### **Domestic Abuse**

Domestic abuse often takes place behind closed doors and is not reported to the Police. Nevertheless, domestic violence accounted for over 30% (41) of the serious assaults recorded in Jersey during 2011. This is up compared to the 35 such incidents recorded in 2010.

In 2011, about 9% of recorded crime was linked to domestic abuse, including over 30% of all violent and sexual offences. Overall, the SoJP attended 1,011 domestic incidents.

During the year, they introduced a significant change in emphasis in domestic abuse investigations from one which was seen as being predominantly ‘victim’ centred to one which focused on challenging offenders. There is a range of evidence that can be collected by officers to support a prosecution and, by placing the suspect at the centre of the investigation, a case can be built which does not solely rely upon the willingness of the victim to give evidence.

The impact of this change in policy is evident from the prosecution rate. In 2010, the SoJP prosecuted 33% of domestic-related crimes but this increased to 41% in 2011 (SoJP, 2011<sup>5</sup>)

In 2010, according to Home Office figures, in the UK there were over 1 million female victims of domestic abuse, 101 women were murdered by their partner/ex-partner, 300,000 women were sexually assaulted and 60,000 were raped. It is estimated that the minimum cost of providing statutory support in the UK, including health, social and legal services, to female victims of violence is £35.7bn annually. Notably, these figures do not include the substantial number of victims who never report such crimes.

Recent research has shown that domestic violence costs UK business approximately £3 billion pounds per year. Whilst the cost is obviously lower in Jersey, it will still be significant. Typically, these costs are incurred through lower productivity, increased absenteeism and higher stress levels as a result of experiencing domestic violence. (ADAPT<sup>6</sup>)

### **Jersey Domestic Violence Forum**

The Jersey Domestic Violence Forum are reviewing and updating the Domestic Abuse Strategy. There has been a concerted inter-agency effort to combat domestic violence in Jersey involving agencies like the Woman’s Refuge, the SoJP, and the Domestic Abuse

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<sup>5</sup> States of Jersey Police Annual Report , 2011

<sup>6</sup> ADAPT Domestic Abuse Programme Report 2011

Perpetrators Programme ( ADAPT) for men run by the Jersey Domestic Violence Forum in partnership with Hampton Trust and Probation. The most dangerous domestic violence perpetrators are managed through the newly created Jersey Multi-Agency Public Protection Arrangements (JMAPPA) system.

## **ADAPT Programme**

The ADAPT programme which commenced in January 2007 consists of a 30 week group work course. The sessions are divided into 5 modules each lasting 6 weeks: Physical Abuse, Sexual Respect, Emotional Abuse, Domestic Abuse and Children, Rebuilding Trust and Respect. It continues with an increasing number of males who have been assessed as appropriate to enter and participate in the programme. The number 'graduating' each year has been increasing and feedback to-date has been positive. The programme consists of 30 two-hour sessions for perpetrators.

A total of 74 men have started the programme since its inception with over 65% completing. A strength of the programme is that it can take referrals, not only from the courts, but from a wide range of agencies. Reconviction rates for men who complete the programme are low. Similarly the number of police call outs to these men in relation to domestic violence incidents is also low. It is acknowledged, however, that domestic violence is an under-reported crime and great caution needs to be attached to any claim of 'success'.

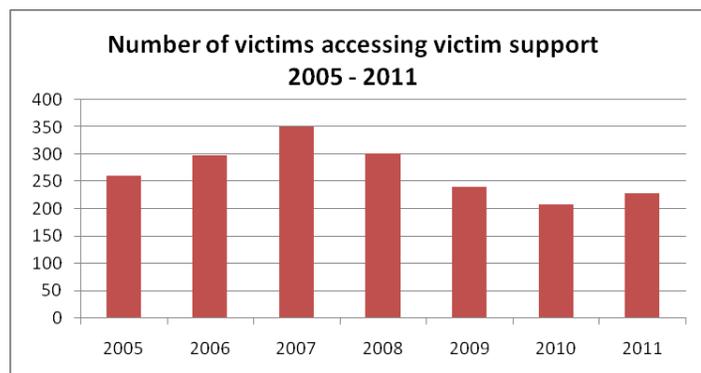
Victims are offered contact by a Women Support Worker throughout the duration of the programme and afterwards if appropriate. An evaluation was commissioned about any changes in the behaviour of men following completion of the programme. 15 interviews were conducted with victims who were able to be contacted.

Women's Refuge continues to offer residential places for abused women and children as well as offering outreach counselling/support services. The Refuge continues to be busy and has been full on several occasions.

In June 2011, the Jersey Domestic Violence Forum co-operated with Victim Support to organise a conference in which a key note speech was given about male victims. A Helpline exists for male victims in Jersey.

## **Victim Support**

Victim Support aims to provide practical and emotional support and advice to victims of crime and witnesses. In 2011 there was a slight increase in the number of clients accessing Victim Support compared to 2010 along with an increase in the number of contacts with clients in both



Victim Support and Witness Service. They recruited and trained another 9 people to become volunteers and held the second Inter-Island Victim Support Conference here in Jersey.

The majority of their referrals come from the police and through self-referral. Victim Support also helps male victims of domestic abuse. Victim Support assisted following the deaths of 6 people at Victoria Crescent in August, 2011. They supported the family, witnesses and members of the public. Giving help to clients was in the form of disseminating news and developments, liaising with the police and giving assistance in dealing with the media along with emotional support.

The Witness Service for the courts is also run through Victim Support and includes pre-trial visits and supporting a client through court. The Witness Service has seen an increase in the number of people supported through the court system compared to the previous 2 years. They are now working more closely with the Police through the new Witness Care Unit, to ensure Victims and Witnesses get the best care possible. Although, so far, they haven't supported any defence witnesses they are very happy to do so. In 2012 they will be informing more defence advocates about the services.

### **Restorative Justice**

The Restorative Justice (RJ) Initiative operated by Probation and in partnership with Parish Hall Enquiries continues to be very successful at bringing victims and offenders together and ensuring reparation. All those involved express satisfaction with the process.

A summary of the contacts in 2011 reveals RJ officer involvement in relation to 72 clients across the spectrum of supervision types and pre-court sentencing. This includes 14 face to face direct apologies plus 2 additional meetings with victims involving a witness and an offender's mother. All victims indicated that they were satisfied with the process. The demand for the service remains and restorative justice has been used in some parishes to great effect and has been found by the chefs de police involved to be a very useful process.

26 offenders both in custody and on Probation Orders completed Session 5 of the Core Offending Programme on RJ -Victims and Making Amends. There have been approximately 50 other RJ initiatives including work at Parish Hall Enquiries, letters of apology and compensation paid to victims or work within the community and, as recommended in the Youth Justice Review, negotiations are ongoing with ESC to implement RJ across the secondary schools and also involving children's homes and other agencies.

In 2011, multi-agency work has continued across States Departments and the RJ officer has worked closely with various secondary schools where offences including grave and criminal assault and malicious damage have resulted in face-to-face apologies and work carried out to make amends.

*Two males appeared at Youth Court for various malicious damages committed over a period of time. The Magistrate decided to use RJ before sentencing due to their remorse and attitude. The two youths met and apologised face to face to all of their victims and made amends to each of them in their school holidays. This involved spending a morning with the Housing Department, power washing a summerhouse which they had damaged, with very satisfactory outcomes for all involved. The Magistrate was encouraged by their efforts and asked that his thanks be passed onto all the victims concerned for participating in the scheme.*

## ***Reduce Re-offending:***

*“According to international and local research nearly half of all crime committed by males is the result of repeat offending. Thankfully, only a small minority of offenders will go on to re-offend. However, by focusing on those that do, we can make a significant contribution to the overall aim of reducing crime and anti-social behaviour.” (BaSS Strategy, 2005-09).*

### **Basic Skills Scheme**

Research from studies in the UK, Europe and Canada has highlighted that offenders often display a disproportionately poor level of basic skills when compared to the general population. These difficulties can result in a myriad of problems including poor employment/training prospects, a lack of self-esteem and difficulties in sustaining relationships. It was decided that the Jersey Probation Service would undertake similar research in order to acquire information about the levels of literacy, numeracy and dyslexia amongst its caseload and to develop strategies to deal with any emerging trends

In 2001 a piece of research was commissioned by the Jersey Probation Service which involved screening all offenders who came into contact with the Probation Service. The following results revealed some of the difficulties on the Island:

- Nearly 30% of offenders had such poor or very poor reading skills (below level 1) that they would have significant problems in the workplace.
- This group were more likely to be heavily convicted and represented higher rates of unemployment.
- Over 70% of offenders have poor or very poor writing skills. This was particularly the case for males.
- Over 61% of offenders have poor or very poor number skills.
- 26% of this cohort was regarded as at risk of being dyslexic.

