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# STATES OF JERSEY



## **BUILDING A SAFER SOCIETY: ANNUAL REPORT 2009**

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**Presented to the States on 17th December 2010  
by the Minister for Home Affairs**

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**STATES GREFFE**



# Building a Safer Society



## Annual Report 2009

**“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

Since becoming Home Affairs Minister in 2008, I have seen the results of the partnership working that has resulted from the Building a Safer Society Strategy and there has been much to celebrate and many lessons learnt.

The Strategy is directly linked to the Council of Minister's commitment to working with communities, tackling social exclusion and keeping our communities safe and, as such, has provided many innovative initiatives which are starting to prove their worth. The outcomes that the communities wanted regarding safety and provision of early interventions have started to show successes but they are long-term goals and we must never be complacent as there is much still to do.

Investing in something for which the results won't be seen for many years is always difficult to justify. It is hard to prove something has worked by the absence of something else – for example proving that the introduction of nursery provision for children in need helps reduce future criminal behaviour. However I am confident that this investment, like many others, is paying dividends.

During 2009, the political ramifications of the difficult financial situation which Jersey finds itself in, became manifest. As Home Affairs Minister it became my difficult job to oversee a process which would start to ensure that my department was working more efficiently whilst still staying true to my beliefs that the protection of the public from crime and from the effects of crime, together with the rehabilitation of offenders, are of paramount importance to the criminal justice process.

It is my great pleasure to introduce this, the 5<sup>th</sup> Annual Report for the Building a Safer Society Strategy. I would like to thank all the people who have been working so tirelessly to better the lives of Jersey communities. I believe this report celebrates the good work that is already happening whilst being honest about the areas of difficulty.

**SENATOR IAN LE MARQUAND**



**Minister**

## **Introduction by the Chief Office Home Affairs**

This is the 5th Annual Report of the Building a Safer Society (BaSS) Strategy and it illustrates the excellent partnership working that has ensured successful outcomes. The men and women who deliver these services are dedicated to the task and determined to improve outcomes for the people and communities with whom they come into contact. The partnerships forged between government, communities, voluntary agencies, businesses and individuals have proved to be effective.

The work covered by this strategy ranges from community engagement initiatives like the Safer St Helier Community Partnership, which has required 4 years of hard work and research as well as members of the community being willing to give up their time, to work done by the States of Jersey Police and the Alcohol and Drug Service, the latter providing help and support for some of the most vulnerable members of our community. There are many voluntary agencies to recognise, such as Victim Support, which provides help to victims of crime and a valuable witness service for those going through the courts, The Bridge, youth workers, housing officers, parenting services and many more. This report endeavours to provide a balanced account of the contribution made by many agencies and individuals but it is by no means a definitive directory.

Crucial to the success of this strategy has been the determination and willingness of agencies to work together. Despite it not being a legal requirement (as in the UK Crime and Disorder Act, 1998) we have embraced the importance of working in partnership. It has not necessarily been an easy option as working together requires much time, dedication and openness over key requirements for success such as funding.

A robust, outcome-based monitoring and evaluation system was put in place in order to aid governance of the strategy and ensure the partnership was functioning correctly. In 2007, the partnership itself underwent a review aimed at celebrating successes and identifying issues. The results were designed to achieve continued improvement in the Strategy's outcomes. In view of the financial pressures the island is facing for the foreseeable future, resources supporting the community safety effort will be reducing. It will therefore be necessary for us to review our approach to the Strategy in the light of a much more difficult budgetary environment.

BaSS has always placed the Island's community safety needs at the heart of its activity and partnership effort. Although, by the very nature of the work involved, results can be a long time coming, I believe this report shows quite clearly where we have achieved what we set out to do but equally, where we need to further improve.

**S.W. Austin-Vautier**



**Chief Officer**

## **Executive Summary**

Building a Safer Society( BaSS) came into force on 1<sup>st</sup> January 2005 and is a harm reduction strategy based on the recognition that early intervention and diversion together with dealing effectively with crime when it does occur are often the keys to preventing the harms caused to individuals and society by crime, anti-social behaviour and substance misuse. Investment in early intervention is a long term commitment which often does not show results for many years. This is the 5<sup>th</sup> annual report and many of the initiatives are beginning to show meaningful results.

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. The States of Jersey Police, for example, whose principal aim is to “Make Jersey Safer”, have contributed an enormous amount to this strategy as have the Alcohol and Drug Service who aim to reduce the harm caused by substance misuse. Other partners have contributed in more diverse though no less important ways for example the Youth Service and voluntary agencies like the Bridge.

BaSS has three strategic priorities each with their own key objectives and 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 model used to monitor the results has been based on evidence and desired outcomes adapted to recognise the long term objectives of many of the strategic aims.

The following summary shows 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.

Since the beginning of 2010, BaSS has aligned its work with the 2009-2014 States Strategic Plan, Priority 7 - Protect the Public and Keep our Community Safe.

It should also be noted that the Comprehensive Spending Review being undertaken by States departments will have a considerable impact upon the future ability to deliver long term objectives and this will be felt most severely by those early intervention projects.

## **Strategic Priority 1.**

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

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

<b>Yes</b>	Overall recorded crime per 1000 population is the lowest in the five years since the Strategy started – 48.9 crimes per 1,000.
<b>Yes</b>	According to JASS – 89% of people felt very safe or fairly safe in their neighbourhood.
<b>No</b>	St Helier town centre is still perceived to be an unsafe place to visit at night by 39% of people with 13% saying they don't visit town after dark at all because they don't feel safe. (JASS, 2009).
<b>No</b>	There is still a need for strategies to address Anti-Social Behaviour and The Night-Time economy.

#### **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 4 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 Tenant Participation Project at Housing has successfully made a difference for many residents.
<b>Yes</b>	The Q-Safe Taxi Marshal Scheme- in partnership with BaSS, TTS, local businesses, taxi drivers and the Safer St Helier Community Partnership has been a great success.

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

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

<b>Yes</b>	The Housing Compliance Team successfully resolves the majority of the complaints to their anti-social behaviour unit.
<b>Yes</b>	The number of recorded cases of assault, affray or robbery in public spaces fell by nearly 9% in 2009 compared to 2008 and was at its lowest recorded level in Jersey for the last five years.

<b>No</b>	The night-time in St Helier town centre remains an issue for many people - Until such time as a strategy is in place to manage the night-time economy of St Helier, including improvements to late night transport, town planning and licensing legislation, the conditions which underpin current levels of public space violence will essentially remain unchanged,(SOJP, 2009). The knock on effect of costs to public services; Police, Ambulance, A/E dept at the hospital, and on residents' feeling of safety and quality of life will continue until this is addressed.
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### **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 has reduced by 8% between 2005 (31%) and 2009 (23%).
<b>No</b>	In 2008/09 497 pupils were suspended for various amount of time, 104 were given more than one suspension. The education psychology department has been working across agencies and with the Multi-Agency Support Teams (MAST) in schools to try to address this and ensure support is in place for those who are suspended.
<b>Yes</b>	There are many agencies working together to address the issues that cause offending and trying to prevent those that do from re-offending.
<b>Partially</b>	In certain circumstances, when the family home is unsafe, it can be necessary to place children in care for their own protection. It is recognised that this, in itself, is not ideal and can increase risk factors so the Children's Service have been developing the foster care of young people in need of homes.
<b>Maybe</b>	The Prison! Me! No Way!!! Charity has a three year 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.

### **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 a number of parents including referrals from various services and parents asking for the programmes themselves. One of the successes for the Bridge parenting groups has been the implementation of a City and Guilds level 3 certificate in Working with Parents. This has enabled more people to become proficient in working with parents and many working in housing, schools and other agencies as well as parents themselves have gained this qualification. Evaluations after the courses have shown parents in general feel they have learnt to deal more effectively with their children.
<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 December 2009, a total of 49 children have been funded through BaSS. Over the past 2 years only 11 children out of 49 have been placed into care whilst participating in the project.

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

**Did we do it?**

<b>Yes</b>	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 Perpetrators Programme for men run by the Jersey Domestic Violence Forum in partnership with Hampton Trust. The demand for the perpetrators programme continues with 19 men finishing their courses in 2009, and 19 others starting.
<b>Partially</b>	Nevertheless, domestic violence accounted for over 27% of the assaults recorded in Jersey during 2009 and a third of the most serious sexual offences. States of Jersey Police dealt with 1,025 domestic incidents in 2009, representing an 11% increase compared to 2008. Overall, the number of incidents recorded has increased by 30% in the last two years.
<b>Yes</b>	The SOJP have a system for assessing whether newly reported domestic violence victims are at a high or very high risk of further victimisation; they have seen 119 such cases this year which is 12 less than last year.
<b>Yes</b>	Victim Support supplies a service for male victims of domestic abuse. Victim Support saw an average of 290 victims of crime per year between 2005 and 2009. The majority of their referrals come from the police.
<b>Yes</b>	The witness service for the courts is also run through victim support and since it started in February 2008 it has had contacts with 57 witnesses.
<b>Yes</b>	The Restorative Justice Initiative run through the Probation and After-Care Service 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

**Reduce Re-offending**

**Did we do it?**

<b>Yes</b>	On average, over the years between 2005- 2009, the figure for those who reduce their risk of re-offending after being on probation is 66 %.This shows that the majority of probation clients are reducing their risk of re-offending by the end of their Probation Order
<b>Maybe</b>	The Motor Cross Project run by Youth Action Team has offered the opportunity for young people to undertake an activity which provides challenge and acts as a powerful alternative to two wheel theft and dangerous riding.
<b>Maybe</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 Street Based Youth Work Project (SBYW) 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. There are often two teams out on a Friday evenings (by far the busiest session) and during 2009 a trial session on Saturday evenings was run once a month. They make contact of varying lengths of time with a large amount of young people.
<b>Yes</b>	The Youth Enquiry Service (YES) project was created to support young people aged 14 to 25 with any issues affecting them. The aim is to provide information without them being passed from agency to agency. In 2009 they registered 98 new clients. 63 of those were female and 35 were male. Between those 98 clients they have visited YES 555 times.
<b>Yes</b>	The total number of schools participating in the National Healthy Schools Programme is 18.

