

# **Building a Safer Society**



## **Annual Report 2007**



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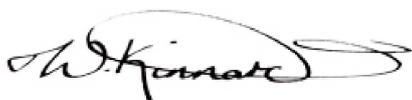
## Foreword

It gives me great pleasure to introduce the 2007 Building a Safer Society Annual Report. It is, as readers will see, a very positive report., showing graphically what we, as a community are doing to reduce the harm associated with crime, anti-social behaviour and substance misuse.

In adopting the Building a Safer Society Strategy in 2005, the States rejected the belief that crime and substance misuse were simple issues which should be solved by one-dimensional interventions. BaSS is a multi-faceted response to complex problems, focusing as it does on early intervention, enforcement and rehabilitation. It is a realistic strategy which recognises that crimes will be committed and psychoactive substances such as alcohol and illegal drugs will be misused. The ultimate aim of BaSS is to prevent incidents happening in the first place; education, diversion and enforcement all play important roles in achieving this. However, when an incident does occur we aim to minimise the harm caused, to the victim, friends and family, the community and also to the offender. Finally, we aim to break the cycle of offending which can be so destructive to individuals and society. The States have recently re-affirmed their support for this approach through support of Jersey's first Criminal Justice Policy.

Initiatives such as the Restorative Justice project, the Positive Futures programme and the Detached Youth Work initiative, graphically illustrate how this strategy is making a real and tangible difference to peoples lives. However, BaSS is more than just a States strategy. Many of the initiatives highlighted in the report are run by voluntary sector agencies such as Victim Support (Jersey), The Jersey Child Care Trust and the Jersey Domestic Violence Forum. Others such as the Safer St Helier initiative are led by members of the community supported by States Officers.

All too often we fail to recognise and acknowledge what a fantastic job the men and women who have brought this strategy to life have done. They work with people who exhibit some of the most challenging behaviours and, as the report shows, to a large extent they are making a real difference to people's lives. I thank each and every one of them for helping to make our Island a safe place to live.



**Senator Wendy Kinnard**  
Minister for Home Affairs



# Introduction

No one agency or sector in isolation can make a real difference to local quality of life, or achieve what many people want for their communities. Recent years, however, have seen real changes towards integrated action at the local level. Partnership working is increasingly acknowledged as generating solutions to problems that single agencies cannot solve, improving the services that users receive, and enhancing the coordination of services across organisational boundaries. Since 2005, the Building a Safer Society Strategy (BaSS) (and prior to this, in different guises) has been working across agencies in the public, private and voluntary sectors to provide comprehensive and workable solutions to some very serious social and community safety issues.

Community safety matters greatly to local people and the States of Jersey is committed in its strategic plan “to promote a safe, just and equitable society within which communities feel protected against crime and disorder”. The Community Safety Partnership (CSP) plays a crucial role in ensuring that BaSS is delivered and part of this means that they are committed to assuring that they have robust partnership structures and effective performance management processes in place to deliver strategic objectives.

Over the course of the strategy we have been continually assessing how effective we have been and investigating ways in which improvements can be made. Accordingly the CSP underwent a review in the beginning of 2007 to assess how successful partnership working has been, celebrate such successes, and identify any issues that need to be addressed. The results will be used to inform the direction for the future composition of the next strategy.

Reducing crime, the fear of crime, and the harm caused by illegal drugs is a complex issue and the identification of obstacles and solutions can be similarly complex. BaSS seeks to address these issues at three different levels across all age groups: Early interventions, which help prevent the likelihood of a substance misuse, crime or antisocial behaviour problem occurring; diversionary activities, which help people to reach their full potential and promote social inclusion; and finally, if a crime has been committed, responding appropriately, which ensures that the offender understands the consequence of their actions and minimises the harm to the victim thereby helping everyone to carry on with their lives.

This is the third BaSS annual report and will provide an account of some of the initiatives that are in place which bring these aims to life. For the people involved with delivering these initiatives, the strategy is not just a paper exercise but a reflection of the realities of the issues they deal with every day and the concerted attempts of like-minded people to make a difference. The measures that we have collated during these past three years have provided us, not only with some evidence of the effectiveness of the strategy, but also some indicators of the direction our society is taking. Some of the measures will be changed or new measures added, from 2008, as reflects the dynamic nature of the strategy and its impact on the safety of our community.

**S.W. Austin-Vautier**



**Chief Officer Home Affairs**



## Executive Summary

Building a Safer Society came in force on 1<sup>st</sup> January 2005 and replaced the existing States strategies on crime and anti-social behaviour and substance misuse.

It has three strategic priorities each with their own key objectives.

### **Strategic Priority 1: To create a safer environment by reducing crime, public disorder and anti-social behaviour...**

**Overall, results in this category have been extremely positive. Recorded crime fell for the third consecutive year and 2007 saw overall crime fall to below 5,000 incidents for the first time. Significantly, recorded crime in those communities worst effected has fallen by 20% over the life of the strategy.**

**Crime and its results are a multifaceted problem and require responses from many directions. Intelligence led policing has undoubtedly contributed to the success of this priority, together with initiatives such as the Restorative Justice Programme, the Safer St Helier Community Partnership, and the Housing Tenant Participation Officers.**

**Furthermore, not only is the data telling us that we are on the right track but perhaps more importantly the public are telling us we are on the right track. More people are stating that they feel 'very safe' in their own neighbourhood and fewer people are saying that they feel unsafe in the town centre after dark.**

## Main Points

More people felt their neighbourhoods were "Very Safe" in 2007 than in 2005 (Jersey Annual Social Survey (JASS), 2007, p 19)

This is the third consecutive year in which overall recorded crime in Jersey has fallen and the first time that overall crime has fallen below 5,000

The SSH group trial of taxi marshals (Q-Safe) at the weighbridge taxi rank during December appears to have been very successful

The overall number of crime, disorder, nuisance and youth incidents reported in identified communities reduced in 2007

The number of physical and sexual assaults recorded by States of Jersey Police in the pubs, clubs and streets of St Helier between 8pm and 4am increased by 1.6% compared to 2006

Fixed term school exclusions have risen by 27.5% from 2006 to 2007.

About one in four of all the physical assaults recorded in Jersey are domestic violence related.

Restorative Justice Initiative consistently shows a 100% rate of satisfaction. Outcomes for both victims and offenders seem very positive.

The figure for those offenders supervised on probation orders who reduce their risk of re-offending has increased.

**Strategic Priority 2: To provide people with opportunities to develop their potential as lifelong learners and active and responsible members of society.**

**It is far more effective to prevent people becoming involved in criminality and substance misuse in the first place than it is to deal with the aftermath.**

**Investing in PSHE, providing access to healthy pursuits and reducing social exclusion are all measures designed to increase protective factors and reduce risk factors associated with future criminality and substance misuse.**

**Projects such as the Healthy Schools Programme, PSHE training, Street Based Youth Work, The Bridge and Community Sport are providing young people with information, support and advice they need to make informed decisions about issues such as relationships, substance misuse, and crime.**

## Main Points

The Street Based Youth Workers (SBYW) are very skilful at making contact and engaging in conversations with young people. There is no doubt that these skills need to be incorporated into a multi- agency approach to engaging young people.

There are 6 primary schools and two secondary schools working towards the National Healthy School Standard.

PSHE certification requires a chosen focus on Drugs Education, Sex and Relationships Education or Emotional Health and well-being. 12 teachers have completed the programme with 6 having achieved certification.

There has been a significant reduction in unauthorised absences in secondary schools since 2003.

The number of people on probation receiving supervision from a Portuguese speaking officer remains at 100%. The majority of those clients reduce their risk of reoffending.

At the end of 2007 the Probation and After Care service had 10 people on their Basic Educational Skills Programme.

The Bridge has succeeded in meeting the needs of the community.

The Positive Futures Community Development initiative works in partnership with both the private and public sector. A key achievement was the 70% reduction in calls to police in the St Brelade area during the Late Night League project.

### **Strategic Priority 3: Reduce the harm caused by drugs, alcohol and solvents:**

The act of taking drugs or drinking alcohol is not, in itself, necessarily harmful. For instance drinking alcohol within sensible drinking limits is not usually harmful. Heroin is not necessarily a harmful drug. It can be used medically (Diamorphine) where a patient is suffering extreme pain. However, drinking above sensible drinking limits can have adverse effects on our community and individuals, as can binge drinking. Similarly, intravenous drug users risk harm through catching blood borne viruses such as HIV and Hep C through needle sharing, and sharing of paraphernalia.

Programmes such the opiate substitute programme are 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. A survey of clients on the opiate substitute programme showed that they felt the programme:

- Stabilised lifestyle
- Enabled clients to stay in employment
- Reduced crime

Offenders are also receiving high quality interventions. Results from the Court Liaison project show that nearly 2 out of 3 offenders who complete their Probation Order reduce their risk of re-offending. HM Prison has introduced enhanced education for inmates as part of a drive to reduce re-offending.

Once again the data suggests we are moving in the right direction.

## Main Points

|  |
|--|
| <p>The HRBQ (2006) has resulted in a number of changes that have improved the quality and the application of the data during 2007.</p>   |
| <p>The percentage of youths on probation receiving substance misuse education remains at 100%.</p>   |
| <p>Young Offenders at La Moye Prison have the opportunity for sessions around alcohol and drugs conducted by counsellors from the Alcohol and Drug service.</p>  |
| <p>Jersey consumes one and a half to two times more alcohol per capita than the UK population and its European neighbours.</p>   |
| <p>Children in school years 6,8 and 10 were more likely to abstain from alcohol than their counterparts in the UK.</p>   |
| <p>8% of the minority of year 10 students who did drink were found to be consuming above the sensible limits for adults.</p>   |
| <p>The Alcohol and Drug Service (ADS) have opened an Enhanced Needle Exchange Service which operates from ADS.</p>   |
| <p>The number of new cases of Hepatitis C in drug users continues to rise.</p>   |
| <p>The number of drug-related overdoses (attended by the Ambulance Service) has decreased.</p>   |
| <p>The number of drug-related deaths rose this year from 1 in 2005 to 7 in 2007. Four of these were due to Fentanyl and have been an atypical occurrence.</p>  |
| <p>The number of women accessing ADS has risen this year from 160 in 2005 to 168.</p>  |
| <p>Results from an evaluation of the Opiate substitute programme showed that there was an overall improvement in social relationships with all clients, an overall increase in physical and psychological well-being and a decrease in criminality.</p>                  |
| <p>The percentage of treatment orders upheld by the courts has risen overall from 84% in 2005 to 94% in 2007.</p>  |
| <p>The majority of offenders get through their probation orders with a resultant lowering of the risk of reoffending in 63% and an improvement in their CHRISTO (Social skills, health, attendance, attitude, and drug/alcohol use) scores in nearly 74% of clients.</p> |

# **Strategic Priorities**

## Explanation of Tables

Each Key Objective has a table of indicators attached. These are the indicators which are collected and analysed each quarter. However, the reader will notice that in some instances there are less than four indicators for the year. This can occur for a number of reasons, for instance, some indicators collated from Education, Sport and Culture relate to terms (indicated by a (T)) and therefore there are only 3 per 12 month period. Others are collated only every 6 months or twelve months.

| HOW?                          | MEASURE  |   | T1       | T2  | T3  |   | YEAR |   |
|-------------------------------|--|---|----------|-----|-----|---|------|---|
| Collated for each school term | Personal Health  | 2005 (T)  | 109      | 176 | 135 |   | 420  |   |
|                               |  | Baseline  | 435      |     |     |   |      |   |
|                               |  | 2006  | 142      |     |     |   |      |   |
|                               | Education and Information in Order to Promote Self Esteem and Responsible, Healthy Citizens. | Number of Schools Piloting Healthy Schools standard   | 2005     | 0   | 4   | 4 | 4    | 4 |
|                               |  |   | Baseline | 0   |     |   |      |   |
|                               |  |   | 2006     |     |     |   |      |   |
|                               |  | Number of Teachers Working Towards PHSE certification | 2005     | 0   | 6   | 6 | 6    | 6 |
|                               |  |   | Baseline | 0   |     |   |      |   |
|                               |  |   | 2006     |     |     |   |      |   |

Some indicators do not have baselines. Where an indicator has not previously been collected baselines will be developed based upon 2005 data.