Based on this study the Probation Service began a partnership with Highlands College to train tutors to work mainly in the community although they have also been utilised in the Prison. Probation standards have been changed in order to promote the development of literacy skills. All offenders undergoing a Probation report are screened for basic skills levels (unless they are at school) and are encouraged to address these problems when supervised on a Probation Order.

The Basic Skills Scheme is administered by an Assistant Officer and close links are maintained with Highlands College who advise tutors where appropriate and this has been of enormous benefit. Addressing basic skills remains a fundamental issue, not only for those in education, but for those interested in promoting citizenship and a safer society. During 2011, 14 clients have received tutor support and a total of 67 tutor sessions have been delivered by the team of 5 volunteer tutors.

Literacy and numeracy options are also being accessed in conjunction with Workwise and Highlands which has provided a wider range of basic skills options to offer to those clients who have needs in these areas. However, some individuals are uncomfortable in a group

setting or may not fit the particular agency's criteria, for example young, school age teenagers. There is therefore still very much a place for individually based tutor sessions that we are able to offer clients in order to help them improve their life chances and so contribute to a reduction in their risk of re-offending.

As well as clients on Probation, those assisted have included individuals released from HMP La Moye, either on a young offenders licence or voluntary after-care. The type of assistance is varied, ranging from individuals who want specific help with things, such as form filling and CV writing, to more general work in order to improve their reading and writing skills and building confidence in these areas.

Some examples of the type of work carried out by the tutors were:

5 clients receiving tutor support, one client receiving help with his driving theory test. He felt that he would be in a better position to find work if he had his driving licence.

Another 14 year old client who can now tell the time quite reliably, spell his full name and address and knows and can almost spell all the months of the year. This young person lives in shared care and had been struggling at school.

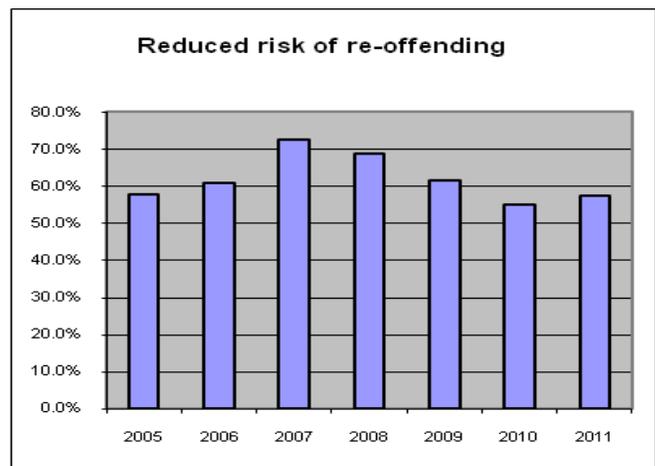
An 18 year old, who had brain surgery as a child which affected thought processes and thinking skills, is also currently receiving tutor support.

A 36 year old, receiving voluntary after care after being in prison where he completed his Level 1 maths certificate, is receiving tutor assistance in order to achieve his level 2 certificate.

## Risk of Re-Offending

The figure for those who reduce their risk of re-offending after being on probation in 2011 was 57.45%. This shows that the majority of Probation clients are reducing their risk of re-offending by the end of their Probation Order. The Probation and After-Care Service works pro-actively with other agencies involved with the criminal justice system including the Prison and SOJP but also with other partners like Housing, Health and Social Services and work schemes on various initiatives designed to provide people on probation orders with options to prevent them re-offending. The risks

of re-offending are measured using a validated measurement scale called the LSI-R which scores people's level of risk of re-offending according to various categories including attitudes, personality, personal history and other social and psychological variants.



## **Prison Education**

The Education Department at HMP La Moye offers opportunities in vocational training in areas such as carpentry, educational introductory courses in areas such as IT and English, and the opportunity for prisoners to apply for funding for diplomas. The majority of prisoners are involved in academic or vocational courses to attain qualifications with a view to helping them get a job when they are released.

## Strategic Priority 2.

To provide people with opportunities to develop their potential as lifelong learners and active and responsible members of society.

### ***Invest in Personal, Social and Health Education and Information in Order to Promote Self Esteem and Responsible, Healthy Citizens:***

*“The aim of this part of the strategy is to provide a long-term programme for building a community where people are valued, respected and encouraged to achieve their full potential. This is a long-term programme and it is unlikely that we will be able to show any significant results for a number of years. However, by basing our interventions on projects that have been shown to work elsewhere in the world we can be confident that we are moving in the right direction.”*(BaSS Strategy, 2005-09).

#### **Move On Youth Project**

The Move On Youth Project is a well established project within the Jersey Youth Service which reaches out to young people on the streets of St Helier. It targets hard-to-reach young people who are vulnerable and potentially at risk.



Street-based youth work (SBYW) involves youth workers working with young people wherever they may meet. The work is often free from many of the constraints of building-based work. The flexibility of the approach makes it ideally placed to develop learning opportunities with those who, for whatever reason, are not using or failing to access other youth provision.

The youth work curriculum begins by identifying young people’s needs and then developing a structured process of youth work to meet those needs. It also helps youth workers to encourage young people to try new things, develop new skills, make informed decisions and be acknowledged for their achievements.

The youth work curriculum is not designed around subjects that youth workers wish to ‘teach’ young people. Rather, they are based upon some of the identified developmental needs of young people – to be actively involved, to be supported, to be informed, to achieve, to be creative and to be challenged.

The SBYW have contact with around 1000 young people per quarter and have conversations which cover, health and well-being, being safe and informed, learning through Involvement, community engagement and awareness and skills for the future.

November 2011, saw the opening of the new Millennium Park, and the SBYW were involved in a very successful opening evening using the mobile unit to provide a youth work presence and also a stage and power for young people from La Motte Street to put on live music performances on both days. They have continued to take the mobile to the park on a Friday

evening. There has been a number of complaints/issues about young people's use of the park culminating in security guards being employed, SBYW have been involved in some of the crises meetings putting forwards young people's perspective. Young people were observed to have generally been very well behaved, with very little drinking in evidence.<sup>7</sup>

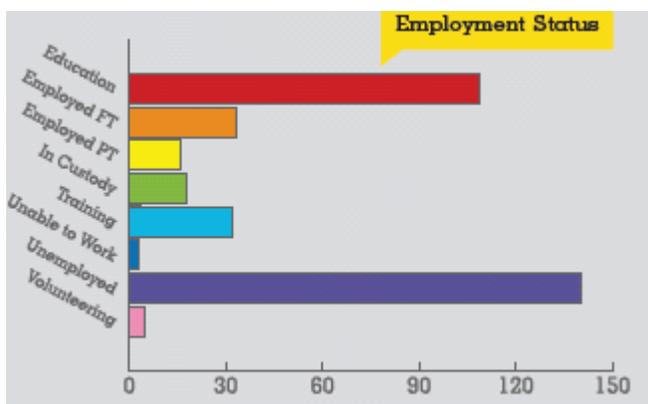
## Youth Enquiry Service

The Youth Enquiry Service (YES) offers a drop-in service to support young people aged 14—25 with any issue that affects them. Young people can access free, independent and confidential advice, information and support in addition to the 1:2:1 Counselling Service.

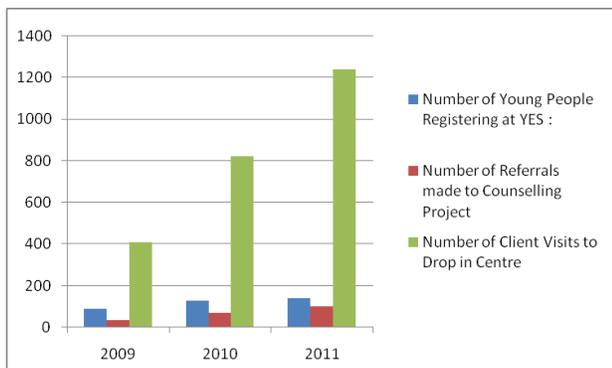
This project was initially based at Minden Base but, in 2009, the YES Project was launched with Gibber Theatre Company doing a tour of schools, colleges and youth centres to promote the website ([www.yes.je](http://www.yes.je)) and information booklet which provide young people with access to information on a range of issues '24/7'.

The YES Drop-In Shop is now based at La Motte Street Youth Centre and has a full-time youth worker who manages the project, one part-time Assistant Youth Worker and a team of sessional youth workers and volunteers who have been trained to give information and advice. It is currently open 4 sessions a week for young people to call in to ask a question or talk to someone. There is also a website [www.yes.je](http://www.yes.je) and there have been 26,564 hits on the website over 3 Years.