### ***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 compare very favourably with the UK.
<b>No</b>	The lack of a coherent Social Policy hinders the progression and whereas multi-agency working with young people will be progressed through the Children and Young People's Plan, we lack a similar vision for our society as a whole.

**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?**

<p><b>Yes</b></p>	<p>The Universal Provision Project at Grands Vaux continues to provide individuals with some positive focus and to support the family by providing respite and financial support to maintain the placement. During the last ¼ of 2008 and 2009, 82 children attended and only 4 children have been placed into care whilst participating in the project.</p>
<p><b>Yes</b></p>	<p>The Bridge has become known and accepted in the local community and is also accessed by families from across the island.</p>
<p><b>Yes</b></p>	<p>The Positive Futures Community Development initiative continues to deliver successful projects and had over 29,000 contacts with young people and proved that sport can reduce the risk of anti-social behaviour:</p> <ul style="list-style-type: none"> <li>• the Crime Prevention projects delivered in ‘hotspots’ have shown to have some excellent results in terms of police statistics and community perception.</li> <li>• ensuring projects were targeted appropriately and work was carried out in communities where the biggest impact would be felt; for example a summer holiday programme where campaigns were held for residents in the local neighbourhoods to notify the team of any levels of anti-social behaviour. This anecdotal evidence was then checked through the number of complaints to the Housing Department which resulted in free sports sessions being delivered in these identified areas.</li> </ul>

### **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>	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. The reported findings are used to support a variety of Departments' health promotion work with school age children.
<b>Yes</b>	124 young problematic drug users accessed treatment and support at the Alcohol and Drug Service
<b>Yes</b>	The percentage of youths on probation receiving substance misuse education remains at 100%.
<b>Yes</b>	Young Offenders at La Moye Prison have the opportunity for sessions around alcohol and drugs conducted by counsellors from the Alcohol and Drug service
<b>Yes</b>	The health promotion department continues to provide teachers and community nurses with a continuous professional development programme in Personal, Social, Health, Education (PSHE).

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

Did we do it?

<b>Yes</b>	Alcohol consumption per head of population in Jersey has fallen from 16.7 litres of pure alcohol in 1999 to 13.8 in 2008
<b>No</b>	But we consume one and a half to two times more alcohol per capita than the UK population and its European neighbours.
<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 was 58 in 2009 a rise from 48 in 2005.

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

**Did we do it?**

<b>Yes</b>	The number of 'fitpacks' issued in 2009 rose slightly again. In 2005, 10,330 were issued, a total of 99,845 syringes, whilst in 2009, a total 131,825 syringes (14,034 "fitpacks") were distributed.
<b>Yes</b>	The prevalence of needle sharing has dropped from 91% in 2000 to 33% in 2009.
<b>Maybe</b>	The number of new cases of Hepatitis C in drug users has fluctuated slightly since 2005 (22) rising to 31 in 2007 and 28 in 2009.
<b>Partially</b>	The number of drug-related overdoses (attended by the Ambulance Service) shows a 60% decrease from 37 in 2005 to 15 in 2008 then an increase in 2009 to 33.
<b>Yes</b>	Overall there was only 1 drug related death in 2009, a male from heroin. A reduction from 2 in 2008 and 7 in 2007.
<b>Yes</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 2009, 37 referrals were made. The substance misuse awareness programmes run by ADS includes information on both alcohol and drugs.

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

**Did we do it?**

<b>Yes</b>	The Clinical Nurse Specialist Counsellor working at ADS supports and advises 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 includes mothers with concerns over their children's drug use and partners of clients undergoing alcohol detoxification.
<b>Yes</b>	The Drug and Alcohol Counsellor in the Prison provides assessment, counselling and support through group work and individual therapies. It is an essential link in the procession that can lead a prisoner struggling with substance misuse towards recovery and a more gratifying life. It is also very important to support, engage and prepare the families and carers of people who misuse drugs and other substances. The Drug and Alcohol Courses, the Cocaine Course and the Drug Importer's Course are Validated Courses.
<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.

**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 2009 the Alcohol and Drug Service received 646 referrals, 229 were new referrals and 417 were re-referrals.
<b>Yes</b>	64% of new referrals in 2009 were alcohol-related whilst only 13% were for opiates. Likewise for re-referrals, 61% were for alcohol and 31% for opiates.
<b>Yes</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• For patients with complex alcohol problems, the ALN provides a link with the Alcohol and Drug Service and liaises closely with other agencies.</li> <li>• The service is gaining a higher profile; the ALN is becoming more involved in discharge planning. This is useful as they have a greater knowledge of alcohol services in the community and can provide a link to achieve increased engagement in services.</li> <li>• Even if services are declined, simply being aware of what is available could improve the chances of future involvement.</li> </ul>

**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 percentage of Drug Treatment Orders (DTO) recommended by the CLO and imposed by the courts has risen overall from 84% in 2005 to 98% this year. The percentage completing their orders has increased from 64.25% in 2005 to 84% in 2009.
<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 DTOs 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>	100% of all drug cases from the Customs and Immigration Department are convicted.
<b>Maybe</b>	However there is little evidence to suggest that this is an <b>effective</b> way of stopping the trafficking of drugs.
<b>Yes</b>	Both Customs and the Police continue to target the principals behind drug Importation/supply syndicates, with a particular emphasis on Class A drugs.

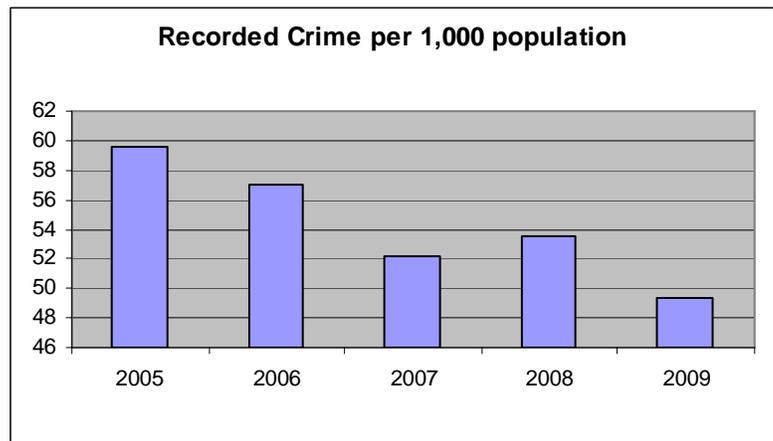
# Strategic Priority 1.

***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 police remaining low. During 2009, the incidence of crime per 1000, population was the lowest it has been since 2005, there are now just 48.9 crimes recorded per 1,000 population in Jersey.(SOJP, 2009<sup>1</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. This does not mean that there are not issues that still need addressing, for example anti-social behaviour and the night-time economy of St Helier. Not only do these take up an inordinate amount of police time and resources but there are many other knock-on effects. Cleaning St Helier’s streets, most particularly on Saturday and Sunday mornings, is a big issue for TTS and the Parish of St Helier, and the Accident and Emergency Department at the hospital deals with many alcohol-related incidents as does the Ambulance Service.

<sup>1</sup> States of Jersey Police Annual Report , 2009

## ***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)*

According to JASS – 89% of people said they felt very or fairly safe in their neighbourhood – with a significant increase from 2005 (35%) to 2009 (45%) in the proportion of respondents who said they felt very safe.

Whilst this is a reflection of the fact that Jersey is on the whole a safe place to live, when it comes to our town centre people have different thoughts about safety. Despite the incidence of crime reducing, St Helier town centre is still perceived to be an unsafe place to visit at night by 39% of people with 13% saying they don't visit town after dark at all because they don't feel safe. (JASS, 2009<sup>2</sup>)

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 a number of new initiatives including the Q-Safe Taxi Marshal Scheme – in partnership with TTS, local businesses and taxi drivers.

This scheme has been in place since December 2007 and has been a great success. An evaluation carried out for Safer St Helier showed that both the taxi drivers and the users felt safer at the rank than they had before and that taxi drivers were more likely to use the rank:



*“It is a fantastic idea and as a result I feel much safer”*

<sup>2</sup> Jersey Annual Social Survey, 2009

*“They stop the queue jumping which often used to result in fights. Also the people are much better behaved once they see the marshals. The Feedback from the public has been great and they all comment on how much safer they feel in the queue with the marshals.”*  
*“They keep everybody calm.”*

**Various Taxi Drivers**

*“It is much safer and there is no queue jumping.”*  
*“It is safer and the queue moves quicker.”*  
*“The marshals know what they are doing and it is much safer as a result.”*  
*“Good to have shelter whilst queuing and the marshals make the rank much safer and the taxis move quicker.”*  
*“Since the marshals were put in place there has been less aggravation and pushing in.”*

**Various Taxi Rank Users**

*From what I have monitored whilst on duty it appears that this enterprise has been very successful, especially in controlling the queues waiting for taxis. I have also noticed that the staff have been opening and closing doors, helping people into taxis and getting them away quickly which has helped the overflow of the taxis as they arrive and depart. There is also the safety aspect of numbers of people not queuing along the road, rather than inside the shelter, and as far as I am concerned, and my colleagues who have been out on patrols, this has been a much better controlled area.*

**Honorary Police Officer**

*My Husband & myself have lived on this Island for 28 Years and for the past 10 years it was getting quite bad regarding the violence & very disturbing sights at night time on the streets especially by the taxi rank at the weekends.*

*I stopped going into town at night due to the behaviour from some of the public.*

*To-night for the first time in a few years I felt a lot safer when waiting for a taxi, I mentioned this to the taxi driver who brought me home to-night about 1/2 hour ago (1:30am).*

*So Please keep this security up & hopefully bring back some confidence and the feeling of safety back on this beautiful island for the Holiday makers & the residents of Jersey*

*My two eldest daughters use the taxi rank most weekends and they have told me that the Q-Safe scheme seems to be a great success. They have said that sometimes they can feel quite intimidated when drunken people try to make their way to the front of the queue and depending on the personality of the people at the front; it could quite often result in a confrontation.*

*They have said it makes them feel much safer and also much fairer to the people waiting*

Funding for the Q-Safe marshals has been secured through an innovative partnership arrangement. The SSHCP requested the Minister for TTS to allow advertising on taxis similar to the way that advertising is allowed on the buses. The Minister agreed to this with the

provision that he had the final say on the type of advertising allowed and that the funding and administration of the monies should be done directly through SSH.