## 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 and the following pages detail what we are doing to make Jersey an even safer place in which to live, work and play.”*

|                    | MEASURE   |          | Q1    | Q2   | Q3    | Q4    | YEAR  |
|--------------------|---|----------|-------|------|-------|-------|-------|
| <b>KEY OUTCOME</b> | <b>Reduction in Recorded Crime Per 1,000 Population</b> | 2005     | 13.04 | 15.0 | 16.96 | 14.68 | 59.63 |
|                    |   | 2006     | 12.98 | 15.6 | 15.7  | 12.7  | 57    |
|                    |   | 2007     | 12.87 | 13.4 | 14.46 | 11.39 | 52.15 |
|                    |   | Baseline | 14.7  | 17.8 | 17.6  | 13.8  | 63.7  |

The key outcome measure represents the overall aim of this priority, and is supplied by the States of Jersey Police –

The baselines are a 3-year average to even out peaks and troughs in activity from one year to the next and give a better average picture. All notifiable crimes, as specified by the Home Office, are included so that the results can be compared with other Police forces in the U.K. Public order and road traffic offences are not included as crimes (e.g. the crime figures do not include speeding).

4,658 crimes were recorded by States of Jersey Police during 2007. This means that overall recorded crime in Jersey fell by 11.60% during 2007 against the three-year average for 2004-06. This is the third consecutive year in which overall recorded crime in Jersey has fallen and the first time that overall crime has fallen below 5,000 using the current National Crime Recording Standard that was introduced in April 2002. (SOJP annual report 2007)

**Objective 1: 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.”*

Voluntarism and democracy are strongly linked; the one can give support to, and achieve meaning from, the other. Both are concerned with individuals’ (citizens’) relationships with the wider society, in which individuals both achieve a ‘voice’ in communal affairs and do their bit to foster general well-being. The amount of volunteering that goes on in any community is therefore a good measure of the strength of communities, social capital and cohesion. Volunteers from our community have been involved directly in providing a number of innovative projects and the Strategy aims to work in partnership with the many voluntary and community groups in our island.

| Main Points  |
|--|
| More people felt their neighbourhoods were “Very Safe” in 2007 than in 2005 (JASS, 2007, p 19)   |
| The SSH group trial of taxi marshals (Q-Safe) at the Weighbridge taxi rank during December has been very successful  |
| The Tenant Participation project at Housing has been extremely successful at engaging with States tenants and empowering them to become involved with the decision making process regarding their homes. |

Perceptions of safety in the neighbourhood appear to have been increasing since 2005 - according to the findings of the 2007 Jersey Annual Social Survey, almost half (45%) of adults in Jersey consider their own neighbourhood to be “Very Safe” – up from 2005, whilst 89% consider their neighbourhood to be either “Very Safe” or “Fairly Safe”. More people felt their neighbourhoods were “Very Safe” in 2007 than in 2005 (JASS, 2007, p 19)

Higher proportions of people feel “Very safe or “Fairly Safe” in the rural parishes compared to the urban parishes. With the urban parishes having between 27% and 39% who rate their neighbourhood as “Very Safe” (JASS)

The strategy continues to undertake a number of initiatives aimed at engaging more fully with our local community, for example, the ‘Safer St Helier’ (SSH)

initiative, aimed at reducing crime, disorder and antisocial behaviour in the town centre of St Helier, commenced at the beginning of 2006. It has adopted a participative approach which ensures that a wide range of sources are utilised in developing as full a picture as possible and supports genuine involvement of St Helier residents in partnership with other stakeholders including various States departments.

The Community Focus Groups, developed during 2006 to look at the issues that needed to be addressed, have now coalesced into a Community Steering Group with the intension of working towards making their ideas happen. The Alcohol and Licensing Group have been concerned with addressing the issues of safer drinking and to this end have put forward proposals for a trial extension of opening hours for the nightclubs to give people time to order taxis and get home safely without having to be out on the streets.

The Transport Group suggested a trial of taxi marshals at the Weighbridge taxi rank. The use of taxi marshals to reduce conflict and disorder at taxi ranks is becoming widespread in the UK. Towns such as Reading, Birmingham, Wolverhampton Exmouth, Plymouth and Bristol, to name but a few, have all introduced taxi marshals recently. Results are almost exclusively positive with reduced crime and anti-social behaviour, improved customer satisfaction and improved perceptions of safety for both passengers and taxi drivers. The Q-Safe marshals were in operation over the Xmas period with the intention of extending the initiative if it proves successful. Initial findings have been extremely encouraging with positive feedback from taxi drivers, users, and residents in the surrounding area.

Encouragingly, results from the JASS suggest that there has been an overall improvement of people's rating of the perceived safety of the Town Centre since 2005. More people feel it is "Fairly Safe" and fewer feel it is "very unsafe". (JASS, 2007, p21)

The Safer St Helier Group has also had input into the initial consultations for the Review of the Licensing Law being undertaken.

The Housing Tenant Participation Team engages with States tenants in order to involve them in the decision-making process regarding States rental accommodation. The aim is to increase pride in being a States tenant and improve the quality of life for all residents by encouraging them to take more responsibility for their community. Throughout the year approximately 97 consultations took place including meetings with the Tenants Forum, residents associations, area panels and visits by tenants to The Bridge where the Officers offer them advice, support and discuss opportunities for specific estates. This also includes a number of projects being worked on by the Department's Voluntary Groups throughout the estates and the quarterly publishing of the "Community News" tenant magazine.

The "Tenant Participation Compact" was approved by The Forum and will be implemented over the coming period. This will be a live document and one which will be reviewed regularly by the Tenants Forum. The Forum has also been

consulted on an anti-social behaviour leaflet in partnership with the Department. They have also been involved with the design of a dedicated logo which will be used on documents which the Forum has been consulted on.

Training for tenants has continued to be provided in partnership with Highlands College. A 5-week media course was held for 10 tenant representatives. This will assist them in their dealings with the media when publicising community events or issues.

In October, the Good Neighbour/Community Champions 2007 competitions were judged. The winners were invited to a presentation ceremony held at the Pomme D'Or Hotel. This was a landmark event with a high number of entrants.

The Tenant Participation Team continue working in partnership with BaSS and remain involved in the Safer St Helier project.

The Probation and After-Care Service has recruited volunteer mentors to assist in work with clients who have multiple needs. The number of volunteer mentors and tutors working with the Probation and After-Care Service depends upon the needs of their clients and the availability of volunteers, but this year the number has remained fairly consistent.

| <b>MEASURE</b>  |      | <b>Q1</b> | <b>Q2</b> | <b>Q3</b> | <b>Q4</b> | <b>YEAR</b> |
|---|------|-----------|-----------|-----------|-----------|-------------|
| Perceptions of safety in neighbourhood  | 2005 |           |           |           |           | <b>77%</b>  |
|   | 2006 |           |           |           |           | <b>85%</b>  |
|   | 2007 |           |           |           |           | <b>89%</b>  |
| Tenant Involvement Initiatives  | 2005 | <b>44</b> | <b>48</b> | <b>47</b> | <b>38</b> | <b>177</b>  |
|   | 2006 | <b>40</b> | <b>54</b> | <b>49</b> | <b>44</b> | <b>187</b>  |
|   | 2007 | <b>31</b> | <b>26</b> | <b>20</b> | <b>20</b> | <b>97</b>   |
| Number of volunteer mentors and tutors working with clients supervised by the Probation Service | 2005 | <b>15</b> | <b>12</b> | <b>13</b> | <b>8</b>  |             |
|   | 2006 | <b>12</b> | <b>7</b>  | <b>12</b> | <b>10</b> |             |
|   | 2007 | <b>12</b> | <b>13</b> | <b>15</b> | <b>13</b> |             |

## **Objective 2: 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.”*

| <b>Main Points</b>  |
|---|
| The overall number of crime, disorder, nuisance and youth incidents reported in identified communities reduced in 2007.   |
| The number of complaints to the Housing Anti-Social Behaviour Unit (ASBU) is lower this year than for the last two years and the number of cases successfully resolved has increased.   |
| The number of physical and sexual assaults recorded by States of Jersey Police in the pubs, clubs and streets of St Helier between 8pm and 4am increased by 1.6% compared to 2006. (SOJP,2007 p 26) This increase is being driven by increased levels of violence towards doormen and other staff from licensed premises. |
| Overall burglary levels were down by 10% against the three-year average for 2004-06.  |

The overall number of crime, disorder, nuisance and youth incidents reported in the five key areas reduced from 1,297 in 2005 to 1029 in 2007.

There are many factors affecting the levels of crime and disorder in any particular community and Police incident log statistics can only give an indication of what may be happening. People’s willingness to report incidents, the strength of the community in addressing its own problems, community-based interventions by a variety of different government agencies and partners and even the weather are all important factors. Interventions can also serve to displace problems to other locations. (SOJP, 2007<sup>1</sup>)

During 2007, the number of physical and sexual assaults recorded by States of Jersey Police in the pubs, clubs and streets of St Helier between 8pm and 4am increased by 1.6% compared to 2006. (SOJP, 2007<sup>2</sup> p 26) Closer analysis of the figures so far this year shows street assaults actually fell by 11% but that this

<sup>1</sup> Taken from SOJP 3rd quarter report, 2007 p 4

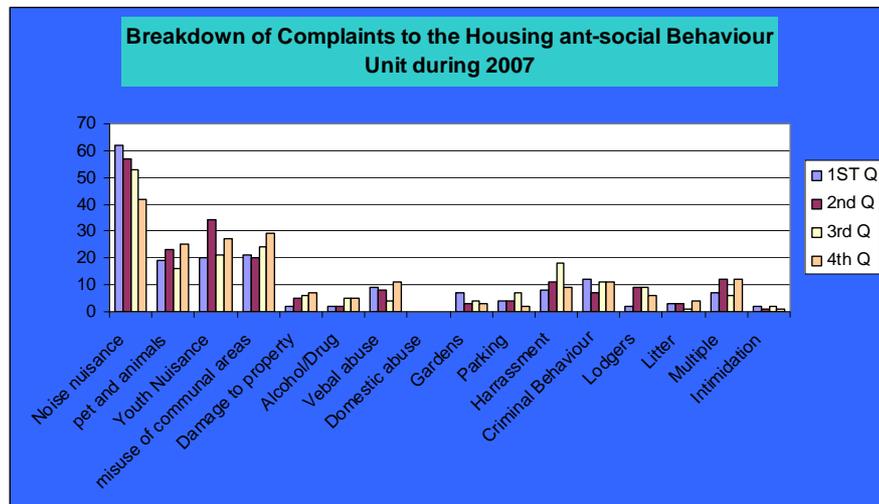
<sup>2</sup> Taken from SOJP Annual Report ,2007

decrease is overshadowed by increased levels of violence towards doorstaff and other staff from licensed premises.