YES works with young people on any issue, for example: homelessness, benefits, advocacy work, crime, education, parenting, leaving care, drugs and alcohol, issues around sexuality, emotional health, rights and responsibilities, relationships and sexual health. Statistics on demographics also show the employment status of those attending.



The 1:2:1 Youth Counselling Project through YES also provides additional emotional support for young people by appointment. It offers a free, independent and confidential counselling service to anyone aged 14 – 25. YES employ sessional counsellors who work flexibly as and when required by young people. Young people come to counselling with different issues and will be referred to a counsellor who will best meet their needs. All YES counsellors have an advanced counselling qualification recognised by an appropriate professional body.



Over the past 3 years the number of young people accessing the service has continued to

<sup>7</sup> Move On Youth Project Report, 2011

grow. Almost all their clients are repeat visitors. As well as providing the drop-in, work is also carried out in the Prison. Time is spent with the young offenders so they know what YES is and how they may be able to access it both while in custody and once released.<sup>8</sup>

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<sup>8</sup> Youth Enquiry Service 3 Year Report, 2008-2011

## ***Provide an Integrated Approach to Tackling Social Exclusion:***

*“The UK Government describes social exclusion as a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown. The most important characteristics of social exclusion are that these problems are linked and mutually reinforcing. Social Exclusion can only be tackled through multi-agency action.” (BaSS Strategy, 2005-09).*

There are many projects which tackle the social exclusion experienced by some in our society either deliberately or as an unintended outcome. Many of these projects are part of the core business of different agencies; others are funded by the strategy. All of these projects are concerned with working in a multi-agency environment at a grass roots level whilst receiving support through partnerships forged between agencies, whilst many voluntary agencies work tirelessly to tackle this in other ways.

### **Portuguese Offender Worker**

The aim of the Portuguese Offender Worker (POW) at the Jersey Probation and After-Care Service (JPACS) is to provide equal opportunities for the Portuguese community involved in the criminal justice system. Offenders can address their offending and family members/support networks can be advised and consulted. It was recognised that, before the introduction of this post, the JPACS had difficulties in working with some Portuguese offenders who spoke no English. Although they were able to complete community service, it was more difficult to provide a counselling service other than through interpreters who were not always available. In addition, evidence from other jurisdictions has shown that offenders respond more positively when a worker was aware of cultural and not just language differences.

The average caseload throughout the year has been 20. The majority of these have been in Prison although the POW offers a through-care service upon release. The POW has also written risk assessments for the Lieutenant Governor when deportation is being considered for Portuguese nationals, which has been a new stream of work since the post was created.

The POW also supervises clients on community orders. Six clients have successfully completed their Probation Orders this year with 4 out of 6 reflecting a lower LSI-R score meaning that their risk of reoffending has reduced.

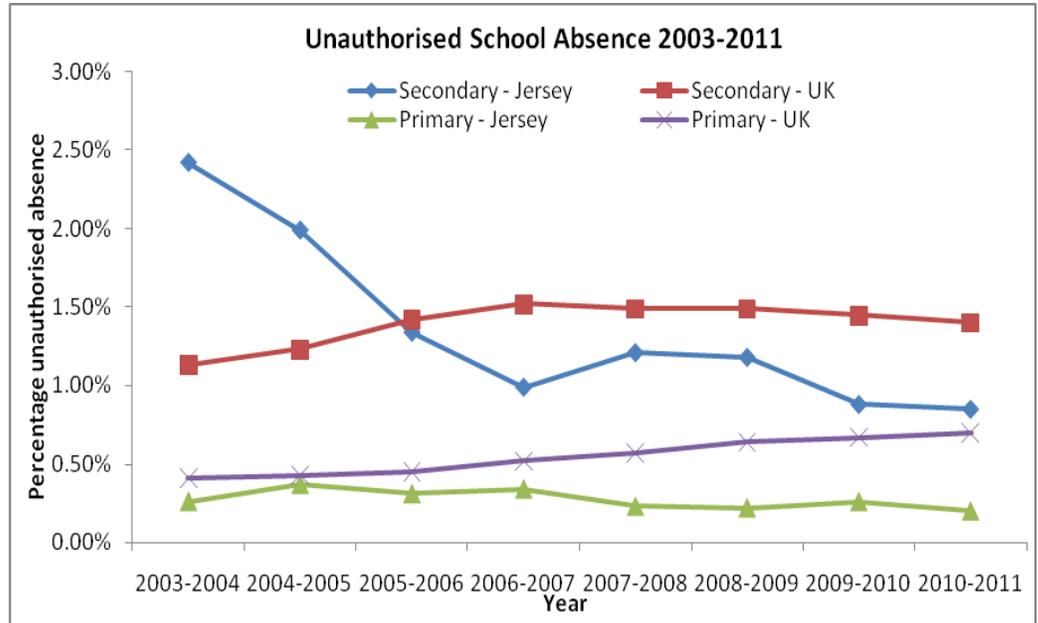
The POW attends court and Parish Hall Enquiries on a weekly basis. The initiative has proved such a success that, last October, the officer was invited to present a paper to a European conference in Lisbon where the work of the Jersey service was discussed.

### **Unauthorised School Absences**

Very often statistics like those shown here of unauthorised school absences provide a result, but do not adequately illustrate the hard work that has been going on in the schools and with their partners working with parents and young people.

It is well documented that there are extremely strong links between levels of absence at a school and levels of attainment, ASB and poor outcomes for young people.

This graph illustrates that there has been a dramatic downward trend in unauthorised absences in the last 7 years (03/04 – 10/11) in Jersey which compares very favourably with the UK



**To develop, provide and promote continuous opportunities for all members of the community, particularly those perceived to be at risk, to access healthy and interesting pursuits:**

*“Continuous development opportunities should be available to all citizens on an ongoing basis. In practice, this should mean that citizens each have individual learning pathways, suitable to their needs and interests at all stages of their lives. The content of learning, the way learning is accessed, and where it takes place may vary depending on the learner and their learning requirements.*

*Continuous development is also about providing "second chances" to update basic skills and offering learning opportunities at more advanced levels. All this means that formal systems of provision need to become much more open and flexible, so that such opportunities can truly be tailored to the needs of the learner, or indeed the potential learner.” (BaSS Strategy, 2005-09).*

### Community and Schools Sports

There are many initiatives contributing in many ways to this objective, an example is the Community and Schools Sports Department which aims to ‘ensure the young people of Jersey can be healthy, safe and reduce their potential involvement in crime and ASB.

Through the many partnerships that have been developed, the department is able to use statistics, anecdotal evidence and referrals by relevant agencies to ensure its work reaches those groups that are ‘most at risk’. It is for these reasons that some projects may reach 4 young people, whereas other projects may engage 104. Overall what is important is the barriers to participation are removed and young people are able to contribute positively to their community.

In 2011, the department had to use its resources effectively to provide extra courses for longer time scales. Through a partnership with State Street they were also able to absorb the costs involved and

#### Number of youth incidents recorded by States Jersey Police



deliver the most comprehensive programme to date thus enabling many young people to access positive activity which would have not been possible in the past.

Since 2006 the main focus of the Community and School Sports Department has been to promote social inclusion through sport and reduce the risk of ASB. It is therefore satisfying to report that the number of youth incidents reported to police has reduced each year and (as of 1st January 2012) has dropped by 58% (since 2006)<sup>9</sup>.

<sup>9</sup> Community and Sports Development Annual Report 2011

In 2011, the Community and School Sports Department:

- Made over 34,000 contacts with 'identified' young people and adults
- Secured over £20,000 in private sponsorship
- Delivered one of the UK's biggest golf festivals
- Attracted over 4,000 young people to Fort Regent
- Increased the number of holiday sessions delivered from 38 in 2010 to 72
- Increased the number of contacts at neighbourhood projects by 31%
- Assisted in reducing calls to police (regarding youths) for the fifth year in a row
- Has over 500 'friends' on Community Sports Jersey facebook page
- Helped to reduce conflict within the prison recreational environment
- Evening sessions at Clos Gossett regularly attracted 80-100 young people on a Wednesday night, this compared to 27 in the previous year.
- Increased the number of volunteers recruited to assist community projects

The community projects are aimed at promoting community citizenship and social inclusion to young people through sport. By ensuring sessions are accessible, attractive and reflect the diversity of everyone's needs, the Department is able to develop positive relationships with young people, residents and other community groups.

It is vital that we continue to involve as many people as possible in the planning process rather than assume we will always meet the needs of the community. Many methods are used to engage stakeholders; however a great success in 2011 was the 'Community Sports Jersey' facebook page which allowed many people to provide feedback on the work.