Following a notice in the JEP in October 2008, a number of companies expressed an interest in advertising in and on taxis. Following a tendering process 2 companies were chosen:

- OI (Offshore International Advertising Limited) – secured the advertising for inside and outside of London style taxicabs
- 360 Vision (**new business enterprise**) – has secured the advertising inside all other taxicabs.

The chair of the SSHCP has been working extremely hard with the taxi drivers, the advertising companies, TTS, BaSS, and other partners to ensure a successful completion. The benefits from this partnership are many:

- SSH has a good working relationship with the Taxi drivers (not only the rank drivers). This is based on SSH being a community lead group.
- Taxis receive revenue from advertising and help an initiative that also benefits them.
- SSH has partnered businesses and States departments and the St Helier Parish.
- New business has been generated in difficult economic times.
- Advertisers contribute to a social responsibility agenda,
- Q-Safe marshals are funded independently at the Weighbridge with no costs to the tax/rate payer.
- The marshals have a good working relationship with the police.
- Night-time at the weighbridge is safer and more orderly.
- The local community can see positive results from this initiative, which is truly their own.

The resultant partnership arrangements have meant that the Q-Safe Taxi Marshal Scheme can now be funded through advertising revenue. This is a particularly successful outcome for the SSHCP who were determined that any initiative put in place would not be a burden on the tax payers. They are now in a position to keep the Q-Safe Scheme going, pay back any money to the Parish of St Helier and, if the advertising revenue increases, begin to fund other community safety initiatives.

The Q-Safe Scheme has been continually monitored and evaluated for its effectiveness and the results from the data collected shows that there can be little doubt that it has been hugely successful; not only in reducing the actual anti-social behaviour in that area, but perhaps more importantly in improving the quality of life of those living, working and using the area.

The Housing Tenant Participation (TP) Team continues to engage with States tenants in order to involve them in the decision-making process regarding States rental accommodation, to increase pride in being a States tenant and to improve the quality of life for all residents.

“The people we work with say times have changed. We have brought them a voice and they say they can see a difference.”



“We also set up community rooms where the tenants can meet up and they don’t have to be alone”

They co-ordinate many projects including - The High Rise Panel, The Senior Citizen Group, Oaktree Gardens Youth Club, Tenants Forum, Residents Associations, the Tenant Participation Trailer (by taking the trailer on housing estates it allows tenants to pop in and discuss housing matters), Community News, Garden Competition / Good Neighbour Competition, Sounding Board Database (a database holding details of States Tenants who wish to be involved and consulted on housing services/issues without having to attend meetings), Leaflets and the Community Panel.

## Identify Hotspots and Target Offenders:

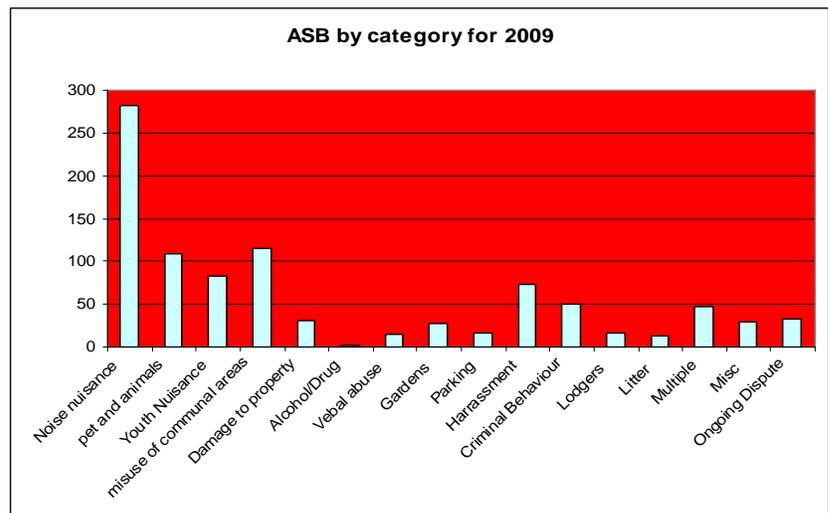
*“In Jersey, as has been found in other countries, some neighbourhoods tend to suffer higher levels of crime and anti-social behaviour than others. It is also true that a large proportion of crime is committed by a small minority of offenders. This objective will use the National Intelligence Model and 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)*

Whilst in Jersey the term anti –social behaviour has never been given a definition, The Housing Act of 1966 describes anti social behaviour as acting:

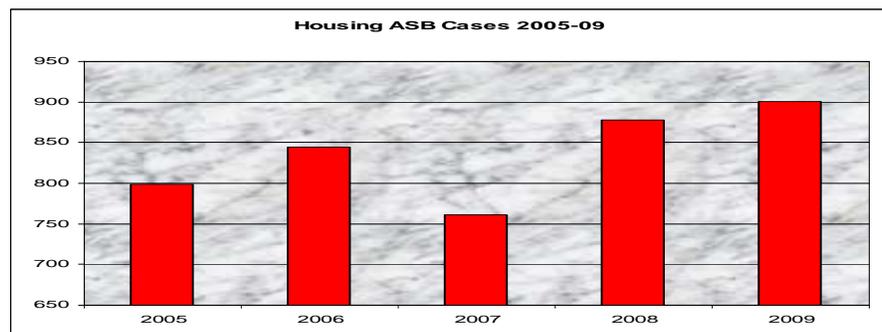
*“.....in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as himself.”*

The Compliance Team at the Housing Department was set up, therefore, in order to combat all breaches of the tenancy agreement, including rent arrears and to reduce anti-social behaviour (ASB).

As can be seen from the adjacent graph, the incidents of noise have been the most frequent complaint made during 2009, with misuse of communal areas, pets and youth nuisance following. Indeed the breakdown of the complaints for the last 5 years has shown a similar pattern.



In order to address the issue of noise the compliance team found that the majority of cases were excessive household noise and have been working with environmental health and housing maintenance to target these complaints as well as talking to residents. They have worked with community football and the youth service and the police to address the youth issues and misuse of communal areas.

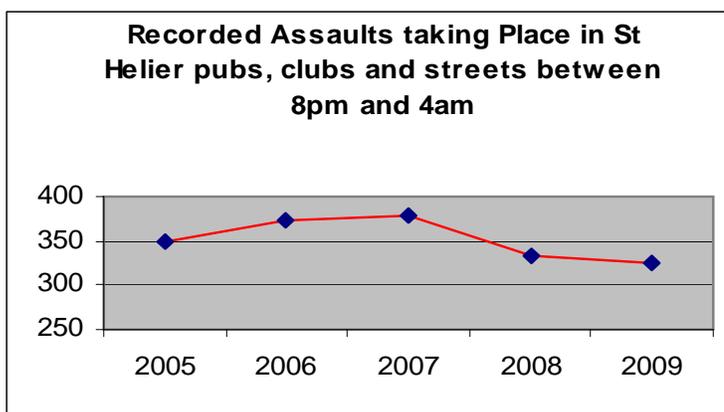


However, the number of complaints to the Housing Anti-Social Behaviour Unit (ASBU) is slightly higher this year than the previous four years but overall the number of cases closed because of successful resolution remains high with 890 closed out of 901 this year.

The 2009 Policing Plan<sup>3</sup> identified key offenders as a specific operational objective in order to focus effort against those people who posed the greatest threat or were the most prolific in their offending.

- In 2009, 1,268 people were charged for court, representing an increase of over 7.5% compared to 2008. Of the offenders prosecuted in 2009, 73% had an existing criminal record compared to 68% in 2008.
- In 2009, repeat offenders were charged for court in relation to 2,462 recordable offences. This represents a 27% increase in the number of offences brought to the attention of the court compared to 2008, with the number of charges per offender also increasing from 2.43 to 2.65.
- In 2009, the number of first time offenders brought to justice reduced by 10.5% to 340 compared to 2008, but they were dealt with in relation to 729 offences between them. This meant that the average number of offences with which they were charged increased from 2.03 to 2.14.
- Nearly 10% of the people dealt with at court or parish hall in Jersey in 2009 had committed five or more crimes and 25 individuals had been caught in relation to between 10 and 42 crimes each.

The number of recorded cases of assault, affray or robbery in public spaces fell by nearly 9% in 2009 compared to 2008 and was at its lowest recorded level in Jersey for the last five years. Within these figures, the number of most serious assaults remained virtually unchanged compared to 2008 (151 compared to 153). Police identified the alleged offender in 86% of these most serious cases and were able to bring a case to court in 54%. (SOJP, 2009<sup>4,5</sup>)



It is important to reiterate that Jersey still lacks a strategy to manage and develop its night-time economy. Such strategies have proved very successful in other towns and cities across the United Kingdom in reducing demand on policing, medical and municipal cleaning services

<sup>3</sup> States of Jersey Police Policing Plan for Jersey 2009

<sup>4</sup> States of Jersey Police Annual Report , 2009

<sup>5</sup> For further detail on this and other policing activities access SOJP reports via their website at:

<http://www.jersey.police.uk/publications/index.html>

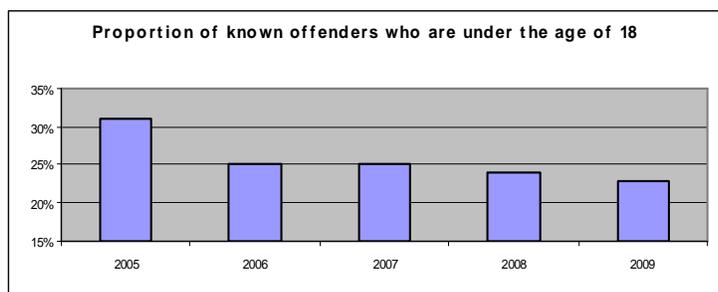
as well as changing public perceptions of town safety. Until such time as a similar strategy is in place to manage the night-time economy of St Helier, including improvements to late night transport, town planning and licensing legislation, the conditions which underpin current levels of public space violence will essentially remain unchanged,(SOJP, 2009). The knock-on effect of costs to public services; Police, Ambulance, A/E dept at the hospital, and the effect on residents feeling of safety and quality of life will continue until this is addressed.