The Police Annual Report points out that stricter enforcement of entry criteria by licensed premises can actually lead to more violence as people react aggressively to being refused entry or asked to leave. The smoking ban in licensed premises may also create more interaction between people immediately outside licensed premises as well as with door staff. Improving standards in the licensed trade, with better trained bar and door staff, better management and increased use of private CCTV in and outside of premises can lead to more assaults being reported. These are important factors to consider before reaching any conclusions about the overall level of violence, particularly as the JASS 2007 survey showed that more people are telling us that they feel safe in St Helier now than in 2005.(JASS, p21)

The Housing Department's Compliance Team has been developed in order to combat all breaches of the tenancy agreement, including rent arrears and reducing anti-social behaviour (ASB). This is being achieved by early intervention and more work being done in the community. An ASB free phone number is also available. The

Team have been to a number of Residents Association meetings, High Rise Panel and Tenant Forum Meetings to gauge the associations' perception of the levels of anti-social



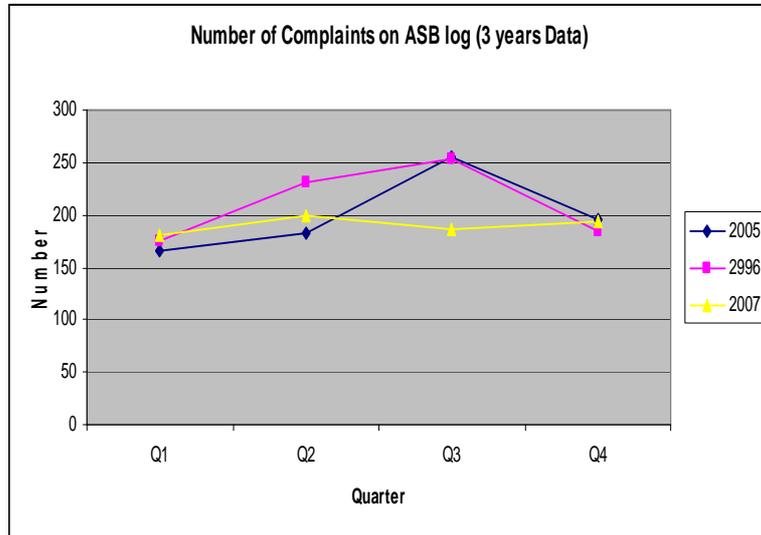
behaviour on the estates. They have received a lot of feed back from tenants regarding the new anti-social behaviour leaflets.

The Compliance Team continue to go out on evening visits to estates, this was a new initiative in 2007 which was developed to accommodate those tenants who are not available for visits during working hours. The team have found this a very beneficial exercise as it not only gives them the opportunity to meet tenants in their home but it gives them the opportunity to see what happens on the estates during the evenings. This initiative is proving a success and will continue in to the next period.

During January to June, the Team worked closely with the Community Football initiative. A Thursday night club is held at Springfield which attracts many children from the area between the ages of 15 & 19. The ball park at Le Geyt Estate is also now open for use.

During the evening of Halloween, the Compliance team joined forces with the Residents Association and States of Jersey Police to target specific issues of disorder and damage historically caused by youths migrating to the First Tower area. By planning ahead and working closely with the Residents Association, actions undertaken saw a dramatic improvement to the security of the Jardin Du Soleil Estate and the quality of life of the tenants.

The number of complaints to the Housing Anti-Social Behaviour unit (ASBU) has dropped during 2007. As the graph illustrates the peak of activity during the period April – September seems to have been resolved during 2007. It will be interesting to see if that remains the case next year. During this period 716 cases reported to the unit were closed as having been successfully resolved compared to 678 in 2006.



Jersey experienced a total of 377 burglaries and 39 attempted burglaries in 2007. Overall burglary levels were down by 10% against the three-year average for 2004-06. Looking further back; burglary is now 13% below the three-year average for 2001-03.

This is the second year in succession that the number of actual burglaries in the Island has fallen below 400. Prior to 2006, the number of actual break-ins had ranged from 424 to 510 a year over the past five years. The arrest of key offenders thwarted an emerging series of breaks in the early spring of 2007, following which burglary rates in Jersey fell below the normal range in May. Intelligence-led targeting also brought two potentially serious burglary sprees to an end in the summer, leading to a period of four months when burglary levels were consistently at the bottom end of the normal range. This was the most prolonged period with a low burglary rate that the Island has experienced in the last four years. (SOJP, 2007, pp 24)

The Jersey Probation and After-Care Service uses the Risk Assessment and Management Audit System (RAMAS) process to inform its work with clients who pose a high or very high risk of harm to themselves or others. RAMAS is a multi-agency tool and also attempts to include the perspectives of the client and their family in order to provide thorough and robust plans that increase public safety. The Probation Service monitored its risk management performance throughout

2007 with an audit revealing that all eligible clients on Probation Orders were managed using the RAMAS<sup>3</sup> process.

| <b>MEASURE</b>   |          | <b>Q1</b>  | <b>Q2</b>  | <b>Q3</b>  | <b>Q4</b>  | <b>YEAR</b>  |
|--|----------|------------|------------|------------|------------|--------------|
| Recorded incidents in identified communities   | 2005     | <b>326</b> | <b>345</b> | <b>338</b> | <b>288</b> | <b>1,297</b> |
|  | 2006     | <b>275</b> | <b>397</b> | <b>344</b> | <b>266</b> | <b>1,282</b> |
|  | 2007     | <b>261</b> | <b>309</b> | <b>251</b> | <b>208</b> | <b>1,029</b> |
|  |          |            |            |            |            |              |
|  | Baseline | <b>n/a</b> | <b>525</b> | <b>380</b> | <b>388</b> | <b>n/a</b>   |
| Number of Complaints to Anti-Social Behaviour Unit   | 2005     | <b>166</b> | <b>182</b> | <b>256</b> | <b>195</b> | <b>799</b>   |
|  | 2006     | <b>176</b> | <b>231</b> | <b>253</b> | <b>185</b> | <b>845</b>   |
|  | 2007     | <b>180</b> | <b>200</b> | <b>187</b> | <b>194</b> | <b>761</b>   |
|  |          |            |            |            |            |              |
|  | Baseline | <b>799</b> |            |            |            |              |
| Recorded assaults taking place in St Helier pubs, clubs and streets between hours of 8pm and 4am                       | 2005     | <b>59</b>  | <b>68</b>  | <b>98</b>  | <b>114</b> | <b>339</b>   |
|  | 2006     | <b>61</b>  | <b>95</b>  | <b>110</b> | <b>96</b>  | <b>362</b>   |
|  | 2007     | <b>96</b>  | <b>83</b>  | <b>107</b> | <b>82</b>  | <b>368</b>   |
|  |          |            |            |            |            |              |
|  | Baseline | <b>75</b>  | <b>72</b>  | <b>113</b> | <b>76</b>  | <b>303</b>   |
| Recorded burglaries  | 2005     | <b>92</b>  | <b>143</b> | <b>135</b> | <b>118</b> | <b>488</b>   |
|  | 2006     | <b>99</b>  | <b>113</b> | <b>99</b>  | <b>94</b>  | <b>405</b>   |
|  | 2007     | <b>120</b> | <b>91</b>  | <b>106</b> | <b>99</b>  | <b>416</b>   |
|  |          |            |            |            |            |              |
|  | Baseline | <b>102</b> | <b>130</b> | <b>128</b> | <b>126</b> | <b>486</b>   |
| Recorded TADAs <sup>4</sup>  | 2005     | <b>40</b>  | <b>58</b>  | <b>53</b>  | <b>31</b>  | <b>182</b>   |
|  | 2006     | <b>42</b>  | <b>32</b>  | <b>62</b>  | <b>50</b>  | <b>186</b>   |
|  | 2007     | <b>62</b>  | <b>25</b>  | <b>52</b>  | <b>30</b>  | <b>169</b>   |
|  |          |            |            |            |            |              |
|  | Baseline | <b>58</b>  | <b>70</b>  | <b>77</b>  | <b>51</b>  | <b>256</b>   |
| Proportion of "red flagged" offenders on Probation for risk of harm to others who are assessed and supervised by RAMAS | 2005     |            |            | <b>40%</b> |            | <b>60.0%</b> |
|  | 2006     |            |            | <b>50%</b> |            | <b>60.8%</b> |
|  | 2007     |            | <b>91%</b> |            | <b>68%</b> |              |
|  |          |            |            |            |            |              |
|  | Baseline | <b>60%</b> |            |            |            |              |

<sup>3</sup> RAMAS is a policy drafted to develop new services for offenders subject to Community Service. A senior management team from Police, Prison and Health has been set up to develop cross agency protocols for managing clients who pose risk RAMAS highlights people who are at highest risk to others and themselves and involves the client and his/her family,

<sup>4</sup> TADA – Taking and Driving away –of vehicles

**Objective 3: 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 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”*

| <b>Main Points</b>  |
|---|
| Fixed-term school exclusions appear to have risen by 27.5% from 2006 to 2007.   |
| A quarter of all known offenders are aged under 18.   |
| The proportion of the population of 14-17 year olds who are known to have committed an offence has risen slightly from 3.9 % last year to 5.2%. |
| 20 children were supported by the Jersey Child Care Trust through their Special Needs Inclusion Project   |

School suspension is one of the risk factors associated with offending behaviour. In Jersey, unlike the UK, we do not permanently exclude children from schools. The number of suspensions shown above represents the number of times a school issued a suspension – not the number of pupils who were suspended. Comparing the figures for the last 3 years shows quite a significant increase in the amount of fixed term exclusions. However, it should be highlighted that the data from the years 2004/05 may not be completely accurate due to errors directly attributable to the data base which was being used. However fixed term exclusions appear to have risen by 27.5% from 2006 to 2007.

A quarter of all known offenders are aged under 18 which is consistent with the figure last year, whilst the proportion of the population of 14-17 year olds who are known to have committed an offence has risen slightly from 3.9 % last year 5.2% (This is based on based on extrapolated figures from the 2001 census data).

The population of 14-17 year olds was set to increase by 14% over the last five years. Young offenders commit a significant proportion of the Island’s crime. In 2007 37% of all recorded offences was committed by those aged under 18 years. This compares to 35% for 2006. Any increase in the Island’s youth population has clear implications for underlying crime trends. (SOJP Annual Report)

The Youth Action Team (YAT) has been developed as a response to the Bull Report in 2002 into the provision for children and young people with emotional

and behavioural difficulties and disorders in Jersey. The Team, consisting of officers from Probation and After-Care Service; Education, Sport and Culture; Health and Social Services and Home Affairs, work in partnership to address the needs of young people coming before the Courts or those who are at risk of offending.

During 2007 the Youth Action Team worked with a total of 77 young people ranging from early intervention through to secure accommodation orders. In 12 months the Team had 360 sessional contacts with service users involving nine different types of intervention. These included Teen Talk, Family Problem Solving, Group Work, Anger Management, Substance Abuse, Residencies and Motor Cross.

These sessions do not include all of the reporting contacts required by Probation Orders or the Children in Need interventions undertaken by Child Care Officers in the Team. These two elements added over a thousand client contacts during 2007. During 2007, 85 (88.5%) out of the 96 referrals and commencements to YAT had some form of organised 'activity' ranging in scope from a probation reporting session through to a three day residential.

The Youth Action Team has put particular effort into reducing the number of young people needing residential care placements or being remanded to the secure unit. During 2007 there was a 60% reduction in secure remands compared with 2006. Working with families to keep young people at home and in the community is a YAT priority.

Placement in residential care is a major risk factor in potentially starting or escalating contact with the justice system. Keeping young people at home reduces this risk and relieves the pressure on residential establishments allowing them to put more resources into a smaller number of looked after children.