## **Strategic Priority 3.**

### **Reduce the harm caused by drugs, alcohol and solvents.**

Overall the evidence from the Alcohol and Drug Service (ADS) is that consumption of heroin has reduced in 2011. Anecdotally, the ADS clients are reporting less heroin on the streets; the use of needle exchange has dropped (page 42); opiate referrals - particularly new referrals to the ADS, have dropped (page 47); and rates of needle sharing rates did not increase (Page 42).

The value of drugs seized by the Customs and Immigration Service has reduced and their overall drug seizures have decreased by 7% from 2010 (page 52). In 2011, the SoJP were reporting an increase in synthetic drug use.

#### ***Invest in children and young people in order to reduce the likelihood of future substance misuse:***

*“There is widespread concern about the use of substances by young people in Jersey and recent findings from the Health Related Behaviour Questionnaire 2002 confirm that a significant number are experimenting with drugs and alcohol. It should be noted, however, that only a small percentage go on to develop substance misuse problems.*

*Certain groups of young people are more susceptible to the use of legal and illegal drugs. Research shows that children in care, school truants, those who are excluded and those who use legal drugs such as alcohol from an early age, are more likely to progress on to the use of illegal substances.*

*The most effective ways of reducing the harm caused by drugs and alcohol is to develop effective and evidence-based drug and alcohol education programmes that are delivered consistently throughout our schools, as well as increasing the opportunities for young problematic drug users to access treatment and support.” (BaSS Strategy, 2005-09).*

The strategy recognises the need to focus on the reduction of harm caused to both individuals and society by the misuse of drugs and alcohol. Providing education programmes and opportunities for our young people to understand the effects of drug misuse in order to enable them to make informed choices and facilitate successful transitions into adulthood, coupled with providing access to appropriate treatment and support for those who are problematic drug users, underpin this objective.

#### **Health Related Behaviour Questionnaire**

The Health Related Behaviour Questionnaire (HRBQ) takes place every 4 years and was repeated in April/May 2010. The survey findings have provided a portrait of, and trends in, young people’s attitudes and behaviours since 1996. The questionnaire is carried out in Year 6 in primary schools and in Years 8 and 10 in secondary schools. The reported findings are used to support a variety of Departments’ health promotion work with school age children.

The 2010 survey shows a continuing trend of improving health-related behaviours in young people. There are continued decreases in rates of smoking, drinking and drug taking. In addition to this, self-esteem remains high with 80% recording medium to high scores.

The fact that an increasing majority of young people are choosing not to smoke, drink alcohol or take illegal drugs supports the continued preventative efforts of parents and services. These seem to be having a positive effect.

The survey findings also show how certain health behaviours change as young people get older. This is particularly true in the case of tobacco and alcohol. As young people become older there are increases in reported drinking from 6% at 10-11 years to 12% at 12-13 years and up to 36% at 14-15 years. In addition, reported smoking is similar where less than 1% report smoking at 10-11 years an increase to 2% at 12-13 years and a jump to 12% at 14-15 years. These higher risk behaviours require targeted interventions to provide additional preventative support.

The HRBQ findings represent the only whole-island picture of young people's health. The data gained from the survey is a valuable source of information about what is happening within our local children's population. Gaining a clearer understanding of young people's health behaviours now will allow us to shape existing services and plan future provision and inform States policy and strategy such as the Children's and Young People Framework.

## **Personal and Social Health Education**

One vehicle for education of our young people into issues of substance misuse is tackled through the Personal and Social Health Education (PSHE) programme run in the schools. Running in conjunction with this are the alcohol and substance misuse programmes run by Prison! Me! No Way!!! PMNW deliver interactive group sessions for Year 8 and stand alone lessons in each school as follows:

Year 9/10: Legal consequences of the use of illegal drugs:

Aims:

- To look at some selected aspects of the Misuse of Drugs Law – including the classification of illegal drugs and how this is linked to sentencing for criminal offences such as possession and supply.
- To understand that 'legal' does not necessarily mean 'safe' – particularly in relation to the new 'legal high' substances that are deliberately made to fall outside of the Law.
- To understand the meaning of the principal offences including possession, possession with intent to supply and supply.
- To understand the principal Police powers under the Misuse of Drugs Law – stop and search, search of premises with a warrant.

Year 10/11/12: Awareness of the consequences of using illegal drugs:

Aims:

- To look at selected aspects of the Misuse of Drugs Law – including offences such as possession and possession with intent to supply.
- To update and refresh previous information regarding selected illegal drugs including cannabis, cocaine and heroin.

Year 11: Dangers of driving whilst unfit through drink / drugs:

**Aims:**

- To understand the provisions of the Road Traffic Law with regard to being unfit to drive through the effects of drink or drugs.
- To consider the effect consuming alcohol or taking substances has on the body (particularly related to vision) and how this then impacts on driving ability.

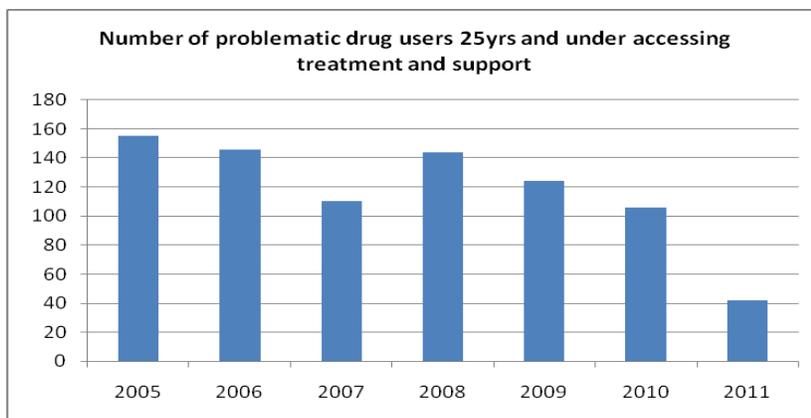
**Health Promotion Officer (Alcohol and Drugs)**

The Health Promotion Officer (Alcohol and Drugs) (HPO) aims to work on primary prevention and harm reduction targeted at specific population groups. Approaches include the development and provision of evidence-based specific resources, training and education. This is achieved by providing young people with information about health issues including alcohol in a number of venues/agencies across the Island so that access to information is wide and varied to reach as many young people as possible.

In 2011, the HPO worked very closely with the HPO for Sexual Health as research shows there is a definite relationship between alcohol and sex for most young people. The HPO has also been involved with developing the Start Thinking About Alcohol Risk Today programme [STAART]. This project is expected to be delivered in 2012 to year 7 school children through PSHE. The HPOs have also been working with the Alcohol Liaison Nurse ((ALN) in order to deliver the training to health professionals.

**Arrest Referral Worker**

The Arrest Referral Worker at the Alcohol and Drug Service enables young problematic drug users to access treatment and support. It is quite common for those 25 and under presenting to the Service to be experimenting with, and experiencing problems with, more than one substance. The arrest referral initiative is designed to access people who come in to police custody and through the Parish Hall Enquiry and refer them for treatment before they come in to contact with the courts.



As can be seen on the graph the numbers are diminishing year on year since 2008. The number of problematic drug users under 25 accessing treatment and support has diminished from 155 in 2005 to 42 in 2011. Due to sickness, this post has been inactive since the beginning of 2011.

**Court Liaison Officer**

The Court Liaison Officer (CLO) provides substance misuse education for all young people on Probation regardless of the reason for their order. This is based on evidence which suggests that most young people feel they know all they need to know about drugs and their effects but, in reality, have wide gaps in their total understanding of problems that can arise from substance misuse. The percentage of youths on Probation Orders receiving substance

misuse education remains at 100%. The work of the CLO also entails supervising those given Drug Treatment Orders (DTO) by the courts (page 42). The role is pivotal in ensuring the successful completion of those orders and the positive outcomes for the offenders in their reduced risk of re-offending (page 51)

### **Prison Alcohol and Drug Awareness**

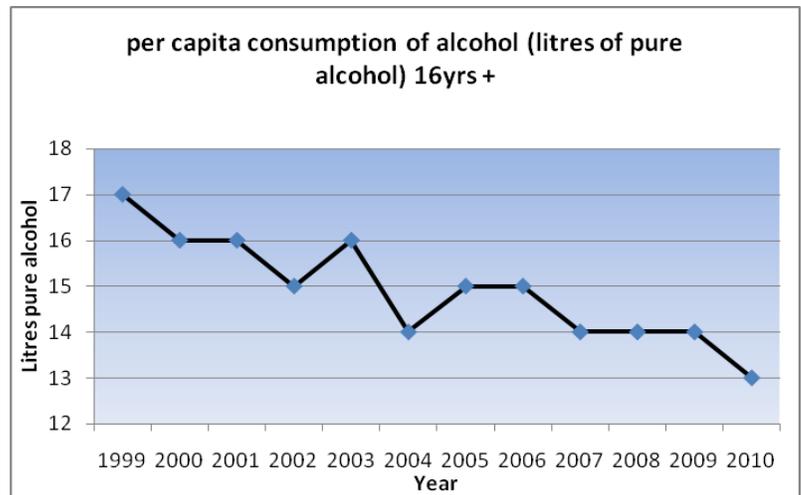
Young Offenders (YO) at La Moye Prison have the opportunity for sessions around alcohol and drugs conducted by counsellors from the Alcohol and Drug Service. All the YOs have engaged in one-to-one or group work, and attend the Drug and Alcohol Awareness Courses.