## **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)*

School suspensions can sometimes be an indication of a risk factor for offending or becoming involved in substance misuse. Jersey, unlike the UK, does not have pupils who are permanently excluded from school. A suspension may vary in length; 1 day, 2 days etc to a maximum of 5 days. During the academic year 2008-2009, 1117 days were lost from school by suspensions. 497 pupils were suspended for various amounts of time and of that number, 104 were given more than one suspension.

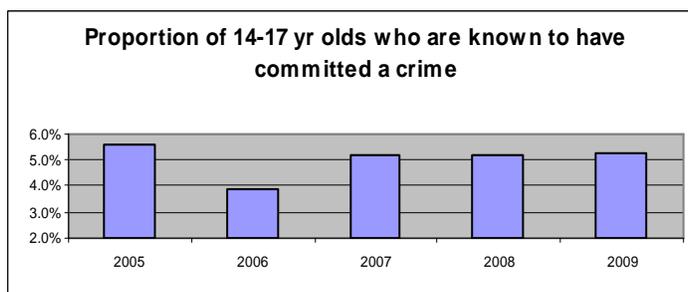
The education psychology department have been working across agencies and with the Multi-Agency Support Teams (MAST) in schools to try to address this and ensure support is in place for those who are suspended.



The proportion of known offenders who are under the age of 18 has reduced by 8% between 2005 (31%) and 2009 (23%), whilst the proportion of 14-17 yr olds from the total population of that age group who have committed an offence is about 5%. It is those 5% therefore who are committing 23% of offences.

There are many agencies working together to address the issues that cause offending and try to prevent those that do from re-offending including:

The Youth Action Team remains committed to the principle of early interventions and, whenever possible, diverting young people away from formal involvement in the Youth Justice System.



The evidence shows that young people living in a safe, loving and nurturing home have more resilience to risk factors associated with crime, anti-social behaviour and substance misuse. In certain circumstances, when the family home is unsafe, it can be necessary to place children in care for their own protection. It is recognised that this, in itself, is not ideal and can

increase risk factors so the Children's Service have been developing and supporting the foster care of young people in need of homes.

The Prison! Me! No Way!!! Charity has a three year partnership agreement with the States of Jersey Departments of Education Sport and Culture, Home Affairs and Housing supported by the Lloyds TSB Foundation – this partnership is for the period 2007 – 2009 inclusive. 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, to dissuade young people away from a life of crime, by 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. It is difficult to measure the success or otherwise of this initiative however feedback from teachers, pupils, officers taking part, service heads and business associates show that it is valued very highly.

## ***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 anti-social behaviour, whilst positive and consistent discipline, constructive supervision and warm and supportive parent- child relationships, reduce those chances.

The Parenting Programme which runs from The Bridge continues to attract a number of parents including referrals from various services and parents asking for the programmes themselves. During 2009, 180 parents attended, 24 of whom were referred from various other services. One of the successes for The Bridge parenting groups has been the implementation of a City and Guilds level 3 certificate in Working with Parents. This has enabled more people to become proficient in working with parents and many working in housing, schools and other agencies, as well as parents themselves, have gained this qualification. Evaluations after the courses have shown parents in general feel they have learnt to deal more effectively with their children.

BaSS funds a project run through the Children’s Service which enables children in need to access mainstream nursery provision in Jersey. Between January 2006 and December 2009, a total of 49 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.

For example: mainstream nursery provision has helped two children in particular who have witnessed Domestic Violence within the family home. Whilst they appear to be meeting all their developmental milestones; development needs such as socialising with their peers; learning the concepts of sharing; turn-taking and non-aggressive behaviour –have all improved in both these cases since starting nursery.

It has been acknowledged by other professionals that the placement of two children within mainstream nursery provision has prevented the children being received into care. Over the past 2 years only 11 children out of 49 have been placed into care whilst participating in the project.

## ***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 often takes place behind closed doors and is not reported to the Police. Nevertheless, domestic violence accounted for over 27% of the assaults recorded in Jersey during 2009 and a third of the most serious sexual offences.

States of Jersey Police dealt with 1,025 domestic incidents in 2009, representing an 11% increase compared to 2008. Overall, the number of incidents recorded has increased by 30% in the last two years.

It is always difficult to interpret the significance of changing levels of recorded assaults when under-reporting is a recognised issue. The increase in domestic incidents means that more vulnerable people are receiving support and advice and more offenders are the subject of positive interventions to tackle their behaviour. It is encouraging, therefore, to note that the number of domestic incidents which involved the most serious levels of physical and sexual violence reduced from 61 in 2008 to 47 in 2009. (SOJP, 2009<sup>6</sup>)

The SOJP have introduced a system for assessing the number of newly reported domestic violence victims who are at a high or very high risk of further victimisation, and they have seen 119 such cases this year which is 12 less than last year.

Domestic abuse occurs across all ages, races and classes, regardless of education and income, or mental and physical ability. It happens between people in same sex relationships and can also be carried out by women against men. It causes misery in the home, both for the man and woman and, more importantly, the children.

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>7</sup>)

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 Perpetrators Programme for men run by the Jersey Domestic Violence Forum in partnership with Hampton Trust and Probation. The demand for the Perpetrators Programme continues with 19 men finishing their courses in 2009, and 19 starting. During 6 months in 2009 the programme was aware of four call outs to the police. One call out related to a perpetrator who had recently finished, 2 call outs related to perpetrators who never finished the programme

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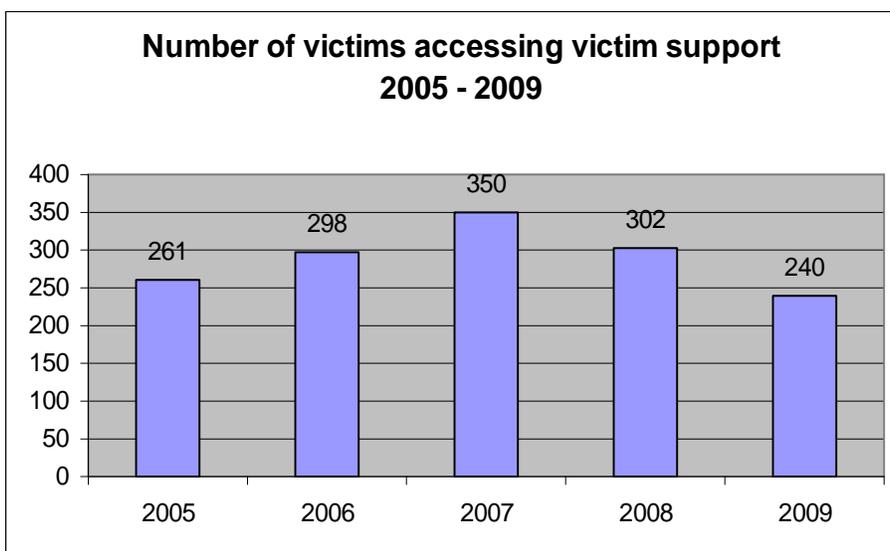
<sup>6</sup> States of Jersey Police Annual Report , 2009

<sup>7</sup> ADAPT Domestic Abuse Programme Report 2009

(one of whom resumed the programme recently and has been attending on a regular basis), and another related to a perpetrator currently on the programme.

Victim Support saw an overall reduction in the number of people accessing their services throughout the years 2005-2009, from 261 in 2005 to 240 in 2009 although there was a steady increase during 2006 and 2007 and client contact has risen. The majority of their referrals come from the police and although the number they have received from them is down on last year, there is a slight increase in self-referrals. Victim Support also deal with male victims of domestic abuse.

The witness service for the courts is also run through Victim Support and since it started in February 2008, it has had a total of 57 contacts with witnesses. This service includes pre-trial visits and supporting a client through court. They have been involved with supporting victims and witnesses of the historic abuse enquiries as well as helping children give evidence and supporting rape victims.



The Restorative Justice Initiative run through 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.

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.