The Jersey Child Care Trust (JCCT) is based at The Bridge and is an integral part of the holistic service that the centre aims to deliver to families and young people. The JCCT provides many innovative projects for children and some among these are an important component of the objectives that BaSS endeavours to fulfil. For example; the Special Needs Inclusion Project which aims to enable children with special needs to achieve their best outcomes (socially, intellectually and/or physically) in their early years within a private childcare setting. During 2007, 20 children were supported by JCCT. The JCCT also provide a programme for training for childcare practitioners. To this end, they provide over 1000 places for CPD and training events for childcare professionals and play workers each year to improve the quality of the play; learning and care opportunities that are made available for children aged 0 – 12 years.

| <b>MEASURE</b>   |           | <b>Q1</b>             | <b>Q2</b>    | <b>Q3</b>    | <b>Q4</b>    | <b>YEAR</b>          |
|--|-----------|-----------------------|--------------|--------------|--------------|----------------------|
| No. of School Suspensions  | 2004/2005 | <b>109</b>            | <b>176</b>   | <b>135</b>   |              | <b>420</b>           |
|  | 2005/2006 | <b>142</b>            | <b>116</b>   | <b>107</b>   |              | <b>365</b>           |
|  | 2006/2007 | <b>132</b>            | <b>117</b>   | <b>170</b>   |              | <b>503</b>           |
|  | Baseline  | <b>435(Full Year)</b> |              |              |              |                      |
| Proportion of young people referred to the Youth Action Team participating in organised activities | 2006      |                       |              |              |              | <b>Not Collected</b> |
|  | Baseline  |                       |              |              |              |                      |
|  | 2007      |                       |              |              |              | <b>88.5%</b>         |
| Proportion of known offenders who are aged under 18  | 2005      | <b>31%</b>            | <b>31%</b>   | <b>32%</b>   | <b>31%</b>   | <b>31%</b>           |
|  | 2006      | <b>22%</b>            | <b>24%</b>   | <b>25%</b>   | <b>25%</b>   | <b>25%</b>           |
|  | 2007      | <b>27%</b>            | <b>28%</b>   | <b>27%</b>   | <b>25%</b>   | <b>25%</b>           |
|  | Baseline  | <b>25%</b>            |              |              |              |                      |
| Proportion of 14 -17 yr old population who are known to have committed an offence                  | 2005      | <b>1.4%</b>           | <b>3.2%</b>  | <b>5.1%</b>  | <b>5.6%</b>  | <b>5.6%</b>          |
|  | 2006      | <b>0.7%</b>           | <b>2.50%</b> | <b>3.70%</b> | <b>3.90%</b> | <b>3.90%</b>         |
|  | 2007      | <b>1.73%</b>          | <b>2.38%</b> | <b>3.60%</b> | <b>5.20%</b> | <b>5.20%</b>         |
|  | Baseline  | <b>4.10%</b>          |              |              |              |                      |

**Objective 4: 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.”*

| Main Points  |
|--|
| The review of the Parenting Services was completed at the end of October; some gaps in provision were highlighted.                         |
| Both Parenting programmes and the JELLY (Jersey Early Learning Literacy) Clubs remain extremely popular with parents, carers and children. |

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 measures for the parenting programme and JELLY clubs are due to be discussed following the completion of the review of parenting services. Whilst it appears that more parents are being referred to the programme, little can be gauged from the above numbers as the definitions, and mode of collection have changed quite markedly since we began collecting data for this report.

According to the JASS, less than one in 10 parents use the support services available to them, and the majority of those who do, use them infrequently. However, almost half reported not knowing how to make use of those services they had heard about. More than ¾ of those who completed the survey rated themselves highly in how confident they felt in their parenting abilities.

The review of Parenting Services commissioned by the Children's Executive was completed at the end of October. 78 questionnaires were sent out to groups and individuals (62% were completed) and the main providers of parenting support and other stakeholders were interviewed. The recommendations made by the review panel reflected the evidence collected and included:

- An island strategy for children and families
- The development of parenting programmes that are seen as non-stigmatising
- More accessible services
- Vocational training for those delivering services
- Effective monitoring and evaluation of outcomes

Following this, monitoring and evaluation statistics will be discussed in more detail with the co-ordinator of the services.

The Jelly (Jersey Early Learning and Literacy Years) clubs focus on investigating the effects parents have on their children’s development by stimulating them through play, talking, listening and sharing books. Feedback from parents has encouraged these programmes to continue.

The “Your Child, Your Responsibility” campaign was launched in October 2006 by the States of Jersey Police to remind parents that they have a responsibility to know where their child is. Letters are sent to the parents of children who have come to the attention of the Police.

The campaign continues during 'peak' times for youth incidents such as during half terms, the summer holidays and when exam results were due. In July 2007, after many months of planning, States of Jersey Police and Parenting Support Services launched the 'Your Child, Your Responsibility' leaflet which was distributed throughout schools

| <b>MEASURE</b>                                    |              | <b>T1</b>  | <b>T2</b>  | <b>T3</b>  |           | <b>Year</b> |
|---|--------------|------------|------------|------------|-----------|-------------|
| No. of referrals to parenting programme           | 2004/2005(T) | <b>54</b>  | <b>63</b>  | <b>128</b> |           | <b>245</b>  |
|   | 2005/2006(T) | <b>57</b>  | <b>64</b>  | <b>64</b>  |           | <b>185</b>  |
|   | 2006/2007(T) | <b>47</b>  | <b>76</b>  | <b>75</b>  |           | <b>198</b>  |
|   |              |            |            |            |           |             |
|   | Baseline     |            |            |            |           |             |
| No. of 'at risk' children in mainstream nurseries | 2005         | <b>6</b>   | <b>7</b>   | <b>8</b>   | <b>3</b>  | <b>10</b>   |
|   | 2006         | <b>5</b>   | <b>4</b>   | <b>12</b>  | <b>8</b>  | <b>18</b>   |
|   | 2007         | <b>10</b>  | <b>14</b>  | <b>16</b>  | <b>10</b> | <b>19</b>   |
|   |              |            |            |            |           |             |
|   | Baseline     | <b>11</b>  |            |            |           |             |
| No. of 'at risk' children accessing JELLY Clubs   | 2004/2005(T) | <b>78</b>  | <b>82</b>  | <b>165</b> |           |             |
|   | 2005/2006(T) | <b>62</b>  | <b>65</b>  | <b>42</b>  |           |             |
|   | 2006/2007(T) | <b>141</b> | <b>164</b> | <b>130</b> |           |             |
|   |              |            |            |            |           |             |
|   | Baseline     |            |            |            |           |             |

**Objective 5: 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.”*

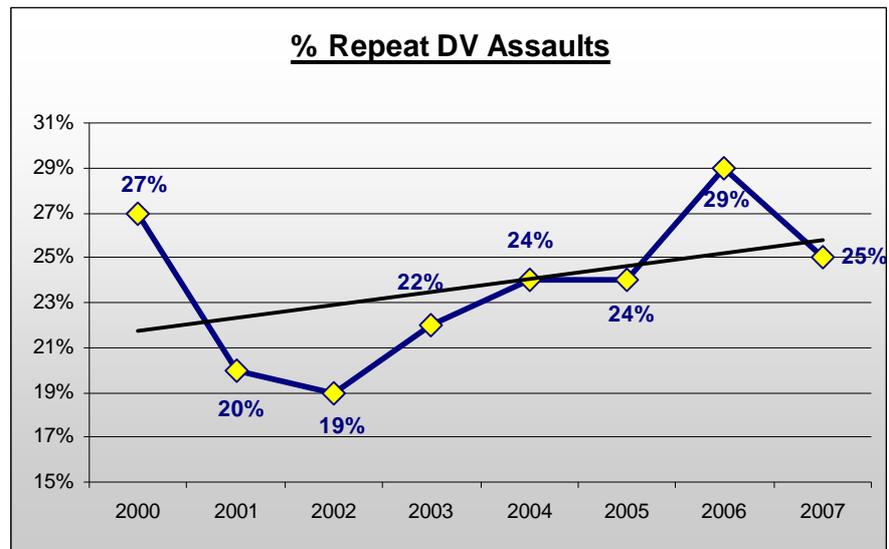
| <b>Main Points</b>   |
|--|
| About one in four of all the physical assaults recorded in Jersey are domestic violence related.   |
| The trend shows an overall increase of 4% in the number of repeat domestic violence assaults as a proportion of all reported domestic violence assaults since 2000.                          |
| The Hampton Trust Domestic Abuse Perpetrators Programme for Men began in Jersey in January. It is aimed at men who would like to stop their abusive behaviour towards a (ex) female partner. |
| Victim support have been involved in setting up a Witness Service; many witnesses feel worried about going to court, regardless of whether or not they were the victim of the crime .        |
| Restorative Justice Initiative consistently shows a 100% rate of satisfaction. Outcomes for both victims and offenders seem very positive  |

According to the SOJP Annual Report for 2007:

- About one in four of all the physical assaults recorded in Jersey are domestic violence related.
- According to police recorded statistics, woman are 7 times more likely to be a victim of domestic assault than to be assaulted by a stranger in the streets of St Helier after dark.
- About 60% of the recorded assaults on women in the Island are committed by partners, former partners or other adult family members. In reality, that figure may well be even higher as research shows that many domestic violence assaults go unreported.
- Nearly 80% of these incidents occur behind closed doors in the home so few people are truly aware of the extent of the problem.

The reality is that, whatever form it takes, domestic abuse is rarely a one-off incident. More usually, it is a pattern of controlling behaviour that deprives victims of the freedom to live their lives how they want, and without fear. There are also significant links between child abuse and domestic violence. Where one type of abuse exists, the other is also likely to be present. Failure to identify and investigate domestic violence could result in failure to protect the safety and well being of the adult victim and their children.(pp 28)

It is generally agreed that measuring repeat domestic violence is a better indicator of the trend in domestic violence than simply reporting on the number of cases. Whilst the number has dropped steadily since 2005, the number of repeat domestic violence assaults as



a proportion of all reported domestic violence assaults dropped significantly between 2000 and 2002 but steadily increased until last year. In 2007 the proportion has dropped slightly again but is still higher than the figures for 2001 – 2005. The line running through the chart shows the trend that seems to have developed since 2000. This shows an overall increase of 4% since 2000. Whilst this trend is an important one to note it is difficult to extrapolate meanings from this as it could indicate either an increase in domestic violence or an increase in the desire to report the offence.

Overall, States of Jersey Police were called to deal with 788 domestic incidents in 2007. It is worth reiterating that the SOJP do not believe this increase is being driven by increasing levels of violence. Rather, the evidence suggests that the investment made in training, improving procedures and working with victims means that they are making greater inroads into an existing problem. This is reflected in the fact that the SOJP were again able to secure sufficient evidence to record a crime in 30% more incidents than was the case two years ago. (SOJP Annual report, 2007, pp 29)

In January 2007, a new Domestic Violence Perpetrators programme began, funded through BaSS. The Hampton Trust Domestic Abuse Perpetrators Programme for Men (ADAPT) is aimed at men who would like to stop their abusive behaviour towards a (ex) female partner. Men can self-refer or be referred by statutory agencies such as Probation and Social Services as well as the voluntary sector. The programme is run on a weekday evening and each session lasts for 2 hours.

Since the beginning of the programme there have been 30 assessments with another 5 waiting to be completed. 16 men have started the programme, 5 have finished. During the course of the programme, 1 man was arrested for Domestic Violence and the Police attended an incident at another man's address. The Women Support Worker has offered assistance to all victims of assault where the man is on the programme. At present she is in contact with 8 women. 7 men are on the current programme. Over 450 hours of programme delivery has

occurred. In addition, two training sessions have been undertaken by the Hampton Trust with 25 people being trained in DV awareness. Of this cohort 12 have agreed and been accepted as group leaders. Future statistics ought to reveal whether or not this programme has been successful.

The number of victims accessing victim support has risen by 25% since 2005. This is an encouraging statistic as it may mean that more people are becoming aware of the service and what it can provide either by the police being more proactive in referrals or awareness raising efforts from Victim support being more successful.

During the last six months of 2007 Victim Support has been involved in setting up a Witness Service, similar to one run in Guernsey and mandatory in every court in England and Wales. Many witnesses feel worried about going to court, regardless of whether or not they were the victim of the crime and so the aim of the Witness Service in the UK is to give information and support to witnesses, victims, their families and friends when they go to court. The Jersey Witness Service was launched on 27<sup>th</sup> February 2008.

The aim of restorative justice is to provide an opportunity for victims who are willing to participate in the scheme to receive apology and reparation from offenders and for the offenders to be made accountable through understanding the results of their actions. Restorative justice brings victims, offenders and communities together to decide on a response to a particular crime. It puts victims' needs at the centre of the criminal justice system and helps to find positive solutions to crime by encouraging offenders to face up to their actions, making amends directly to the people or organisations they have harmed. Restorative justice is not a soft option as many offenders find it extremely difficult to face up to the impact of their crimes.