## **Reduce the inappropriate consumption of psychoactive substances:**

*“Overall levels of drug and alcohol consumption are associated with levels of harm. Correspondingly, an increase in consumption will lead to a rise in levels of harm. It is well recognised that the attainment of a drug-free society is not realistic and the development of pragmatic and sensible strategies are more achievable.*

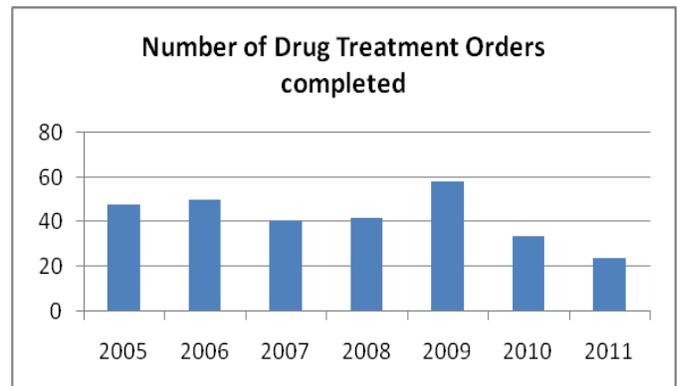
*The increase in the misuse of drugs and alcohol is regarded as a major public health problem that cannot be ignored. The health, social and economic problems associated with addiction to both legal and illegal drugs present a great challenge to us all. As a relatively affluent society, Jersey remains a vulnerable target for drug dealers who are looking for new drug markets. This strategy incorporates a number of treatment, prevention and law enforcement initiatives aimed at reducing the demand, supply and availability of illegal substances” (BaSS Strategy, 2005-09).*

The overall alcohol consumption per head of population in Jersey has fallen from 17 litres of pure alcohol in 1999 to 13 in 2010. This is a good outcome as it indicates that many of the initiatives around reducing alcohol consumption have been having some positive impact. However, we still consume high levels of alcohol compared to other countries and there are demonstrable increases in harms caused by alcohol.



The States of Jersey are in the process of developing a White Paper on a revised Alcohol Strategy and alcohol licensing policy both of which will be published for public consultation in late 2012.

The Court Liaison Officer plays a key role in helping to reduce the consumption of psychoactive substances. It is his job to see that those offenders sentenced to a Drug Treatment Order (DTO) comply with the terms of the order. There has been a continued reduction in the amount of offenders completing DTOs, with the final number of 24 being down on 2010's 34 which in turn was a significant decrease on the 2009 total of 58. In 2007 and 2008, 41 and 42 offenders completed their orders. This decrease appears to be related to the decrease in numbers of formal reports being requested by the magistrates.



## **Promote health-enhancing behaviours and reduce the harm caused by substance misuse:**

*“This part of the strategy promotes both preventative and supportive measures. It is hoped that by promoting and educating people about a healthier lifestyle they will be less likely to misuse substances. There needs to be equity of access to information and facilities to help all members of society feel socially included and valued.*”

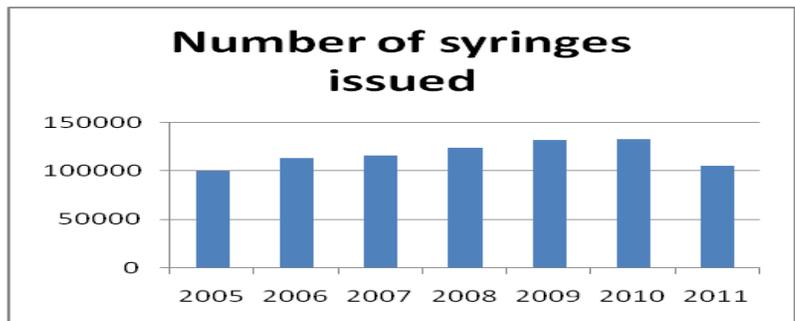
*The strategy focuses on society as a whole, but will specifically target those ‘at-risk’ or who are more vulnerable members within the community. For those who develop problems as a result of previous substance misuse, the strategy aims to support them through education and health awareness initiatives.”* (BaSS Strategy, 2005-09).

The Alcohol and Drug Service (ADS) provides pivotal services towards this objective.

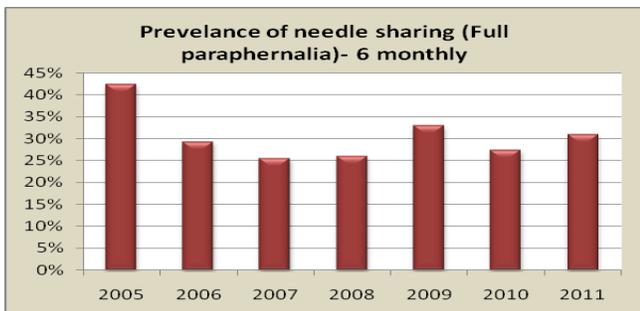
### **‘Fitpacks’ and Needle Exchange**

‘Fitpacks’ are sterile packs containing syringes, sterile swabs and other paraphernalia that drug users need. The rationale for issuing these is to prevent the harm that needle-sharing may cause, by reducing the risk of contaminated needles and therefore the transmission of infections like Hepatitis C and H.I.V.

In 2000, the report by the Imperial College estimated that there were 800 heroin users in Jersey and 40,000 syringes were given out – it was estimated only 1:4 were having a clean syringe every day. The number of ‘fitpacks’ issued has been rising since 2001 which could



mean that the likelihood of needle-sharing in the population of drug addicts has reduced although, in the absence of recent research on the number of drug addicts in Jersey, it is difficult to be definitive. The number of syringes issued has been rising steadily since 2001. In 2005, 99,845 syringes were issued, whilst in 2010, a total 132,060 syringes were distributed. In 2011 that dropped to 105,185. The reasons for this are not clear but correlate with the perceived reduction of heroin in the Island for 2011, and more specifically with the fact that the Accident and Emergency Department at the hospital have closed their needle exchange service during the day and only offer this service after 8pm.



The needle exchange figures can be correlated with the prevalence of needle-sharing which is a 6 monthly calculation based on surveys of the addicts through the ADS. In 2000, the Imperial College estimated that the prevalence of needle-sharing was 91%. In 2005, the incidence was 43% and by the end 2008 it was 26%. In 2011 the prevalence rose slightly to 31%.

## Hepatitis C

Hepatitis C is often referred to as the ‘silent epidemic’. Many of those who have the infection show no clinical symptoms. Estimates indicate that around 200,000 people in England are chronically infected with hepatitis C – yet only 38,000 diagnoses have been reported. If left untreated, Hepatitis C can cause serious liver disease in some patients, including cirrhosis and liver cancer. In the past, Hepatitis C was transmitted mainly through blood transfusions or blood products. Now the blood used for transfusion and making blood products is specifically tested for Hepatitis C. Most new cases of Hepatitis C now occur in people who use contaminated needles or injection equipment for drug use. It is particularly easy for people who share contaminated “works” to contract Hepatitis C.

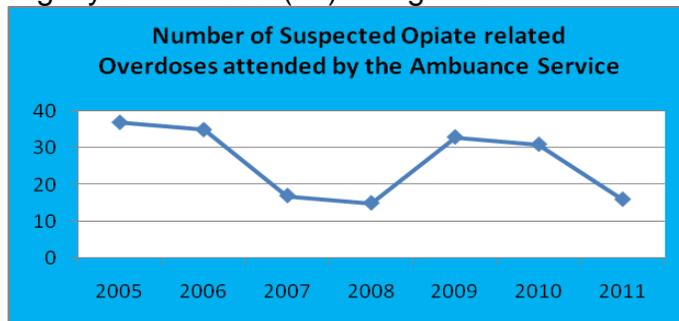
Hepatitis C is transmitted from one person to another through blood-to-blood contact. Current and past injecting drug users, those who have received blood products before 1986 and recipients of blood transfusions before 1991 are the highest risk groups; however, other areas of risk are through tattooing, body piercing, unprotected sex, mother to baby and needle stick injuries.