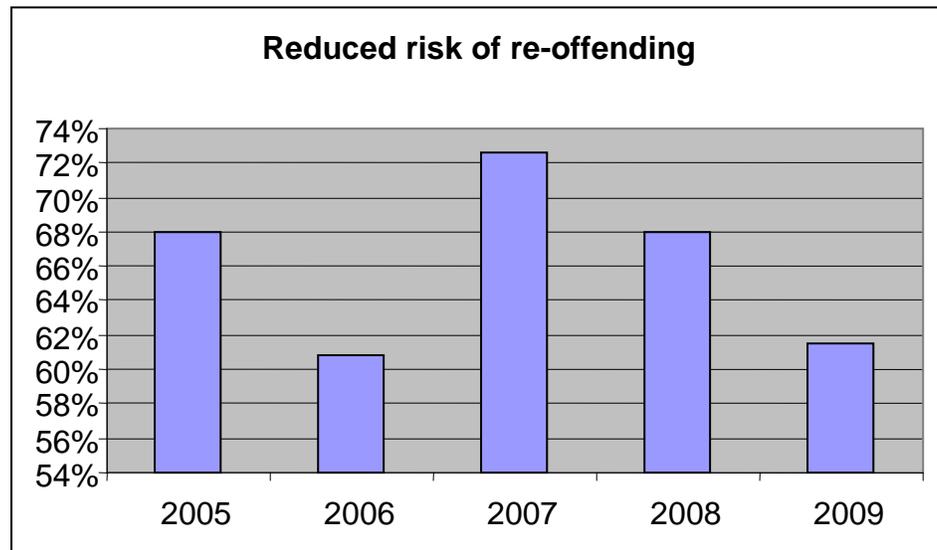
The Restorative Justice Officer runs face-to-face victim/perpetrator restorative justice conferences; a programme for perpetrators held at the prison, schools and in the community to raise awareness of the effects on victims of crime; and indirect reparation through letters of apology. An example of the work undertaken follows:

*Four male youths appeared a Parish hall for Breaking and Entry and Malicious Damage to a Scout Hut. A certain amount of damage was caused by a moped being driven inside and fire extinguisher being activated. A window was damaged and the first aid box was emptied. These four males have accepted responsibility for some of the damage and were willing to make amends. They met with the Cub Scout leader and spent a Saturday morning carrying out various jobs with her. She was pleased with the work that they completed and also with their attitudes. One of the boys worked for two mornings at the Charity café in the market as a way of giving something back to the community. Each youth agreed that they would save up £100 to give to the Scout Association by way of compensation for the damage that they caused.*

## 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).*

The figure for those who reduce their risk of re-offending after being on probation in 2009 was 61.5%. 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 and Health 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.

The Youth Action Team (YAT), continues to work with some of Jersey’s most challenging children and young people with the majority of referrals coming from Parish Hall Enquiries and the Youth Court. The Motor Cross Project has offered the opportunity for young people to undertake an activity which provides challenge and acts as a powerful alternative to two wheel theft and dangerous riding.

Much of their work is now being done in the context of the Williamson Report and the results of the report and recommendations and the formulation of a Children and Young People’s Plan for Jersey will help drive their future direction.

The Education Department at the 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).*

The Street Based Youth Work Project (SBYW) 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. There are often two teams out on Friday evenings (by far the busiest session) and, during 2009, a trial session on Saturday evenings was run once a month. They make contact of varying lengths of time with a large amount of young people.



Street-based youth work 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.

### **Case Study**

The last week in November 2009, SBYW ran a joint project with Brook & Le Squez youth club working with a small group of young men who they meet out on the streets. The project was called Man Made and aimed to engage them around the issues affecting them as men, especially around fatherhood and sexual health. They took the group to Crabbé over night and ran 6 workshops through the night; the 6 young men who took part showed a very responsible attitude and took part extremely well in over 8 hours of workshops. In the evaluation they all said that they had learnt lots and valued the experience. From the workers point of view they were very impressed with how the group responded to the sessions and the depth of thinking and participation.

In 2010 the Move on Café will be reopening. The aim is to run the street based youth work and the café together so staff will work in both projects; this will mean the young people they are currently working with on the streets are likely to be the ones using that café and will give the street teams a base to work out of closer to the area of town that they work in. (SBYW, 2009<sup>8</sup>)



The Youth Enquiry Service (YES) project was created to support young people aged 14 to 25 with any issues affecting them. As well as offering a drop-in service where young people can access free and confidential advice, information & support, they can also access YES by phone or by the website. The aim is to provide information without them being passed from agency to agency.

Issues young people have presented with in 2009 include: homelessness, benefits, relationships, sexual health, issues around sexuality, crime, parenting, education, employment, leaving care, drugs and alcohol, emotional health and rights and responsibilities. They are part of the free condom distribution scheme and also offer free Chlamydia tests. In 2009 they registered 98 new clients. 63 of those were female and 35 were male. Between those 98 clients they have visited YES 555 times.

YES also offers a free, independent and confidential 1:2:1 counselling service for anyone aged 14-25. They have 4 counsellors available and appointments can be made through the YES project. Their counselling project has been very successful so far and, in 2009, 49 young people have accessed the 1:2:1 Counselling service. Between those 49 clients they have attended 213 counselling appointments.

Young people accessing the counselling present with all sorts of issues including; relationship issues, alcohol issues, stress etc. They will refer young people to the counsellor that will best meet their needs and if necessary will refer them to CAMHS or Psychology if it is not possible to deal with the type/level of issue they present.

In the past year the number of young people accessing YES has grown. The main issues that young people are facing are around money, homelessness and employment. At times young people present with one issue but will often have much more going on that needs to be dealt with. The YES staff can accompany young people to appointments or meetings, help them complete forms, signpost them to an agency that can best help them and can be available outside of drop-in hours should they be needed,(YES, 2009<sup>9</sup>).

In July 2009, Rouge Bouillon Primary school became the 5th island primary school to achieve National Healthy Schools Status (NHSS). They join La Moye, Les Landes, St. Lukes and Plat Douet, who achieved NHSS in 2007 and 2008. In achieving this award the schools have demonstrated best practice standards across Personal, Social and Health Education (PSHE), Healthy Eating, Physical Activity and Emotional Health and Well-being. Two further primary schools, St. Mary's and Trinity, are preparing for validation in July 2010, with 4 more schools planning to validate in 2011. In addition, 6 further primary schools and one secondary school started on the programme in 2009, bringing the total number of schools participating to 18.

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<sup>8</sup> "Move On" Youth Project - Street Based Youth Work Report, Oct-Dec, 2009

<sup>9</sup> YES Youth Enquiry Service, Annual Report, 2009

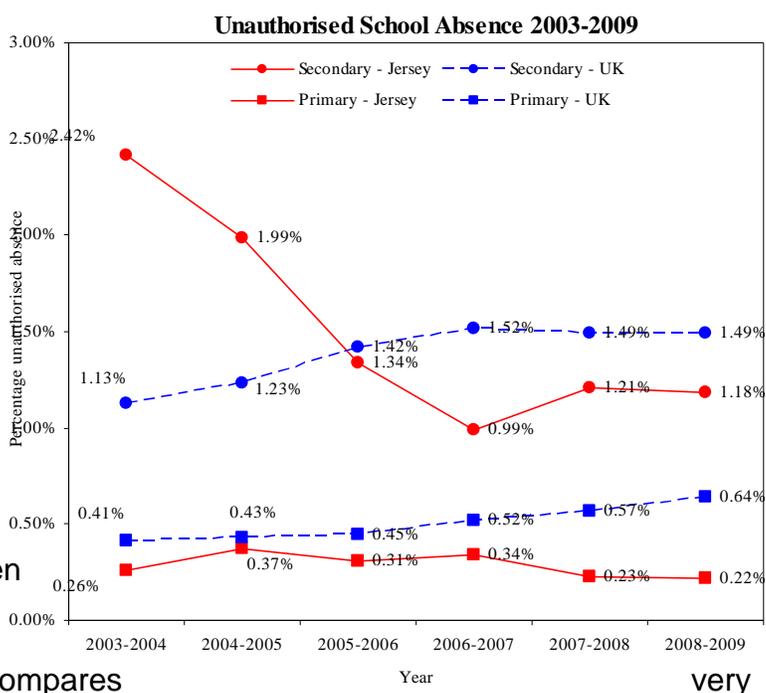
## Provide an Integrated Approach to Tackling Social Exclusion

*“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 BaSS is aware of that endeavour to tackle the social exclusion experienced by some in our society. 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. Some of the projects mentioned in this report are in other areas whilst many voluntary agencies work tirelessly to tackle this in other ways.

The previous BaSS annual reports have highlighted some of the work that has been going on and sometimes 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 to tackle this. It is well documented that there are extremely strong links between levels of absence at a school and levels of attainment, anti-social behaviour and poor outcomes for young people.

This graph illustrates that there has been dramatic downward trend in unauthorised absences in the last 5 years (03/04 – 08/09) in Jersey which compares favourably with the UK.



Whilst these continued endeavours by many are showing some effect, the lack of a coherent Social Policy hinders the progression and whereas multi-agency working with young people will be progressed through the Children and Young People’s Plan, we lack a similar vision for our society as a whole.

***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).*

The Universal Provisions Project provides children and young people who have attended the Grands Vaux After-School Preventative Project 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. Children and young people are referred for a multiplicity of reasons; however, underpinning most referrals is the recognition that the children are ‘children in need’. 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.

Because their time with the project is relatively short, the participants’ key-worker will have a number of discussions with the young person and their family about their interests and how they might be helped to develop them. Placements have been made to after-school clubs such as Centrepont, Ace of Clubs, the uniformed organisations, sporting clubs such as Spartan Athletic, Soccer School, Aqua Splash etc.

During the last ¼ of 2008 and 2009 , 82 children have attended and only 4 children have been placed into care whilst participating in the project. This is by no means a suggestion that the other 78 had remained out of care because of their involvement with Grands Vaux. Rather, an indication that the project is a valuable part in the child/young persons overall care plan.

The Bridge, an integrated multi-agency centre providing services for families and young people, has been established for almost 4 years. It has become known and acceptable in the local community and its services are accessed by families from all across the island,(The Bridge, 2010<sup>10</sup>).

The agencies involved with the Bridge are:

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<sup>10</sup> The Bridge, Business Plan, Jan 2010

Brighter Futures (Charity), Health visitors, Highlands College, Housing tenant Participation and Compliance Teams, Youth Action team, Parenting Support Services, Midwives Community Team and the Jersey Childcare Trust.

And they deliver a range of services designed to meet their outcomes which are based on the “Every Child Matters” policy in the UK and are also applied to communities to ensure that the needs of some of the most disadvantaged families are met.

The Positive Futures Community Development Project aims to use sports to engage with the community, reduce the likelihood of criminal and anti-social behaviour, and to serve as the main link between the sports development team and other networking partners. As a majority of the work delivered by Community Development is intervention-based, it is extremely difficult to monitor success; however the crime prevention projects delivered in ‘hotspots’ have shown to have some excellent results in terms of police statistics and community perception.