Some of the positive effects of Restorative Justice include:

- giving victims a greater voice in the criminal justice system
- allowing victims to receive an explanation and more meaningful reparation from offenders
- making offenders accountable by allowing them to take responsibility for their actions
- building community confidence that offenders are making amends for their wrong doing

Perpetrators and victims are brought into contact through:

- direct mediation – where victim, offender, facilitator and possibly supporters for each party meet face to face
- indirect mediation – where victim and offender communicate through letters passed on by a facilitator
- conferencing - involving supporters for both parties
- wider community – this is similar to direct mediation, except the process focuses on the family as a support structure for the offender (this is particularly useful with young offenders)

Restorative justice approaches can be used for a wide range of incidents, from minor anti-social behaviour like graffiti to serious crimes like assault and robbery. Victim participation is always voluntary, and offenders need to have admitted some responsibility for the harm they have caused.

The participants in restorative justice initiatives consistently show a 100% rate of satisfaction. The response rate to the questionnaires is also very high (approximately 80%). The restorative justice initiative has also been working with adult offenders in the Prison as part of Probation's new through care work. The outcomes from these initiatives for both victims and offenders appear very positive.

The following case histories (which have been altered to preserve anonymity) help to illustrate the work done in this area:

A youth was placed on a Deferred Decision for Malicious Damage.

The family were contacted to discuss various options and also to increase the youth's awareness about the consequences of offending for himself and his victim. He agreed that he would like to write a letter of apology to the victim. He also stated that he would be willing to take part in Restorative Justice work so that he could apologise face to face to his victim and make amends. He stated that he genuinely regretted what happened and felt ashamed that he lost control. He was willing to pay compensation for the damage to the window that he broke. The Manager of the business was contacted who was pleasantly surprised that the offender was willing to pay compensation and that he had offered to carry out some unpaid work to make amends.

It was arranged for him to carry out some work clearing areas covered in litter. His father agreed to supervise him. The grounds men were pleased with his efforts and appreciated the fact that he had volunteered to do this work. He has also sent a cheque for £100 for compensation for the damaged window.

Two youths were on a Deferred Decision for Malicious Damage to a children's playground.

Both youths stated that they would be willing to take part in Restorative Justice to make amends. They stated that they genuinely regretted what happened and felt ashamed of their actions. They were willing to pay half each for compensation for the damage caused. Unfortunately due to Health and Safety and insurance reasons the boys were unable to carry out work at the children's playground. After exploring various options for them to make amends within the community it was organised that they would carry out some gardening work for a local residential home. This work was carried out during half term. The Manager was pleased with the feed back that she had had from her gardeners. Both boys worked well were polite and well mannered and did exactly what was asked of them. Exploring the impact of their behaviour on victims and increasing the awareness about the impact of offending behaviour on others was a positive experience for both boys and the restorative justice worker felt that they had learnt a valuable lesson from this.

| <b>MEASURE</b>   |          | <b>Q1</b> | <b>Q2</b> | <b>Q3</b> | <b>Q4</b> | <b>Year</b> |
|--|----------|-----------|-----------|-----------|-----------|-------------|
| No. of repeat domestic violence assaults between partners or former partners                         | 2005     | 8         | 24        | 19        | 20        | 71          |
|  | 2006     | 9         | 17        | 16        | 22        | 64          |
|  | 2007     | 6         | 12        | 19        | 22        | 59          |
|  | Baseline | 6         | 19        | 12        | 12        | 58          |
|  |          |           |           |           |           |             |
| % of victims expressing a high level of satisfaction with the service from attending Police officers | 2005     | 81%       | 84%       | 77%       | 83%       | 81%         |
|  | 2006     | 77%       | 77%       | 81%       | 78%       | 78%         |
|  | 2007     | 82%       | 76%       | 71%       | 79%       | 78%         |
|  | Baseline | 77%       |           |           |           |             |
|  |          |           |           |           |           |             |
| No. of victims accessing Victim Support  | 2005     | 54        | 65        | 75        | 67        | 261         |
|  | 2006     | 69        | 72        | 84        | 73        | 298         |
|  | 2007     | 62        | 83        | 102       | 103       | 350         |
|  | Baseline | 251       |           |           |           |             |
|  |          |           |           |           |           |             |
| Proportion of Victims expressing satisfaction with restorative justice initiatives                   | 2005     | 100%      | 100%      | 100%      | 100%      | 100%        |
|  | 2006     | 100%      | 100%      | 100%      | 100%      | 100%        |
|  | 2007     | 100%      | 100%      | 100%      | 100%      | 100%        |
|  | Baseline | TBA       |           |           |           |             |
|  |          |           |           |           |           |             |

## **Objective 6: 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.”*

### **Main Points**

The figure for those offenders supervised on Probation Orders who reduce their risk of re-offending has increased.

The Youth Action Team(YAT) works in partnership to address the needs of young people coming before the Courts or those who are at risk of offending.

A review of the YAT was commissioned by the Children's Executive; however, consistent outcome data was not available.

The figure for those who reduce their risk of re-offending in 2007 was 72.6%. This is an improvement since 2005. This shows that the majority of Probation clients are reducing their risk of re-offending by the end of their Probation Order. Overall, this outline presents a positive picture of probation activities over the three year period across a large sample of cases of differing risk.

A review of the YAT commissioned by the Children's Executive was completed at the end of September. Evidence was obtained by face-to-face interviews and questionnaires for the team and partner organisations. No information was available on client satisfaction and no consistent outcome data was available. The recommendations made by the review panel included:

- The development of a referral policy
- The development of a policy for preventative work
- Data collection, storage and outcome measures
- A client and parent satisfaction survey
- A policy for staff training
- A strategy for vulnerable young people

The Youth Action Team manager has presented a YAT Business Plan responding to the issues raised by the Review Group. This includes a 16 point action plan covering all YAT's current roles and describing new projects for development in 2008.

New initiatives for the Youth Action Team include the creation of a Work Scheme Project for difficult to place teenagers using local employer contacts. There are currently three workers from the residential units working in YAT, which reflects the new flexible capacity of staff who can be targeted to work on special projects.

The Motocross project has been running for two years and now employs a sessional worker to supervise the sessions at the Jersey Motorcycle and Light Car Club training circuit. Young people attending the Project have benefited from having access to an excellent facility using good quality equipment whilst receiving training of the very highest standard. The Project relies on the support given to it by the JMC&LCC, sponsors and the generosity of the Jersey Motocross Community.

The overall level of illegal and irresponsible use of two wheeled vehicles has reduced and there have also been improvement in the behaviour and attitude of young people referred to the Project, noted by parents, schools and residential care workers.

Youth Action Team staff also attend the Multi Agency Support Team (MAST) meetings in secondary schools to share information and plan for more joined-up working with schools, children and families.

The YAT is currently developing a closer working relationship with the La Moye Resettlement Group to improve the outcome for young offenders in relation to work, education and training.

| HOW?                | MEASURE  |          | Q1  | Q2    | Q3    | Q4 | Year  |
|---------------------|--|----------|-----|-------|-------|----|-------|
| Reduce Re-offending | Proportion of offenders supervised on Probation orders who reduce their risk of re-offending as evidenced by LSI-R score.( 6 monthly) <sup>5</sup> | 2005     |     |       | 64.7% |    | 68%   |
|                     |  | 2006     |     | 71.7% |       |    | 60.8% |
|                     |  | 2007     |     |       |       |    | 72.6% |
|                     |  | Baseline | 54% |       |       |    |       |

<sup>5</sup> Risk of re-offending is measured using an internationally validated tool.(LSI-R) This has shown to be a robust and reliable indicator of future reconviction in Jersey so a reduction in risk should see a reduction in re-offending. A great deal of the credit for this should be given to the Probation Service in targeting the criminogenic needs of offenders

## Strategic Priority 2:

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

***Objective 1: 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.”*

### Main Points

The Street Based Youth Workers (SBYW) build relationships with young people and aim to enable them to make informed decisions about issues in their lives. They are often approached for information, support and advice on issues, which may impact or affect young people or the community as a whole.

The SBYW are very skilful at making contact and engaging in conversations with young people. As the concern about engaging with this section of our society grows, this skill is an invaluable one. There is no doubt that these skills need to be incorporated into a multi-agency approach to engaging young people.

The Healthy Schools Programme saw the first two local schools achieve National Healthy Schools Status in July 2007. At the present time there are a further 6 primary schools and two secondary schools working towards the National Healthy School Standard.

The Health Promotion Department commenced the co-ordination of a PSHE certification professional development course. The certification requires a chosen focus on drugs education, sex and relationships education or emotional health and well-being. To date, 12 teachers have completed the programme with 6 having achieved certification. Presently, a further 10 people are working on a community-based programme. This includes participants from the Youth Action Team; Brook; Youth Service; Schools; Prison! Me! No Way! and School Nursing.

Many of the interventions for children and young people included in BaSS are concerned with building resilience, in order to maximize the protective factors that mitigate social exclusion and ultimately reduce the likelihood of future criminal and anti- social behaviour and substance misuse.

Since 1996 the strategy (in its various forms) has been funding a specialized youth worker to work on the streets with our young people. There are significant numbers of young people in Jersey for whom centre-based youth work offers little attraction. Some young people are unable, unaware or unwilling to take advantage of existing opportunities and provision; consequently, specialized youth workers take the service to them. The Street Based Youth Workers (SBYW) seek to build relationships with young people to enable them to make informed decisions about issues in their lives by contacting them on the streets and where they naturally meet and spend their time. They are often approached for information, support and advice on issues, which may impact or affect young people or the community as a whole. (Appendix 1 – Report from the SBYW Team)

The SBYW are very skilful at making contact and engaging in conversations with young people. As the concern about engaging with this section of our society grows, this skill is an invaluable one. There is no doubt that these skills need to be incorporated into a multi- agency approach to engaging young people.

Jersey, unlike the UK, does not have pupils who are permanently excluded from school. The 'number of school suspensions' represents the number of times a school issued a suspension during the term, (not the number of pupils who were suspended, some of whom were suspended more than once.).A suspension may vary in length; 1 day, 2 days etc to a maximum of 5 days.

The Healthy Schools Programme in Jersey is based on schools working with Health Promotion Department working together. Its aim is to provide support for school improvement through establishing a healthy school climate in which improved health and well-being is reflected in raised educational standards.

The programme delivery has a focus on a 'Whole School Approach'. This means the whole school community including students, parents / carers, all staff, Governors and outside supporters are involved in working together to improve planning, policy and practice across a broad health agenda.

The Healthy Schools Programme saw the first two local schools achieve National Healthy Schools Status in July 2007. Achievement of the standard demonstrates a whole school commitment toward an improved health-related climate for the school community. Both Les Landes and La Moye Schools achieved best practice standards across Personal, Social and Health Education (PSHE), healthy eating, physical activity and emotional health and well-being. Of particular

relevance to BASS is the focus on PSHE and emotional health. Schools must evidence practice and policy around drugs education, anti-bullying, citizenship as well as learning and support for social and emotional behaviour and skills. Work on these health issues represents a significant effort for whole school communities over 4-6 school terms.

At the present time there are a further 6 primary schools and two secondary schools working towards the National Healthy School Standard. Through 2007, the Health Promotion Department provided professional development and in-service training to all 6 primary schools. This included workshops on sex and relationships education; drugs education; anti-bullying practice; social and emotional aspects of learning and school council UK models and practice.

Recent interest in this work and existing high standards in health-related practice in our local schools has meant further schools have been considering commencement on the local Healthy Schools Programme. A further 5 primary schools and 2 secondary schools have expressed a keen interest in starting on the next wave in October 2008.