2005	22
2006	24
2007	32
2008	19
2009	27
2010	27
2011	23

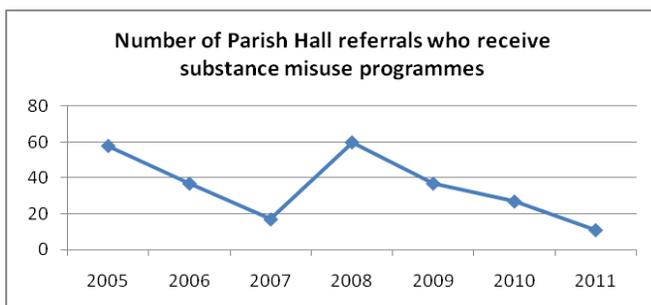
Our local data of all known hepatitis C cases shows estimates of 0.4% of the population having been exposed to this virus. Efforts to offer screening to those who have been at risk of contracting the virus continues. Local General Practitioners are able to offer testing to individuals who have been at risk. The ADS offers blood borne viral testing and sexual health screens which includes blood borne viral testing available at the sexual health clinic at the General Hospital. The number of new cases of Hepatitis C in drug users has fluctuated slightly since 2005 (22) rising to 32 in 2007 and then decreasing to 23 in 2011.

## Drug-Related Overdoses

The statistics from the Ambulance Service on the number of drug-related overdoses shows a 60% decrease from 37 in 2005 to 15 in 2008 then an increase in 2009 to 33. The numbers are reducing again and in 2011, 16 opiate-related overdoses were attended by the Ambulance Service.



are



## Substance Misuse Awareness Programmes

The ARW offers Substance Misuse Awareness Programmes to those who have come into contact with the criminal justice system and also takes referral from the Parish Hall. In 2011 only 11 referrals were made. This is a significant drop in numbers –

the AR work is a vital part of reducing substance misuse harm as the Substance Misuse Awareness programmes run by ADS includes information on both alcohol and drugs. (See page 39)

## **Drug-related deaths**

The Jersey Health Intelligence Department (HID) provide an indicator on the number of illicit drug-related deaths. The numbers have always been low (notwithstanding a rise two years ago when a number of deaths occurred due to misuse of Fentanyl patches). In the last year HID have been changing their methodology for data collection to be more in line with the Office of National Statistics(ONS) as this will help with comparisons over jurisdictions.

Because the ONS have such huge datasets, they break it down by gender and substance type rather than produce a person's rate. The NHS does not have a drugs death indicator that they report on annually. The HID are working more closely with Guernsey and hope to compare with them, which is more valid given the comparative population sizes. The rates of drug-related deaths are based on population estimates based on births and deaths that do not take account of migration. At the moment the numbers of drug-related deaths are too low to report on (<5) but we average 2 heroin deaths a year.

## Engage and inform parents and families about illegal drugs and alcohol:

*“Parents who use drugs can and do cause serious harm to children of every age from conception to adulthood. Preventing the harm caused to children should be a key focus of this strategy.” (BaSS Strategy, 2005-09).*

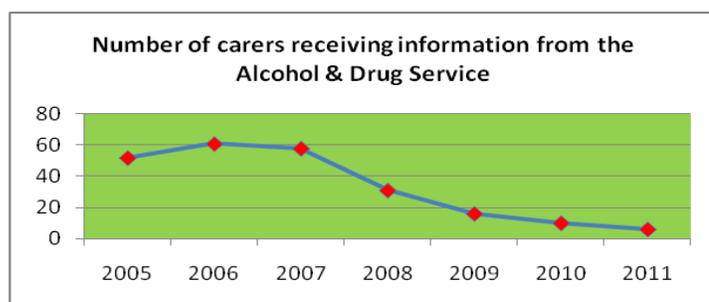
### Information for Carers and Parents

The BaSS funded Drug and Alcohol Counsellor working at ADS was lost as part of the H&SS CSR programme in 2008. This decision pre-dates the present States CSR programme. Part of this role was to support and advise carers of alcohol and drug users, including family members and parents, by providing individual and family counselling and support for family and partners of clients with substance abuse problems. This included mothers with concerns over their children’s drug use, partners of clients undergoing alcohol de-toxification, etc. Much of the workload was distributed amongst the remaining ADS team but some of that work also fell to the CLO, for example all Parish Hall Enquiries in which a deferred decision, with the requirement of attending the ADS, were diverted to the CLO who provides alcohol and drug education during the deferred period.

HMP La Moye provides in partnership with H&SS and PACS, assessment, counselling and support through group work and individual therapies. It is an essential link in the process that can lead a prisoner, struggling with substance misuse, towards recovery and a more gratifying life.

### Alcohol and Drug Service

The recorded number of carers receiving information has decreased from 52 in 2005 to 6 in 2011. This may be due to a number of factors: the fact that there has been a drop in the number of drug awareness referrals from the Parish Halls for possession of cannabis; parents may not be being told of these referrals by Parish Hall



officials and many more may be receiving information through parenting programmes.

However since 2011 a possible reason for the recorded reduction in numbers is that the loss of the Drug and Alcohol Counsellor Post has meant that as a discreet service this was no longer offered to carers and relatives. However, this activity has been picked up within the broader services available through the H&SS Alcohol & Drug Service with information being provided through direct contact, and often advice provided by telephone contact. This activity data has not been recorded and so cannot be included in this activity report.

### Parenting Programme

The Parenting Programme Team who deliver parenting programmes at The Bridge provide sessions about alcohol, drugs and sex as part of the teenagers’ courses. Research shows that young people whose parents talk to them are less likely to become involved in risky behaviour; therefore, their focus is mainly about how parents are going to have the

conversation' so to speak, around sex and drugs. The aim of the sessions is to increase parents' knowledge and skills to talk to their children about these issues. These sessions form part of the programme which deals with communication, boundaries and negotiations and whilst information is given in various interactive ways the emphasis is on how the parents will talk to their children. The parents themselves find this helpful whilst recognising that these are emotive issues which are not always easy to broach in a positive manner. An evaluation is done pre- and post-course and scores are compared. There are no specific questions around drugs, but verbal feedback would suggest that parents feel more comfortable and armed with how they communicate with their children around the subject.

### **A Parent's Guide to Drugs**

A Parent's Guide to Drugs is a booklet first published in 1997 and revised and updated in 2011 by the HPO at the Health Promotion Department working in partnership with agencies and parents island-wide.

The stated aim is "to provide clear and factual information on the subject of drugs, and to give parents, and all involved with the development and growth of young people, a real 'feel' of what drugs are all about."

The guide helps parents understand young people's drug use. It is based on the latest research and contains practical advice about what you can actually do as a parent, whether your children are using drugs or not.

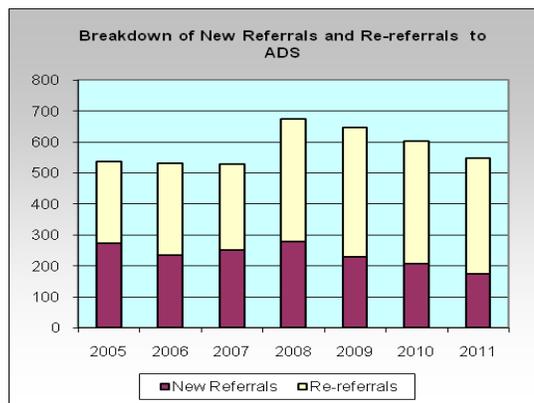
**Continually review evidence-based interventions in order to extend the range and availability of treatment opportunities for problematic drug users:**

*“People with drug dependence are all different, and there is no ‘one size fits all’ solution for tackling individuals’ addiction issues. It is therefore necessary to provide people with as many best practice treatment opportunities, in as many forms and places, as possible. It is well known that problematic drug users make above average demands on services, which provides many agencies with opportunities to intervene. It is therefore essential that all professionals in contact with these users are adequately equipped, in terms of training, skills and confidence, to deal with them or to refer them on to another service as appropriate.”*  
 (BaSS Strategy, 2005-09).