The latter stages of 2009 saw the combining of two departments, Community Development and Schools Sports Development, which has resulted in new opportunities to target those youngsters who are most in need. This combination has allowed a more co-ordinated approach to engaging youngsters as well as using resources more effectively.

The main development in 2009 was ensuring projects were targeted appropriately and that work was carried out in communities where the biggest impact would be felt; for example a summer holiday programme where campaigns were held for residents in the local neighbourhoods to notify the team of any levels of anti-social behaviour. This anecdotal evidence was then checked through the number of complaints to the Housing Department which resulted in free sports sessions being delivered in these identified areas.

‘Many thanks for coming along. We always have loads of kids hanging round here in the summer and it gets too noisy at times. It is hard to get criticise the kids when there is not a lot for them to do’ – *Resident*

‘I am always down here in the summer; it’s where we all hang out. This is also the first time we have been able to go on a holiday course together’. – Male, 12, St Helier

There were only 5 reported incidents (regarding youths) to police in November and December 2009. This is an all time low for this time of year.

‘Once again this project has been brilliant for the kids up here. Things have been really quiet up here and a lot of that is down to the football’. – *St Brelade Centenier and Honorary Police Officer*

‘We can’t wait for the Late Night Leagues to start each year. We bring a team up on the bus from town and get a chance to play against the lads from Les Quennevais. Our team is called the Melon Heads!!’ – *Male, 16 year old participant*

The impact of sports lessons in schools was recognised by senior management in both Education and Sport which resulted in the formation of the Primary PE Team. This specialist team aimed to enhance the good work already delivered by community development staff and to address local issues such as quality and enjoyment of PE and national issues such as obesity and health.

‘For some of our pupils this is their best opportunity to take part in organised sport out of school. Not many of them play in the local sports clubs so it is great to see so many of them using this opportunity’ – *Isobel Wood, Head Teacher at Samares Primary School*

‘I always come to the after-school club because the coaches are different from our teachers. We enjoy the lessons a lot more, especially the football’ – *pupil at Grands Vaux Primary School*

‘You can tell a difference when he comes home from the after school club as he is really tired, normally he is quite wound up, especially on Fridays. Can you do it all the time please!’ – *Parent, Y6 pupil*

The Jersey public now has high expectations from the Community Development Team, as a service that works for the community and aims to combat anti-social behaviour. Reasons for this are the high profile they have been given by the media as well as the opportunity to increase programmes through sponsorship.

Due to the economic downturn they are now contacted by more parents who cannot provide the same level of opportunities for their children as once before.

Some of the achievements in 2009 include:

- Over 29,000 contacts with young people
- Secured more than £15,000 of private sector sponsorship
- Delivered projects in 24 different locations in Jersey
- Was subject to a double page article in the JEP for its work in La Moye Prison
- Proved that sport can reduce the risk of anti-social behaviour
- Worked with over 38 partners
- Delivered 20 different varieties of projects (compared to 19 in 2008)
- Provided the research to allow ESC to appoint the Primary PE Team to work in schools (Community Development, 2009<sup>11</sup>)

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<sup>11</sup> Community Development (Sport) Annual report, 2009

## ***Strategic Priority 3.***

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

#### ***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).*

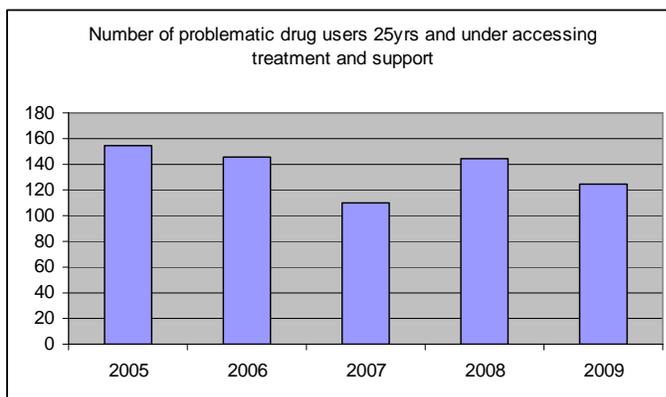
The strategy recognises the need to focus on the reduction of harm caused to both individuals and society by the misuse of drugs and alcohol. Providing education programmes and opportunities for our young people to understand the effects of drug misuse in order to enable them to make informed choices 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.

The Health-Related Behaviour Questionnaire is funded by BaSS and administered by the Public Health Department. 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 survey is now up-dated every four years with the survey being repeated in April and May, 2010. A summary version of findings will be produced as a public document and is expected to be released by November, 2010. The reported findings are used to support a variety of departments’ health promotion work with school age children.

For the first time the survey will be administered on-line. This will allow efficiency in branching questions, reduce administration costs and allow analysis to happen earlier. The branching of questions allows onward questions to be tailored to the response given and can save time where forwarded to the next relevant question. Public health can also now easily tailor specific questions to both year 8 and 10 students. Best practice in administering surveys is essential and the HRBQ is compliant with all data protection principles and has received the

support of the Health and Social Service Ethics Committee. Neither schools nor individuals are able to be identified within the reported findings from the survey.

124 young problematic drug users accessed treatment and support at the Alcohol and Drug Service through the Arrest Referral Worker in 2009. 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 percentage of youths on probation receiving substance misuse education has been 100% from 2005- 2009. The Probation and After-Care Service provides, through the Court Liaison Officer, 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.

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.

As part of the new health improvement strategy 'Health for life', the Health Promotion Officer set up and co-ordinated a multi - agency alcohol action group. This was formed in July 2008. The specific task of the group was to plan programmes that would deliver health improvement relating to population alcohol use. One of the areas for strategic action was; 'To promote programmes in the community specifically for young people to prevent alcohol related anti-social behaviour'. A 'needs assessment tool' was used to define the projects that would best meet local needs. The proposed projects were:

- Implement a community-based course for identified families with children aged 10-14 to reduce the risks associated with alcohol and substance misuse
- Deliver free alcohol health advice in a range of community settings to young people
- Deliver informal 'street based' community education about the risks and harms of alcohol to 11-16 year olds

Ways to deliver the above are being explored using various networks and multi-agency working.

Ongoing work includes supporting the early preventative educational interventions in schools. The health promotion department continues to provide teachers and community nurses with a continuous professional development programme in Personal, Social, Health Education (PSHE).

## ***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).*

Whilst the overall alcohol consumption per head of population in Jersey has fallen from 16.7 litres of pure alcohol in 1999 to 13.8 in 2008, we consume one and a half to two times more alcohol per capita than the UK population and its European neighbours. The World Health Organisation recommends that the number of alcoholic drinks consumed in one day should not exceed four units (two pints of beer) for men and three units for women and when drunk in moderation, alcohol can contribute to an individual’s quality of life.

However, in the European Union, alcohol has been identified as the third highest risk to health (*Our Island, Our Health, 2009/10*<sup>12</sup>) and the effects it can have when drunk in excess, on crime, families, children and the wider community are well documented.

The fact that our consumption is coming down though, does indicate that many of the initiatives around reducing alcohol consumption have been having some positive impact.

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 was 58 in 2009.

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<sup>12</sup> Our Island, Our Health: Annual Report for the Medical Officer of Health, 2009/10

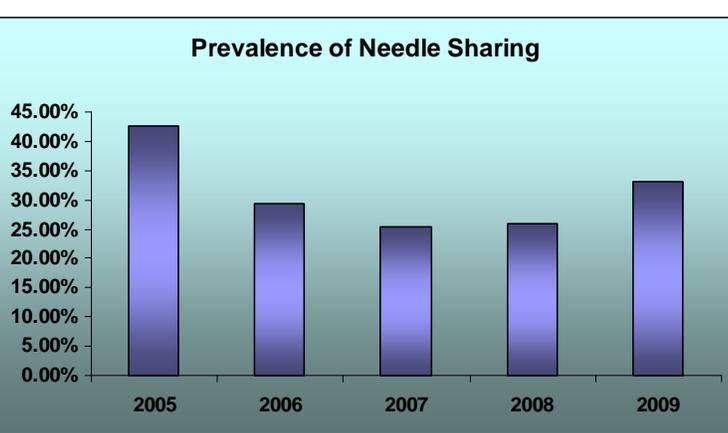
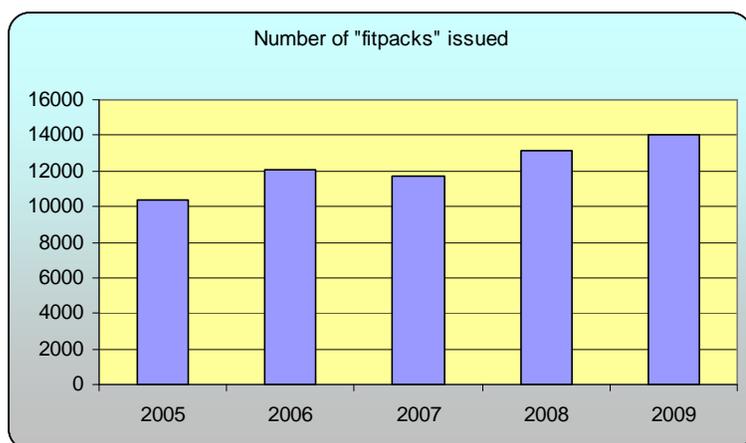
## Promote health-enhancing behaviours and reduce the harm caused by substance misuse

*“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.