As part of supporting the Healthy Schools Programme locally, the Health Promotion Department commenced the co-ordination of a PSHE certification professional development course. The certification requires a chosen focus on drugs education, sex and relationships education or emotional health and well-being. This year long portfolio based course was available to teachers in the first instance but has since been extended to any professional supporting personal, social and health learning with children and young people. To date, 12 teachers have completed the programme with 6 having achieved certification. Presently, a further 10 people are working on a community-based programme. This includes participants from the Youth Action Team; Brook; Youth Service; Schools; Prison me know way and School Nursing.

PSHE Certificate, Teachers comment: *"It has allowed me to see the big picture and think a little outside the box in the reasons for doing the stuff we do. I can see how this course will benefit in planning PSHE provision in the future."*

PSHE Community, Participants comment: *"The course has given me more confidence in my day-to-day work with young people as it helped me focus and set clear targets etc, whereas before I was doing the same work but not documenting it as well. Before the course, a lot of work I did was on a one-to-one basis but I have now become more confident in working groups. This has benefited the young people I work with and the service in general".*

| <b>MEASURE</b>  |           | <b>T1</b>  | <b>T2</b>  | <b>T3</b>  | <b>Q4</b> | <b>YEAR</b> |
|---|-----------|------------|------------|------------|-----------|-------------|
| Number of School Suspensions                          | 2004/2005 | <b>109</b> | <b>176</b> | <b>135</b> |           | <b>420</b>  |
|   | 2005/2006 | <b>142</b> | <b>116</b> | <b>107</b> |           | <b>365</b>  |
|   | 2006/2007 | <b>132</b> | <b>117</b> | <b>170</b> |           | <b>503</b>  |
|   | Baseline  | <b>435</b> |            |            |           |             |
| Number of Schools Piloting Healthy Schools Standard   | 2005      | <b>0</b>   | <b>4</b>   | <b>4</b>   | <b>4</b>  | <b>4</b>    |
|   | 2006      | <b>4</b>   | <b>4</b>   | <b>4</b>   | <b>10</b> | <b>10</b>   |
|   | 2007      | <b>4</b>   |            |            | <b>8</b>  | <b>8</b>    |
|   | Baseline  | <b>0</b>   |            |            |           |             |
| Number of Teachers working Towards PHSE certification | 2005      | <b>0</b>   | <b>6</b>   | <b>6</b>   | <b>6</b>  | <b>6</b>    |
|   | 2006      | <b>12</b>  | <b>9</b>   | <b>9</b>   | <b>13</b> | <b>13</b>   |
|   | 2007      | <b>13</b>  |            |            |           | <b>12</b>   |
|   | Baseline  | <b>0</b>   |            |            |           |             |

## **Objective 2: 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.”*

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.

| <b>Main Points</b>   |
|--|
| The Education Welfare Officers work mainly with children in primary schools and they liaise closely with the Children's Service. The Officers aim to work in a preventative capacity ensuring that any difficulties in school attendance are remedied at an early stage. |
| Each of the four 11-16 States secondary schools has an Attendance Officer based in the school. The Attendance Officer undertakes the work of an Education Welfare Officer for their school and is part of the Multi-Agency Support Team (MAST) within the school.        |
| There has been a significant reduction in unauthorised absences in secondary schools since 2003.   |
| The number of people on probation receiving supervision from a Portuguese speaking officer remains at 100%. The majority of those clients reduce their risk of re-offending.   |
| BaSS funding allowed 19 children in need to access mainstream nursery provision.   |

During 2007, BaSS has funded nursery places for a total of 19 children in need to access mainstream nursery provision. The aims of this initiative are to promote the following:

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

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

The Project Manager reviews each child on a regular basis, and a system for monitoring children when they move on to primary and secondary schools is in place in order to assess long term outcomes.

BASS funding also supports a Day-Care Project which allows the Children's Service to transfer primary school aged children from specialist 'focus' work undertaken by its Family Centre Service into appropriate universal (private sector) provision, with additional support if necessary, thus achieving two aims:

1. Allowing the opportunity for other child-care professionals to assess the child's ability to integrate and function in a mainstream provision, thus testing and re-enforcing the work previously undertaken.
2. To free spaces in the Children's Service own resources to support other young children requiring a higher level of support and expertise.

The Education Welfare Officers work mainly with children in primary schools and they liaise closely with the Children's Service. The Officers aim to work in a preventative capacity ensuring that any difficulties in school attendance are remedied at an early stage.

The Education Welfare Officers also give transition support (at the stage when children are moving from primary to secondary education) to any students identified by primary schools as requiring extra support. This may be due to previous attendance difficulties or because they are considered to be anxious or vulnerable to the point that attendance is likely to be affected in the future.

Each of the four 11-16 States secondary schools has an Attendance Officer based in the school. The Attendance Officer undertakes the work of an Education Welfare Officer for their school and is part of the Multi-Agency Support Team (MAST) within the school.

The Senior Education Welfare Officer provides support to secondary schools that do not have a School Attendance Officer. They work together with parents, schools and other professionals to make sure that children and young people have good opportunities to develop and learn.

In the school year 2006/2007, the number of referrals to the Education Welfare Service was 85 – a reduction of 27% from the 2004/2005 year when the number was 117. This may be due to the introduction of the Education Welfare Officers in 2004 who therefore picked up cases that had been there for some time and so the lower figure is a better reflection of the actual number or it may be that the early interventions that have been in place are starting to have an impact.

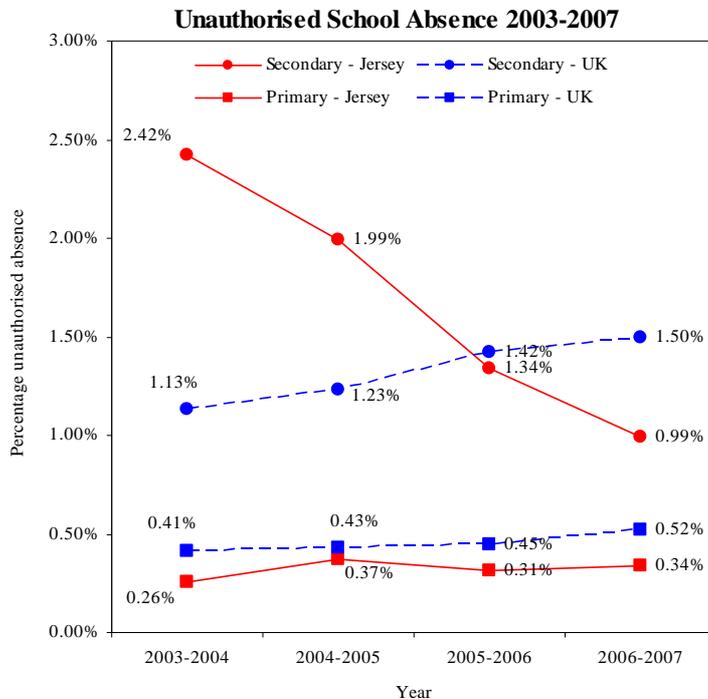
Unauthorised primary and secondary school absence can be defined as absence without permission from a teacher or other authorised representative of the school. This includes all unexplained or unjustified absences (e.g. truancy).

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.

The percentage of half days missed due to unauthorised absence in maintained primary schools in England increased slightly from 0.45 per cent in 2005/06 to 0.52 per cent (including academies) in 2006/07. In maintained secondary schools, the

percentage of half days missed due to unauthorised absence increased from 1.42 per cent in 2005/06 to 1.50 per cent (including academies) in 2006/07. (DfES, 2008) In Jersey there has been a significant reduction in unauthorised absences in secondary schools since 2003 (see Fig 2) whilst in primary schools the figure has increased slightly from 0.26% in 2003 to 0.34% in 2007.

However, the comparisons with the whole of the UK remain favourable and the trend in reductions for secondary schools as illustrated by Fig.2 is extremely encouraging.



The figure for the number of people on Probation receiving supervision from a Portuguese speaking officer remains at 100%. However the majority of those clients reduce their risk of re-offending, so the success of this approach seems self-evident. The Portuguese Offender Worker took part in sex offender and SARA<sup>6</sup> training and contributes to early release risk assessments at the Prison. This measure will be changed next year – the numbers receiving Portuguese supervision remains consistently at 100% and thus has proven to be reaching those it needs to reach.

<sup>6</sup> SARA = Spousal Assault Risk Assessment

| <b>MEASURE</b>  |              | <b>Q1</b>    | <b>Q2</b>   | <b>Q3</b>   | <b>Q4</b>   | <b>YEAR</b>  |
|---|--------------|--------------|-------------|-------------|-------------|--------------|
| No. of children funded by BaSS in mainstream nurseries.   | 2005         | <b>6</b>     | <b>7</b>    | <b>8</b>    | <b>3</b>    | <b>10</b>    |
|   | 2006         | <b>5</b>     | <b>4</b>    | <b>12</b>   | <b>8</b>    | <b>18</b>    |
|   | 2007         | <b>10</b>    | <b>14</b>   | <b>16</b>   | <b>10</b>   | <b>19</b>    |
|   | 3-yr average | <b>11</b>    |             |             |             |              |
|   |              |              |             |             |             |              |
| Number of referrals to Education Welfare Services   | 2004/2005    | <b>57</b>    | <b>19</b>   | <b>41</b>   |             | <b>117</b>   |
|   | 2005/2006    | <b>21</b>    | <b>57</b>   | <b>13</b>   |             | <b>91</b>    |
|   | 2006/2007    |              |             |             |             | <b>85</b>    |
|   | Baseline     | <b>100%</b>  |             |             |             |              |
|   |              |              |             |             |             |              |
| % Portuguese only Speaking Offenders on Probation or licence who receive supervision from a Portuguese speaking officer | 2005         | <b>100%</b>  | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b>  |
|   | 2006         | <b>100%</b>  | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b>  |
|   | 2007         | <b>100%</b>  | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b>  |
|   | Baseline     | <b>100%</b>  |             |             |             |              |
|   |              |              |             |             |             |              |
| % unauthorised primary school absence   | 2004/2005    |              |             |             |             | <b>0.37%</b> |
|   | 2005/2006    |              |             |             |             | <b>0.31%</b> |
|   | 2006/2007    |              |             |             |             | <b>0.34%</b> |
|   | Baseline     | <b>0.26%</b> |             |             |             |              |
|   |              |              |             |             |             |              |
| % unauthorised secondary school absence   | 2004/2005    |              |             |             |             | <b>1.99%</b> |
|   | 2005/2006    |              |             |             |             | <b>1.34%</b> |
|   | 2006/2007    |              |             |             |             | <b>0.99%</b> |
|   | Baseline     | <b>2.42%</b> |             |             |             |              |
|   |              |              |             |             |             |              |

**Objective 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**

*“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.”*

## Main Points

There is a strong correlation between poor educational ability and high rates of re-offending. At the end of 2007 the Probation and After-Care Service had 10 people on their Basic Educational Skills Programme. The programme is provided by volunteer tutors. The number accessing the basic skills programme has risen since last year - the demand for this type of intervention remains consistent.

The Bridge has succeeded in not only meeting the objectives identified in the business plan, but also in meeting the needs of the community. The development has been driven by the needs of the users.

The Positive Futures Community Development project aims to use sports to engage young people in positive activity. A key achievement was the substantial reduction in calls to police in the St. Brelade area during the Late Night League Project. The young people of the area have been heavily criticized for their behaviour (particularly in the media) so to see a 70% reduction in calls shows the influence that sport can have on the whole community.

The project has received substantial sponsorship from both the private and public sector in 2007. Partners involved include The Bank of Scotland International, The Bosdet Foundation, and the St Helier Youth Committee.

There is a requirement in the Day-Care of Children (Jersey) Law, 2002, for various places that care for children to be registered. The specific aims of school age care will vary in accordance with each setting, but the registration means that they all have to meet a required standard. Regulation of out-of home-care is to ensure the health and safety of children by determining minimum requirements for registration.