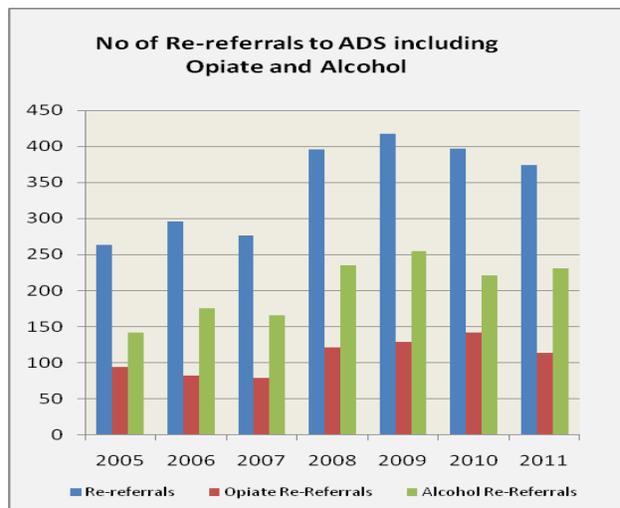
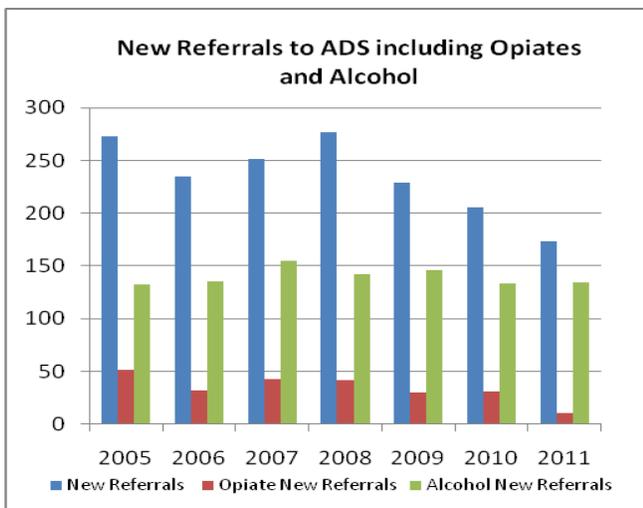
**Referrals to Alcohol and Drug Service**

In 2011, the Alcohol and Drug Service (ADS) received 547 referrals, 173 were new referrals and 374 were re-referrals.

Of the new referrals, 11 were for opiate issues whilst 134 were for alcohol-related issues and of the re-referrals, 230 were for alcohol and 113 for opiates. Since 2005, the number of referrals to Alcohol and Drug Service rose from 544 in 2005 to 673 in 2008. Since then there has been a downward trend in both referrals and new referrals.



The number of re-referrals rose from 263 in 2005 to 417 in 2009, a significant increase which includes an increase from 94 to 128 for opiates and from 141 to 254 for alcohol. However, since then there has been a slight downward trend and in 2011 the figure for opiate re-referrals was 113 and for alcohol 230.



## **Opiate Substitute Programme**

The Opiate Substitute Programme is designed to ensure that people with problematic drug use have access to appropriate treatment and information and to provide opportunities to divert people from the criminal justice system into alternative and more effective programmes by increasing contact with opiate users and providing them with treatment opportunities in order to reduce their drug use and become drug-free. The drugs given as heroin substitutes include Methadone and/or Buprenorphine (which includes Subutex and Suboxone).

The numbers completing the Opiate Substitute Programme tend to fluctuate depending on a number of factors including the availability of other drugs; the availability of heroin; people leaving the Island; and other social and economic variables. Approximately 24 people per quarter started treatment with either Methadone or Buprenorphine last year and about ¼ of those successfully completed the programme.

For drug users and the ADS, the ultimate aim of attending the Service is an improved quality of life. This, overall, means a less chaotic existence and a steadier economic, social and emotional outlook. In 2011, 93% of ADS clients who responded to a yearly self-reporting questionnaire showed an increase in their quality of life since starting the treatment programme and, of those, 56% felt it had improved significantly.

At the moment, this is not a validated questionnaire and cannot be benchmarked to the UK; however, ADS are in the process of changing to the Treatment Outcome Profile Questionnaire, a validated questionnaire, used in the UK, National Treatment Agency, which will enable benchmarking. This will also give information on: substance use, injecting risk behaviours, crime coupled with psychological health status, work, housing, physical health, and overall quality of life.

## **Alcohol Liaison Nurse**

The Alcohol Liaison Nurse (ALN) role was specifically designed to identify and assess patients admitted to the General Hospital who are found to be drinking above the recommended weekly limit and to provide them with brief interventions and alcohol education. For patients with complex alcohol problems, the ALN provides a link with the ADS and liaises closely with other agencies.

The ALN is also responsible for identifying and providing training and support to the hospital staff regarding alcohol issues. The role has evolved to provide assistance in the management of inpatients undergoing alcohol detoxification.

The ALN is involved with the Health Promotion Department in developing the Start Thinking about Alcohol Risk Today programme [STAART]. This project will be delivered in 2012 to Year 7 school children. The ALN will be delivering the training to health professionals.

The benefits of 'Brief Interventions' are well researched and documented. It is difficult, however, to quantify how beneficial the delivery of brief interventions is locally. It was envisaged that using the AUDIT tool would provide a method of reassessing patients at set intervals and noting any changes to the score. However, the ALN contacted previous patients via post in order to ask them to complete another AUDIT assessment. The response to this

was very poor. Those that did reply tended to have scores that had improved. There was insufficient response to make the data reliable.

In 2011 = 380 [male = 260 / female = 120 ] clients were seen.

The ADS also offers counselling, group work, de-toxification programmes, relapse prevention and endeavours to offer as wide a range of treatment options as possible, often in partnership with both voluntary and other statutory agencies.

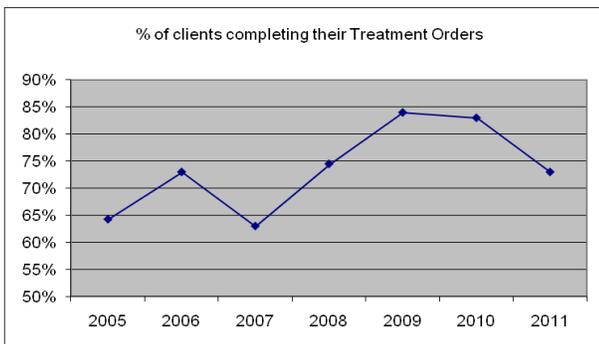
**Where appropriate, provide offenders within the criminal justice process with access to alternative and effective programmes:**

“Recent partnership working between agencies such as Probation, Prison, Police and Alcohol and Drugs has illustrated the value of intervention programmes for offenders. In order to break the cycle of crime, certain offenders need opportunities to address their dependency issues. The strategy sees appropriate targets as the ‘victims’ of addiction, rather than the profiteers.” (BaSS Strategy, 2005-09).

The strategy aims to reduce the harms caused by substance misuse both to society and the individual. Our philosophy starts from the premise that it is better to stop offending behaviour including substance misuse before it happens, but recognising that this is not always possible the next best thing is to try and stop it happening again. Breaking that cycle of crime means providing certain offenders with opportunities to address their dependency issues. Both the Court Liaison Officer (CLO) and the Arrest Referral Officer are key links in this process

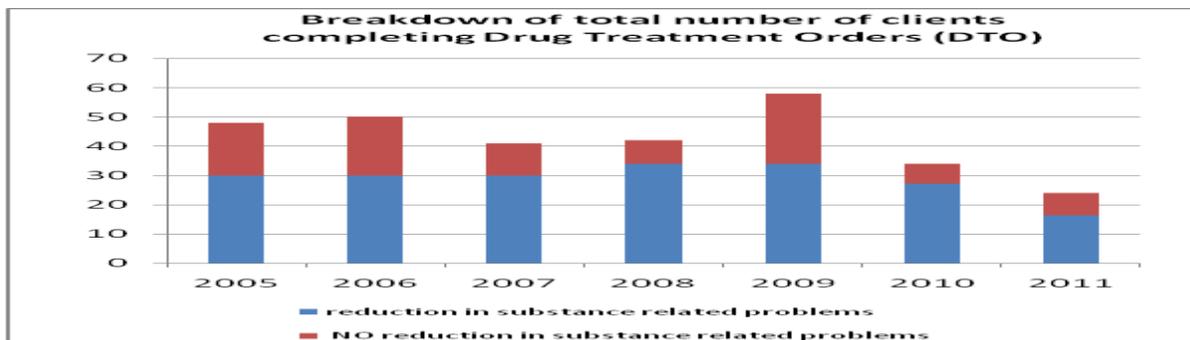


**Drug Treatment Orders**



The statistics from the courts show that the Magistrates follow recommendations given by the CLO where possible and seem confident that the offender is appropriately supervised. The percentage of Drug Treatment Orders (DTO) recommended by the CLO and imposed by the courts has risen overall from 84% in 2005 to 100% in 2011. The percentage completing their orders increased from 64.25% in 2005 to 84% in 2009 but has been decreasing since then.