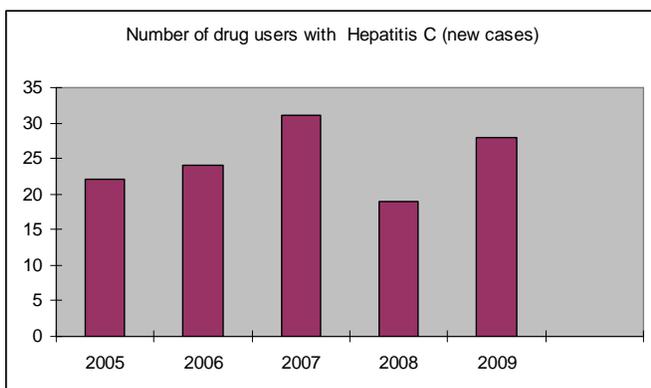
“Fitpacks” are sterile packs containing syringes, sterile swabs and other paraphernalia that drug users need. The rationale for issuing these is to prevent the harm that needle-sharing may cause, by reducing the risk of contaminated needles and therefore the transmission of infections like Hepatitis C and H.I.V. 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 is 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 ‘fitpacks’ issued in 2009 has risen slightly again. In 2005, 10,330 were issued, a total of 99,845 syringes, whilst in 2009, a total 131,825 syringes (14,034 “fitpacks”) were distributed.



The needle exchange figures need to be correlated with the prevalence of needle-sharing which is a 6 monthly calculation based on surveys of the addicts through the alcohol and drug service. 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 2009 the prevalence rose to 33%.

Hepatitis C is often referred to as the ‘silent epidemic’. Many of those who have the infection show no symptoms of clinical infection. 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.

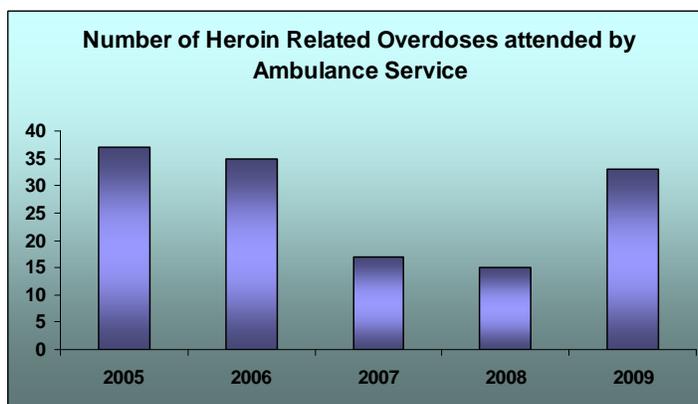
Hepatitis C is transmitted from one person to another through blood-to-blood contact. Current and past injecting drug users, those who have received blood products before 1986 and recipients of blood transfusions before 1991 are the highest risk groups; however, other areas of risk are through tattooing,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



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 Alcohol & Drug unit offers blood borne viral testing and sexual health screens which includes blood borne viral testing is 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 31 in 2007 and 28 in 2009.

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 Arrest Referral Officer offers substance misuse programmes to those who have come into contact with the criminal justice system and also takes referral from the Parish Hall. In 2009, 37 referrals were made. The substance

misuse awareness programmes run by ADS includes information on both alcohol and drugs.

Overall there was only 1 drug related death in 2009, a male from heroin.

## ***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).

The Clinical Nurse Specialist Counsellor working at ADS supports and advises 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 includes mothers with concerns over their children’s drug use, partners of clients undergoing alcohol de-toxification, etc.

The Health Promotion Officer for Alcohol and Drugs is working on a new information booklet for parents to provide them with information about drugs and alcohol. Focus groups were held with parents to understand the type of information they felt would help them most.

The Drug and Alcohol Counsellor in the Prison provides 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. It is also very important to support, engage and prepare the families and carers of people who misuse drugs and other substances. The Drug and Alcohol Courses, the Cocaine Course and the Drug Importers Course are Validated Courses brought from the Prison Service in England and Wales and the Alcohol Study Group is the same delivered by Probation in Jersey.

Together with statutory agencies, there are some voluntary agencies that are providing help and support, for example Freedom for Life is providing courses for substance misusers.

The Parenting Programme Team who deliver parenting programmes at The Bridge provide sessions about alcohol, drugs and sex as part of the course. The aim of the sessions is to increase parents’ knowledge and skills to talk to their children about these issues, (The Bridge, 2010<sup>13</sup>). 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.

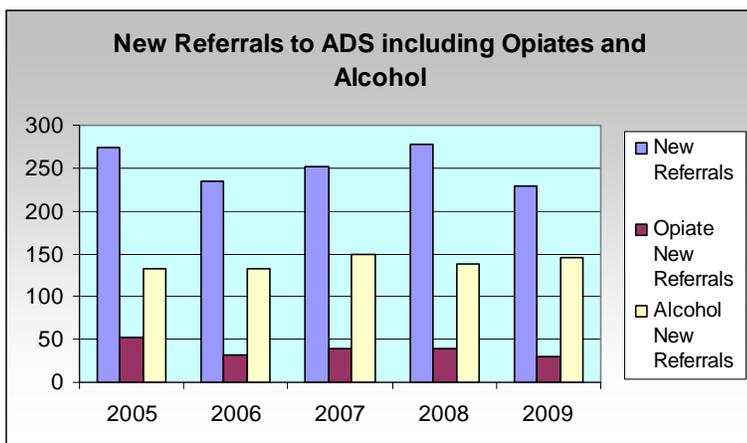
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<sup>13</sup> The Bridge, Business Plan, Jan 2010

**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).



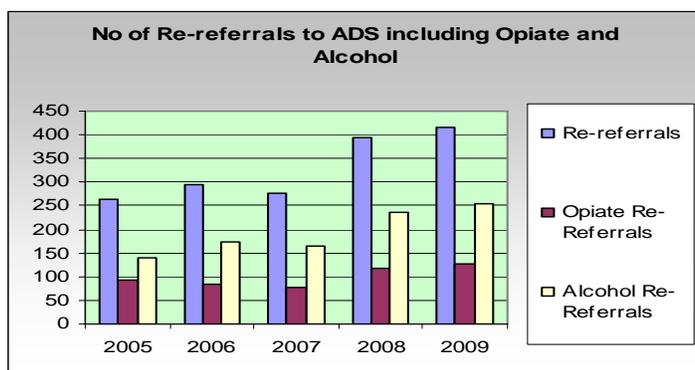
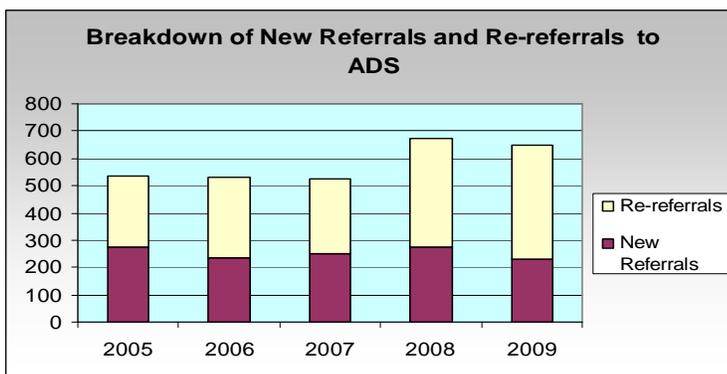
In 2009 the Alcohol and Drug Service received 646 referrals, 229 were new referrals and 417 were re-referrals.

Of the new referrals, 30 were for opiate issues whilst 146 were for alcohol-related issues and of the re-referrals, 254 were for alcohol and 128 for opiates. This means that 64% of new referrals in 2009 were alcohol-related whilst only 13% were for

opiates. Likewise for re-referrals, 61% were for alcohol and 31% for opiates.

Since 2005 the number of referrals to Alcohol and Drug Service has risen from 544 in 2005 to 646 in 2009 although this is slightly less than in 2008.

The number of re-referrals has risen 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



The number of new referrals has fallen very slightly from 273 to 229. This includes a drop for opiates from 52 to 30 but an increase in new alcohol referrals from 132 to 146.

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.

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 Alcohol and Drug Service and liaises closely with other agencies.

As the service is gaining a higher profile, the ALN is becoming more involved in discharge planning. This is useful as they have a greater knowledge of alcohol services in the community and can provide a link to achieve increased engagement in services. Even if services are declined, simply being aware of what is available could improve the chances of future involvement.

People are approached in hospital and a brief intervention is offered. Binge drinkers are often recognised this way. The centre has grown now and it caters for all dependency levels and provides a detoxification programme although, at the moment because of resource constraints, it only runs Monday to Friday. Unfortunately although referrals are taken from A&E, young people rarely contact the service with the exception of high end users and high end substance abusers do better on the programme than binge drinkers. There are very few young people, and the ones who are seen tend to be for drug problems rather than drink. There are a lot of people at retirement age with domestic issues and patients tend to be dual patients, having mental health issues and dependency. They are mainly heavy drinkers. Retirement age is the main problem, and for many patients their drinking doesn't become a problem until then. It also tends to be males who are 40+, but more women in their 40s are being referred. Redundancy is also causing problems.

In 2009, 346 people were treated.

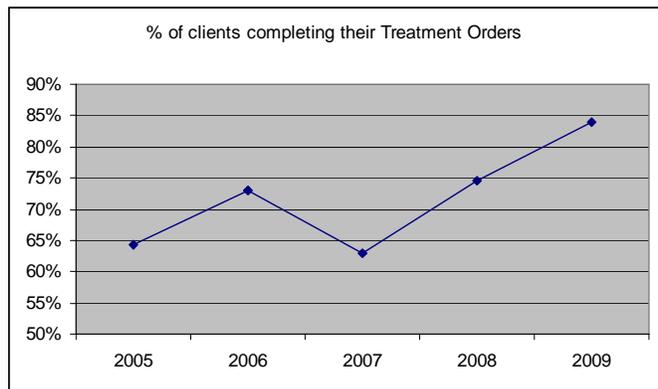
The Alcohol and Drug Service also offers counselling, group work, de-toxification programmes, relapse prevention and endeavours to offer as wide a range of treatment options as possible.