There are three types of registered School Age Care in Centres:

- **Playcare**, which is available all year round, either before or after school and during the school holidays, for children in full-time education up to twelve years of age;
- **Activity Clubs**, which are provided during the school holidays, offering a particular activity or sport in addition to care, for children in full-time education up to twelve years of age;
- **Wrap Around Care**, which is for children from three years of age who are attending nursery class or in the first years of full time education.

A range of age-appropriate play opportunities are provided which include:

- opportunities for creativity, exploration and physical development
- a quiet area for relaxation
- a quiet area where children can do their homework
- an area for making snacks
- regular outdoor experiences

These activities are changed on a regular basis and the children are expected to be given responsibility and choice in play according to their age. The actual number of places is prone to change due to demand.

The number of active cards<sup>7</sup> provided by the Probation and After-Care Service has fluctuated throughout the year. The reason for this is that if the cards are not being used they are withdrawn. However, at the end of the year all 20 were being used.

Much research has been undertaken into the risks involved with recidivism and there is a strong correlation between poor educational ability and high rates of re-offending. At the end of 2007, the Probation and After-Care service had 10 people on their Basic Educational Skills Programme. This programme is run in partnership with Highlands College for those on Probation Orders. The programme is provided by volunteer tutors. The number accessing the basic skills programme has risen since last year – the demand for this type of intervention remains consistent.

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<sup>7</sup> Active Cards provide access to the facilities at States of Jersey Activity venues eg. Fort Regent. A maximum of 20 are made available to Probationers

The Bridge, Integrated Centre for Families and Young People, was established in January 2006. It allows families and young people to access services from a range of agencies to support their needs, increase well being and to ensure positive engagement in the community through the provision of prevention and early intervention work.

During 2007, not only have the objectives identified in the business plan been met, but the development of The Bridge in meeting the needs of the community has gone beyond that originally envisaged. The development has been driven by the needs of the users and the programmes support families by:

- Supporting the development of relationships between parents and child
- Providing programmes which help train users in self-management especially for stress and anxiety
- Providing training opportunities to allow users to develop skills to build confidence to return to work

Users feel that The Bridge belongs to them and state that they could not manage without its support. The development of social networks is helping them to solve problems and they bring friends into the centre who they feel need support. (The Bridge Annual Report, 2007)

The following are comments from users of the Bridge;

“I no longer see my 3 year old as naughty but as someone who needs me to love and guide them. Thank you.”

“I don’t know what I would do without the Bridge, it has been my life line. It’s a great place, I love coming

“I felt so lonely and isolated but did not know how to get help or support.”

“I could not even walk down the road when I first came here – now I cope much better and get out and about every day.

“I recognise that my aggression and anger make my children react badly.”

“It is great to be able to trust someone and not feel judged.”

Feedback from a school regarding a child who had moved onto Nursery;

“B.....worked with (UK consultant) on a drama lesson, he hadn’t met her before but happily took the lead role in the session and she commented on his very good level of engagement” This child when he started in The Bridge would not engage in any activity and had a very negative relationship with his mother. Now all the family is smiling!

The Positive Futures Community Development project (funded by the strategy) aims to use football (and other sports) to engage young people in positive

activity; in order to use their leisure time after school and in the holidays constructively; and to develop relationships to enable other programmes and initiatives to be introduced to target groups.

The main development for 2007 was an increase in the number of identified individuals participating each week in the projects. Through partnership working, there was an average of 301 young people compared to the weekly average of 109 the previous year. There is now a larger public awareness of the work being undertaken and this may have been a contributing factor to these figures.

Another key achievement was the substantial reduction in calls to police in the St. Brelade area during the Late Night League Project. The young people of the area have been heavily criticized for their behaviour (particularly in the media) so to see a 70% reduction in calls shows the influence that sport can have on the whole community.

The project has received substantial sponsorship from both the private and public sector in 2007. This has allowed not only an increase in the variety of work delivered, but enabled even more young people to be reached. The Bank of Scotland International sponsored the new inflatable football parks which allowed the football to be taken to virtually any area such as car parks, public parks and neighbourhoods. Sponsorship from The Bosdet Foundation has allowed the project to extend Late Night Leagues for a total of 20 weeks. The St Helier Youth Committee has also supported the summer programme in the parish.



| <b>MEASURE</b>   |           | <b>Q1</b>        | <b>Q2</b>   | <b>Q3</b>  | <b>Q4</b> | <b>YEAR</b> |
|--|-----------|------------------|-------------|------------|-----------|-------------|
| Number of registered places for after school care                    | 2004/2005 |                  |             |            |           | <b>1147</b> |
|  | 2005/2006 |                  |             |            |           | <b>1559</b> |
|  | 2006/2007 |                  |             |            |           | <b>1681</b> |
|  | Baseline  | <b>982 / 400</b> |             |            |           |             |
| Number of students accessing alternative educational placements      | 2004/2005 | <b>41</b>        | <b>44</b>   | <b>44</b>  |           |             |
|  | 2005/2006 | <b>21</b>        | <b>48</b>   | <b>47</b>  |           |             |
|  | 2006/2007 | <b>32</b>        | <b>36</b>   | <b>36</b>  |           |             |
|  | Baseline  |                  |             |            |           |             |
| Number of Active cards provided to offenders in partnership with ESC | 2005      | <b>20</b>        | <b>20</b>   | <b>20</b>  | <b>20</b> | <b>20</b>   |
|  | 2006      | <b>15</b>        | <b>20</b>   | <b>20</b>  | <b>15</b> | <b>20</b>   |
|  | 2007      | <b>15</b>        | <b>16</b>   | <b>19</b>  | <b>20</b> | <b>20</b>   |
|  | Baseline  | <b>20</b>        |             |            |           |             |
| Number on probation accessing Basic Skills Programme                 | 2005      | <b>7</b>         |             | <b>6</b>   |           |             |
|  | 2006      | <b>6</b>         | <b>6</b>    | <b>7</b>   | <b>6</b>  |             |
|  | 2007      | <b>9</b>         | <b>10</b>   | <b>10</b>  | <b>10</b> |             |
|  | Baseline  | <b>7</b>         |             |            |           |             |
| Number of Holiday places   | 2004/2005 | <b>952</b>       | <b>1312</b> | <b>860</b> |           | <b>3124</b> |
|  | 2005/2006 | <b>760</b>       | <b>1542</b> | <b>842</b> |           | <b>3144</b> |
|  | 2006/2007 | <b>850</b>       | <b>2230</b> | <b>850</b> |           | <b>3930</b> |
|  | Baseline  |                  |             |            |           |             |

## Strategic Priority 3:

### Reduce the Harm Caused by Drugs, Alcohol and Solvents.

#### **Objective 1: 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. (BaSS Strategy)*

*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.”*

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.

### Main Points

The Health Promotion Department has started to build capacity amongst PSHE teachers through PSHE certification, to enable them to deliver drug education themselves.

Health Related Behaviour Questionnaire (HRBQ) has provided a portrait of and trends in young people's attitudes and behaviours towards their health. It provides an excellent resource for all our community and is providing some extremely valid and reliable data about the health-related behaviour of our young people in Jersey.

The 2006 HRBQ bought in a number of developments co-ordinated by the Public Health Department's, Health Intelligence Unit. The changes have

improved the quality and the application of the data.

The percentage of youths on Probation receiving substance misuse education remains at 100%. 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

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.

As mentioned before, the schools' PSHE programmes incorporate education focussing on substance misuse. In the past, the section of the PSHE curriculum which dealt with substance misuse was delivered by the Health Promotion Officer for Drugs (HPO). Recently, the Health Promotion Department has started to build capacity amongst PSHE teachers through PSHE certification, to enable them to deliver drug education themselves.

Since 1996, the Strategy has funded a Health Related Behaviour Questionnaire (HRBQ) which has provided a portrait of and trends in young people's attitudes and behaviours towards their health. Held every four years (previously on a 2-year cycle) the survey conducted in schools is the only island wide survey to ask 10 to 15 year olds about their health. In 2006, 2,564 pupils in Years 6, 8 and 10 completed the questionnaire. The decision to fund this locally- based piece of work from BaSS has meant that an excellent resource for all our community has been produced. The HRBQ is providing some extremely valid and reliable data about the health-related behaviour of our young people in Jersey.

The ongoing support for this work has allowed changes in young people's health behaviours to be monitored as they get older and comparisons made with the UK and Guernsey. The results from the surveys allow us to understand and build a picture of the issues facing young people's health. The reported data is used across a variety of departments and helps shape and build local evidence to support local health-related work. The results are used by teachers and youth workers in planning learning that meets the needs of local young people through to strategic planning for services.

The 2006 HRBQ brought in a number of developments co-ordinated by the Public Health Departments, Health Intelligence Unit. The following changes have improved the quality and the application of the data:

- Locally-held data – the Health Intelligence Unit now holds all the raw data from the survey allowing more detailed analysis and comparisons to be made between different schools and areas of the island.
- Questions were standardised to allow comparisons between primary and secondary year groups and trends over time.

- Results of the survey were presented to the BaSS Community Safety Partnership and Council of Ministers and given a higher profile across the island. Data from the survey is being used as indicators/targets for various health related strategies.

The Arrest Referral Worker at the Alcohol and Drug Service enables young problematic drug users to access treatment and support. It is quite common for those 25 and under presenting to the Service to be experimenting with, and experiencing problems with, more than one substance. The numbers who access the service have been fluctuating throughout the year but, overall, 110 have had treatment and support compared to 146 last year and 155 the year before, a decrease of 29% from 2005. The reasons for this decrease are being investigated by the Arrest Referral Worker as it may be attributable to recording systems.

The percentage of youths on Probation receiving substance misuse education remains at 100%. 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. At the moment the counsellors visit every other Wednesday for approximately 3 hours and see on average 3-4 clients per visit. During the last quarter, 24 sessions were carried out with 11 different prisoners.

| <b>MEASURE</b>   |          | <b>Q1</b>   | <b>Q2</b>   | <b>Q3</b>   | <b>Q4</b>   | <b>Year</b>   |
|--|----------|-------------|-------------|-------------|-------------|---------------|
| % of PHSE Curriculum in secondary schools focusing on substance misuse           | 2005     |             |             |             |             |               |
|  | 2006     |             |             |             |             | <b>13.75%</b> |
|  | 2007     |             |             |             |             |               |
|  | Baseline | <b>0</b>    |             |             |             |               |
| Number of problematic drug users 25yrs and under accessing treatment and support | 2005     | <b>35</b>   | <b>36</b>   | <b>46</b>   | <b>38</b>   | <b>155</b>    |
|  | 2006     | <b>35</b>   | <b>58</b>   | <b>32</b>   | <b>21</b>   | <b>146</b>    |
|  | 2007     | <b>31</b>   | <b>28</b>   | <b>28</b>   | <b>23</b>   | <b>110</b>    |
|  | Baseline | <b>155</b>  |             |             |             |               |
| % youths on Probation Orders who receive substance misuse education              | 2005     | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b>   |
|  | 2006     | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b>   |
|  | 2007     | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b>   |
|  | Baseline | <b>100%</b> |             |             |             |               |

**Objective 2: 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”.*

| <b>Main Points</b>   |
|--|
| Jersey consumes one and a half to two times more alcohol per capita than the UK population and its European neighbours.  |
| In the recent HRBQ (2006), the amount of alcohol consumed by children was found to have decreased. Children in school years 6,8 and 10 were more likely to abstain from alcohol than their counterparts in the UK. |
| However 8% of the minority of year 10 students who did drink were found to be consuming above the sensible limits for adults.  |

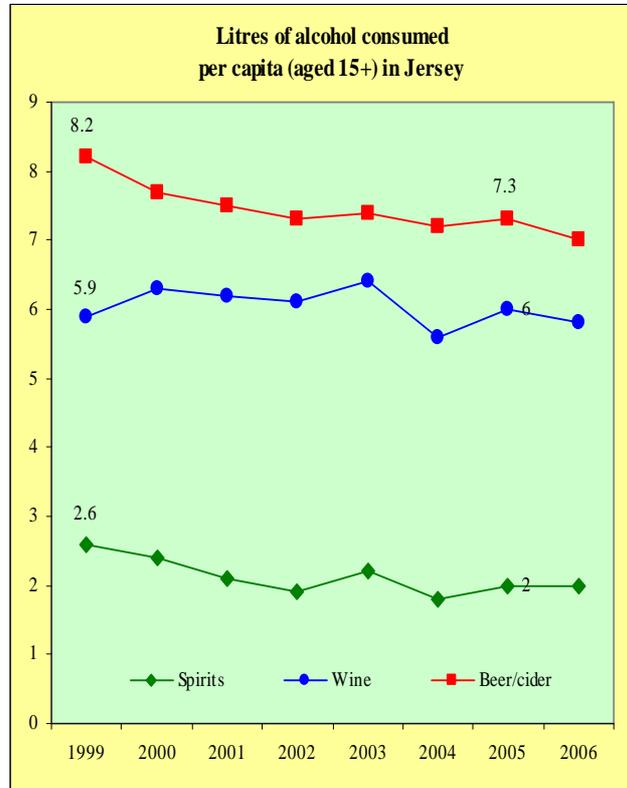
Whilst the overall rates of consumption have fallen since 1999, Jersey consumes one and a half to two times more alcohol per capita than the UK population and its European neighbours. Within the Jersey population the overall frequency of alcohol consumption increases with age until the age of 45 – 50 then decreases regardless of gender. Adult males on average drink more than adult females. In Jersey, just under a quarter of females and over half of males aged 16-24 drink at least double the units of alcohol recommended on at least one day a week.