As can be seen in the chart below, the vast majority of offenders get through their orders with a resultant improvement in their CHRISTO (Social skills, health, attendance, attitude, and drug/alcohol use) score. This means that the DTOs are effective, in the majority of cases, in reducing substance-related problems.



## **Arrest Referral Scheme**

Like the Court Liaison scheme, the Arrest Referral scheme is a vital part of achieving this objective for BaSS. The Arrest Referral Scheme is designed to provide all arrestees (at the point of arrest) the option of access to alcohol and drug services; it offers the support and monitoring of people whilst going through the criminal justice system and facilitates access into treatment/counselling or other appropriate services with the ultimate objective of addressing their substance misuse, thereby improving lifestyle and reducing the potential for re-offending.

The Arrest Referral Scheme is designed to work mainly from the Police Station where people, who have been arrested and are being held in the police cells for substance misuse, are assessed. The worker then provides information on, and referral to, appropriate treatment. Based on the premise that offenders are often at their most receptive to change when first brought into custody.

As can be seen in the previous graphs, the number of problematic drug users under 25 accessing treatment and support has diminished from 155 in 2005 to 42 in 2011, (page 40), the number of Parish Hall referrals who receive substance misuse programmes has fallen from 58 to 11, (page 44) and the number of arrest referral clients in treatment has dropped off completely. (Please refer to page 40)

## ***Ensure drug trafficking laws are rigorously and effectively enforced:***

*“Illegitimate access to both legal and illegal drugs needs to be curtailed in order to reduce consumption and harm. Jersey remains an attractive target for drug dealers”*

*Both Jersey Customs and Immigration Service (JCIS) and the States of Jersey Police (SOJP) will continue to target the principals behind drug Importation/supply syndicates, with a particular emphasis on Class A drugs. (BaSS Strategy, 2005-09).*

### **Enforcement**

Whilst recognising that adopting a harm reduction approach to substance misuse means acknowledging that some people will always indulge in activities that may cause them harm, the best harm reduction is not becoming involved in risky behaviour in the first place. Inherent in this is ensuring that drug trafficking laws are in place for dealing with those who profit from trade in drugs. Jersey has one of the most punitive sentencing policies for drug traffickers anywhere in the world.

The JCIS and the SoJP investigate the importation of all types of controlled drugs, but with a particular emphasis on the importation of Class A drugs as these are judged to pose the biggest risk to the people of the Island. In such operations, officers will always look to effect arrests and make seizures where this will cause the greatest impact on the drug syndicate itself.

The Jersey Customs and Excise Annual Report, 2011 provides an indication of the work they do to ensure trafficking laws are enforced.

Although JCIS will always focus on the principals behind the drugs syndicates a significant part of the work of officers in the Frontiers section is also the identification of drug couriers. The role of the courier is usually at the lower level of the drug syndicate chain and such investigations are concluded over a short period of time. Nevertheless the quantity/value of the drugs seized can often be large.

During 2011, 113 separate drug seizures were made by the JCIS with a value of £580,232. Heroin and cannabis resin accounted for the majority of that total at 75% and 12% respectively.

Overall drug seizures in 2011 decreased by 7% compared to 2010. The underlying reasons for the decrease are not clear. In 2011, a trend developed of the Class C drug mephedrone being ordered over the internet. Media releases were issued during the year in order to advise of its illegality.

49 persons were brought before the courts and all but one convicted. Sentences totalling 86 years imprisonment, £3,136 in fines and 360 hours Community Service were handed out. Three persons were Bound Over to Leave the Island and three given Probation. Nine written cautions were issued.<sup>10</sup>

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<sup>10</sup> Customs and Immigration Service, Annual Report, 2011

The States of Jersey Police Annual Report, 2011 states:

'Drugs Offences include a range of crimes involved in the supply and possession of illegal drugs. The volume of drugs offences tends to reflect changes in the policing of drug crime more than real changes in its incidence. Overall, the number of drug offences increased by 7%. Our drugs policing strategy remained focussed on drugs supply networks and drugs with a street value of £709,688 were seized in 2011, about 80% of this sum related to heroin and cocaine seizures'<sup>11</sup>

2010 seizures - £760k street value (including 134g of heroin)

2011 seizures - £710k street value (including 450g of heroin + 54kg cannabis £540k)

## Drugs Offences

Offence	2010				2010 Recorded Crime Total	2011				2011 Recorded Crime Total	Difference 2010/11
	Admin detection	Sanction de tection	Undetected	No Crime		Admin detection	Sanction detection	Undetected	No Crime		
Drug (possession of controlled substance)	5	141	5	3	151	5	151	4	4	160	9
Drug (supplying controlled substance)	1	14		1	15	1	10		2	11	-4
Drug (possession with intent to supply)		16		1	16	1	19			20	4
Drug (other offence)	1	17		1	18	1	17	1		19	1
Drug (produce/cultivate controlled substance)		4			4	1	4			5	1
Drug (import controlled substance)		3			3		6	1		7	4
<b>Grand Total</b>	<b>7</b>	<b>195</b>	<b>5</b>	<b>6</b>	<b>207</b>	<b>9</b>	<b>207</b>	<b>6</b>	<b>6</b>	<b>222</b>	<b>15</b>

<sup>11</sup> States of Jersey Police Annual Report , 2011

## Executive Support:

In 2011, as part of the Comprehensive Spending Review savings, executive support for BaSS reduced from 2.0 FTE to an Executive Officer at 0.5 FTE i.e., half-time. This post is now the sole officer support for community safety work. This is an important point to bear in mind as we move forward into what many believe will be a period of greater emphasis on Social Policy. The Department will need to monitor carefully emerging tasks against the resources available and prioritise accordingly.

However, just as we did for Strategic Priority 7 in the last Strategic Plan, we have always adopted our approach to partnership working and community safety according to the strategic direction the States wish to take. We stand ready; therefore, to play an active part in, for example, Social Policy matters should this become a greater strategic priority.

## Budget:

Funding for Building a Safer Society is provided through revenue budgets of the Home Affairs Department and the Health and Social Services Department

In 2010, an amount of £500,000 was included in the 2010 States Annual Business Plan for the BaSS initiatives split between Home Affairs (£125,000) and Health and Social Services (£375,000). This compares to £534,350 funded from the DTCTF in 2009.

As part of the 2011 – 2013 CSR process, BaSS funding was considered on the same basis as all Home Affairs funding and was not ring fenced. Savings of £15,000 for 2011 and £46,000 for 2012 have been agreed from BaSS initiatives.

The amount provided for BaSS within the Home Affairs Budget for 2010 – 2012 is as follows:

2010	£444,900
2011	£439,700
2012	£394,800

The amount provided for BaSS through H&SS for 2010 – 2012 is as follows:

2010	£498,417
2011	£510,312
2012	£482,312

## BaSS Budget 2011

<b>Initiative</b>	<b>Service</b>	<b>Budget Holder</b>	<b>2011</b>
Restorative Justice	Probation	Home Affairs	£27,800
Portuguese Offender Worker	Probation	Home Affairs	£25,388
Basic Skills Project	Probation	Home Affairs	£7,187
Victim Support	Victim Support (Jersey)	Home Affairs	£30,000
Executive Support	Home Affairs Exec	Home Affairs	£101,160
Mainstream Nurseries	Children's Service	Home Affairs	£24,220
Daycare Support	Children's Service	Home Affairs	£35,268
Positive Futures	Education, Sport & Culture	Home Affairs	£61,128
Domestic Violence Programme	Jersey Domestic Violence Forum	Home Affairs	£33,420
Prison Me No Way	PMNW	Home Affairs	£20,000
Prison Drug Education	Prison	Home Affairs	£20,000
Court Liaison Officer	Alcohol & Drug Service & Probation	Home Affairs	£54,129
		<b>Total</b>	<b>£439,700</b>
Specialist Alcohol Worker	Alcohol & Drug Service	Health & Social Services	£53,120
Youth Counselling Project (YES)	Youth Service	Health & Social Services	£24,040
Detached Youth Worker	Youth Service	Health & Social Services	£54,610
Health Promotion Officer (Drugs)	Health Promotion	Health & Social Services	£65,600
Arrest Referral Worker	Alcohol & Drug Service	Health & Social Services	£49,310
Methadone Programme	Alcohol & Drug Service	Health & Social Services	£263,632
		<b>Total</b>	<b>£510,312</b>

**NOTE: the executive budget has reduced this year to £41,260 to reflect the change to .5 FTE Executive Officer Post**