**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).*

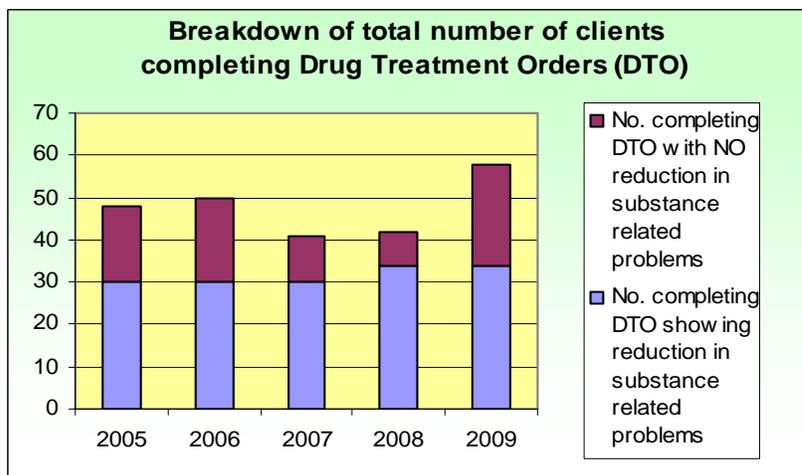
The strategy aims to reduce the harms caused by substance misuse both to society and the individual. Our philosophy starts from the premise that it is better to stop offending behaviour including substance misuse before it happens, but recognising that this is not always possible the next best thing 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

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 98% this year. The percentage completing their orders has increased from 64.25% in 2005 to 84% in 2009.



The vast majority of offenders get through their orders with a resultant improvement in their CHRISTO<sup>14</sup> (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.

The arrest referral project provides 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



<sup>14</sup> CHRISTO – an assessment tool that measures the level of substance misuse difficulty experienced by a client.

ultimate objective of addressing their substance misuse, thereby improving lifestyle and reducing the potential for re-offending. The Arrest Referral Worker works mainly from the Police Station where people who have been arrested and are being held in the police cells for substance misuse are assessed and then provides information on, and referral to, appropriate treatment. The Arrest Referral Scheme works on the premise that offenders are often at their most receptive to change when first brought into custody; between 51 and 75 clients per year have received treatment after referral from the Arrest Referral Worker.

## ***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 SOJP will continue to target the principals behind drug Importation/supply syndicates, with a particular emphasis on Class A drugs. (BaSS Strategy, 2005-09).*

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.

In 2009 the average purity of the heroin seized by customs was 37%. This was an increase on the 2008 average of 33%. Purity levels varied between 12% and 51%. In total, customs officers seized 1.2 kgs of heroin in 2009.

2009 saw a significant increase in cocaine seizures with customs officers seizing 2.75 kgs of the drug. The purity levels varied from 2% to 21%. It should be noted that the purity levels of the larger seizures tended to be of lower purity.

As in previous years BaSS continued to fund a customs advertising campaign in 2009. In total 5 news releases were placed with the media in the area where the smuggler resided.

According to the SOJP Annual report<sup>15</sup> “Drug trafficking and distribution is the most widespread and lucrative business activity for organised crime and Jersey’s lucrative illegal drugs market inevitably draws criminal interest from the United Kingdom and Europe.”

The conviction in November 2009 of one of Britain’s most influential criminals for conspiring to import £1 million worth of illegal drugs into the Island as “a little starter” provided a stark reminder of the reality of this threat. This conviction, together with that of his associates, was a high profile success for the States of Jersey Police in the sustained effort against serious and organised crime.

The SOJP work closely with their JCIS partners in the sharing and actioning of intelligence around the threat posed to the Island by drugs as well as a variety of other matters. The working relationship between the Law Enforcement agencies that often goes on behind the scenes has produced many notable successes. Often the success for one agency, although unpublished, will be as a result of cooperation and intelligence sharing from the other.

Throughout the year there have been many operations resulting in convictions, some as a result of joint operations with UK forces, which have involved drugs such as cannabis, cocaine and heroin.

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<sup>15</sup> States of Jersey Police Annual Report , 2009

These successes, often the culmination of prolonged and complex investigations, demonstrate to criminals that Jersey is a hostile environment where they run a significant risk of being brought to justice.

Aside from the targeted operations against the criminals responsible for organising drugs supply, policing activity also maintained the pressure on street dealers working further down the supply chain. Overall, 279 drugs offences were recorded in 2009. Financial damage was also inflicted on criminal organisations through the seizure of illegal drugs with a street value of £823,000 and associated cash in the sum of £25,000.”

## **Executive Support:**

The Community Safety Partnership is supported in the implementation of the Strategy by an Executive Officer and a Monitoring and Evaluation Officer. The Executive Officer's role is to support the Chair and members of the Community Safety Partnership by ensuring the co-ordination of all BaSS-related activity. Specific areas of responsibility include executive support to the partnership, management of the overall budget; development and implementation of a communication strategy; development and implementation of performance management system; and conducting research into areas of specific interest. For instance, in 2004/05 BaSS conducted one of the largest postal surveys ever conducted in Jersey with 10,000 randomly selected households receiving a questionnaire. The survey was designed to provide the Community Safety Partnership with information on people's experience of crime, their opinions on the criminal justice system and their perception of safety in their own neighbourhood and in the Island as a whole. Over 4,000 households responded and the resultant data has provided the Community Safety Partnership with much useful information.

2005 saw the introduction of a Monitoring and Evaluation (MEO) Officer for BaSS. There are two main functions of this role. Firstly, the MEO is responsible for collating and analysing the statistics which are provided by members of the Community Safety Partnership on a quarterly basis. This data forms the basis upon which reports such as this are written. It is therefore extremely important that the data is accurate and relevant. The model for the collection of data is based upon desired outcomes.

The other main function of the role is to evaluate initiatives funded by the Strategy. The main purpose of the evaluation is to ensure that the initiatives contribute to Bass in the way in which they were intended; ensure that the initiatives provide value for money; and, where appropriate, make recommendations as to how the initiative may be improved.

The evaluation uses a locally-developed methodology called the Rapid Evaluation Methodology (REM). Based upon an initial eight week time-scale, REM includes literature reviews, participant observation, stake-holder consultation and user participation. We have evaluated 6 projects so far ranging from a Court Liaison Project which deals with offenders with substance misuse issues to a pre-school project which provides support to vulnerable young children and their parents within mainstream nursery provision.

Results have been encouraging with practitioners, partners and clients welcoming the recognition that is being gained as part of the process. Recommendations have led to some changes in practice and an increased awareness of how projects are contributing to the community safety agenda in Jersey.

There has been much interest in this approach to evaluation with several universities who currently conduct evaluations in community safety in the UK enquiring into the possibility of using REM. A paper was presented by the Executive Officer and Monitoring and Evaluation Officer at the British Society of Criminology Conference in Glasgow.

The Executive Officer and MEO have also been involved with researching, facilitating, monitoring and evaluating a community based initiative called Safer St Helier. This partnership between government agencies, the Parish of St Helier, businesses and St Helier residents is aimed at addressing issues of crime and anti-social behaviour in St Helier.

The work of the MEO has been dominated, to a large extent, with involvement in this programme because the process needed much time and effort not least to gain and retain the trust of the community. The process involved gathering information on the nature and extent of the issues faced by St Helier residents, businesses and users.

Collation and analysis of data from sources such as the States of Jersey Police, Accident and Emergency, Housing, The Youth Service and Ambulance Service, provided enough information to enable us to build an initial picture as to what the issues were. Preliminary Fieldwork was conducted with States of Jersey Police, Accident and Emergency Department, Detached Youth Service and Hospitality Industry. At the same time interviews were conducted with Chief Officers, St Helier Deputies, Magistrates and Honorary Police. Focus groups were held with members of the hospitality industry, the media, transport providers and young people. A public meeting was held at Rouge Bouillon School at which over 60 residents were able to voice their concerns. A number of individuals also came forward as a result of the publicity the initiative received.

Safer St Helier Community Partnership is an example of what can be achieved by engaging with communities. It is an ambitious programme, perhaps the most ambitious community programme ever undertaken in the field of community safety in Jersey. It set its sights high at the very start, aiming to redefine community participation in Jersey.

# Budget

Funding for Building a Safer Society is provided through revenue budgets of Home Affairs Department and Health and Social Services Department and through the Drug Trafficking Confiscation Fund for the life of the strategy (2005-2009).

## BaSS Budget 2009

<b>Initiative</b>	<b>Service</b>	<b>Budget Holder</b>	<b>2009</b>
Restorative Justice	Probation	Home Affairs	£ 27,255
Portuguese Offender Worker	Probation	Home Affairs	£ 24,890
Basic Skills Project	Probation	Home Affairs	£ 9,046
Victim Support	Victim Support (Jersey)	Home Affairs	£ 31,519
Executive Support*	Home Affairs Exec	Home Affairs	£ 50,966
Mainstream Nurseries	Children's Service	Home Affairs	£ 23,745
Daycare Support	Children's Service	Home Affairs	£ 39,576
Positive Futures	Education, Sport & Culture	Home Affairs	£ 61,938
Domestic Violence Programme	Jersey Domestic Violence Forum	Home Affairs	£ 34,765
Prison Me No Way	Prison Me No Way	Home Affairs	£ 15,000
			<b>£318,700</b>
Specialist Alcohol Worker	Alcohol & Drug Service	Health & Social Services	£ 50,883
Youth Counselling Project (YES)	Youth Service	Health & Social Services	£ 21,896
Detached Youth Worker	Youth Service	Health & Social Services	£ 50,638
			<b>£123,417</b>
Prison Drug Education Health Promotion Officer (Drugs)	Prison	DTCF Home Affairs	£ 40,000
Arrest Referral Worker	Health Promotion	DTCF H&SS	£ 62,190
Drug/Alcohol Counsellor	Alcohol & Drug Service	DTCF H&SS	£ 46,247
Methadone Programme	Alcohol & Drug Service	DTCF H&SS	£ 62,190
Court Liaison Officer	Alcohol & Drug Service & Probation	DTCF H&SS	£205,000
Executive Support	Home Affairs Exec	DTCF Home Affairs	£ 53,068
Customs Publicity	Customs & Excise	DTCF Home Affairs	£ 60,655
			£ 5,000
			<b>£534,351</b>
		<b>Total</b>	<b>£976,468</b>