The World Health Organisation recommends that the number of alcoholic drinks consumed in one day should not exceed 4 units (2 pints of normal strength beer) for men and 3 units for women. In the recent HRBQ (2006), the amount of alcohol consumed by children was found to have decreased. Children in school years 6,8 and 10 were more likely to abstain from alcohol than their counterparts in the UK. However 8% of the minority of year 10 students who did drink were

found to be consuming above the sensible limits for adults. (Health Improvement Strategy for Jersey 2007 – 2017, pp44)

|      | <u>Spirits</u> | <u>Wine</u> | <u>Beer/cider</u> | <u>Total</u> |
|------|----------------|-------------|-------------------|--------------|
| 1999 | 2.6            | 5.9         | 8.2               | 16.7         |
| 2000 | 2.4            | 6.3         | 7.7               | 16.3         |
| 2001 | 2.1            | 6.2         | 7.5               | 15.8         |
| 2002 | 1.9            | 6.1         | 7.3               | 15.3         |
| 2003 | 2.2            | 6.4         | 7.4               | 16.1         |
| 2004 | 1.8            | 5.6         | 7.2               | 14.6         |
| 2005 | 2              | 6           | 7.3               | 15.3         |
| 2006 | 2              | 5.8         | 7                 | 14.8         |

**Source:** States of Jersey Statistics Unit ( the data for 2007 will not be available until June 2008)



The numbers of prescriptions are collated by Employment and Social Security for the strategy. The prescriptions are for Dihydrocodeine 30 mg tabs and Diazepam 2mg and 5mg. These are drugs which are often used by injecting drug users to offset the effects of heroin withdrawal. Likewise these tablets are sometimes sold on to addicts, and can be a useful indicator of the amount of heroin on the streets. The number of prescriptions issued has reduced by 13% since 2005.

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 DTOs completed this year has fallen from 48 in 2005 to 41 in 2007.

| <b>MEASURE</b>   |          | <b>Q1</b>        | <b>Q2</b>   | <b>Q3</b>   | <b>Q4</b>   | <b>Year</b>  |
|--|----------|------------------|-------------|-------------|-------------|--------------|
| per capita consumption of alcohol (litres of pure alcohol) | 2005     |                  |             |             |             | <b>15.4</b>  |
|  | 2006     |                  |             |             |             | <b>14.8</b>  |
|  | 2007     |                  |             |             |             |              |
|  | Baseline | <b>16.7</b>      |             |             |             |              |
|  |          |                  |             |             |             |              |
| Number of prescriptions for DF118 and Diazepam             | 2005     | <b>3688</b>      | <b>3724</b> | <b>3779</b> | <b>3380</b> | <b>14571</b> |
|  | 2006     | <b>3228</b>      | <b>3268</b> | <b>3391</b> | <b>3473</b> | <b>13360</b> |
|  | 2007     | <b>3215</b>      | <b>3102</b> | <b>3190</b> | <b>3220</b> | <b>12727</b> |
|  | Baseline | <b>16200</b>     |             |             |             |              |
|  |          |                  |             |             |             |              |
| Number of Drug Treatment Orders completed                  | 2005     | <b>22</b>        | <b>18</b>   | <b>13</b>   | <b>16</b>   | <b>48</b>    |
|  | 2006     | <b>10</b>        | <b>11</b>   | <b>10</b>   | <b>19</b>   | <b>50</b>    |
|  | 2007     | <b>13</b>        | <b>6</b>    | <b>8</b>    | <b>14</b>   | <b>41</b>    |
|  | Baseline | <b>54 (year)</b> |             |             |             |              |
|  |          |                  |             |             |             |              |

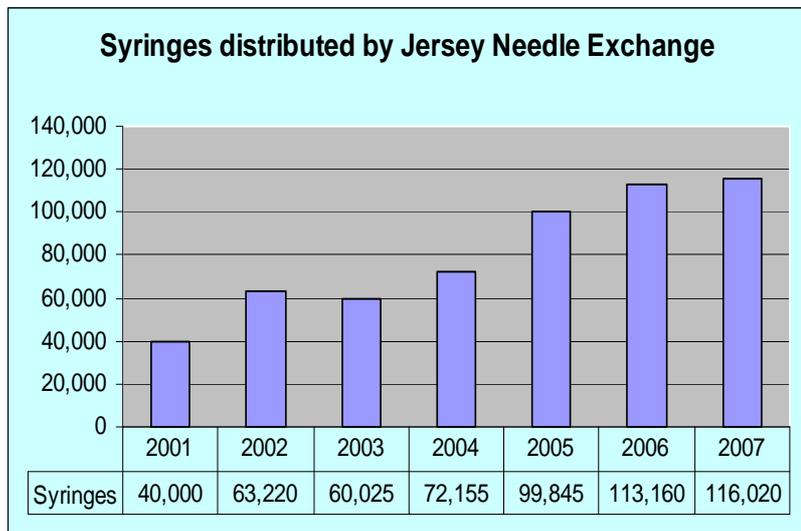
**Objective 3: Promote health-enhancing behaviours and reduce the harm caused by substance misuse**

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

| Main Points  |
|--|
| The Alcohol and Drug Service (ADS) has opened an Enhanced Needle Exchange Service which operates from the ADS.   |
| The Enhanced Service offers confidential one-to-one contact where trained staff are available to offer support as well as information and advice. The Enhanced Service has been started to offer a more comprehensive service to injecting drug users.   |
| The number of new cases of Hepatitis C in drug users continues to rise; this is most likely due to an increase in the number of users being screened for the disease.  |
| The statistics from the Ambulance Service on the number of drug related overdoses has decreased from 20 in 2004 to 17 in 2007.   |
| The number of Parish Hall referrals to substance misuse programmes has decreased in 2007 from 58 in 2005 to 17 in 2007   |
| The number of drug-related deaths rose this year from 1 in 2005 to 7 in 2007. Four of these were due to Fentanyl and have been an atypical occurrence. Since the last death involving Fentanyl, there has been a concerted effort on behalf of the Deputy Medical Officer of Health and the Director of the Alcohol and Drug Service in dissuading GPs from prescribing this drug to addicts and since the early part of 2007 year there have been no subsequent deaths. |

“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. The number of ‘fitpacks’ issued in 2007 has risen slightly again. In 2005, 10,330 were issued, a total of 99,845 syringes, whilst in 2007, a total 116,020 syringes (11,722 fitpacks) were distributed.

Since August, ADS have opened an Enhanced Needle Exchange Service which operates from the Alcohol and Drug Service on Monday to Friday from 2.00 – 5.00.

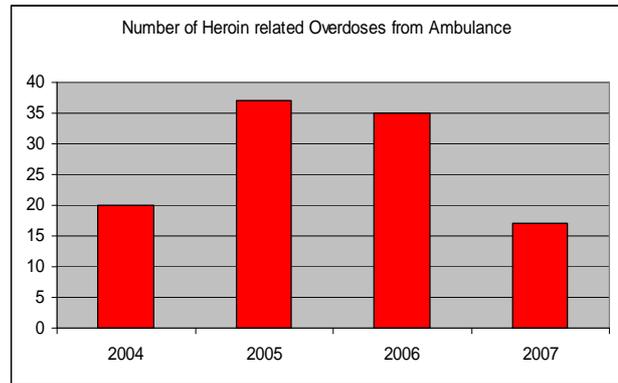
In addition to the normal services offered by Needle Exchange, the Enhanced Service offers confidential one-to-one contact on a drop in basis where trained staff are available to offer support as well as information and advice. The Enhanced Service has been started to offer a more comprehensive service to Injecting Drug Users.

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 ADS. In 2000, the Imperial College estimated that the prevalence of needle sharing was 91%. In 2005, the incidence was 43% and by the end 2007 it 27%

The number of new cases of Hepatitis C in drug users continues to rise. In the past Hepatitis C was transmitted mainly through blood transfusions or blood products. Now the blood used for transfusion and making blood products is specifically tested for this virus. Most new cases of Hepatitis C now occur in people who use contaminated needles or injection equipment for drug use. It is particularly easy for people who share contaminated equipment to contract Hepatitis C. Once contracted, this virus remains within the host indefinitely, so a

measure of new cases could be an indication of the prevalence of needle sharing. The rise in new cases at the moment is most likely due to an increase in the number of users being screened for the disease.

The statistics from the Ambulance Service on the number of drug-related overdoses has decreased from 20 in 2004 (Baseline) to 17 in 2007. However, in 2005 and 2006 there was a significant increase (37 in 2005 and 35 in 2006)



The number of Parish Hall referrals to substance misuse programmes has decreased again in 2007 from 58 in 2005 to 17 in 2007. The substance misuse awareness programmes run by ADS includes information on both alcohol and drugs. A meeting was arranged between the Arrest Referral Officer and the centeniers to discuss the possible reasons for the downturn in referrals from parish halls. However, beyond a reduced capacity of centeniers causing major delays in the system, a particular reason why the parish hall referrals were so low could not be isolated. The ARW also attended a centeniers meeting in November to raise awareness about her role to new recruits.

The number of drug-related deaths has risen again this year from 2005 when one death occurred due to heroin overdose. In 2006, one death occurred due to morphine and 1 was caused by misuse of Fentanyl. This year, we have seen 7 drug-related deaths, 4 of which were due to Fentanyl and 3 due to various other illicit mixed drugs and alcohol. The 4 cases involving Fentanyl patches have been an atypical occurrence. Since the last death involving Fentanyl, there has been a concerted effort on behalf of the Deputy Medical Officer of Health and the Director of the ADS in dissuading GPs from prescribing this drug to addicts and since the early part of this year there have been no subsequent deaths.

| <b>MEASURE</b>  |          | <b>Q1</b>     | <b>Q2</b>    | <b>Q3</b>   | <b>Q4</b>   | <b>Year</b>  |
|---|----------|---------------|--------------|-------------|-------------|--------------|
| Number of "fitpacks" issued   | 2005     | <b>1775</b>   | <b>2285</b>  | <b>3099</b> | <b>3171</b> | <b>10330</b> |
|   | 2006     | <b>2412</b>   | <b>2871</b>  | <b>3238</b> | <b>3543</b> | <b>12064</b> |
|   | 2007     | <b>2194</b>   | <b>3164</b>  | <b>3265</b> | <b>3099</b> | <b>11722</b> |
|   |          |               |              |             |             |              |
|   | Baseline | <b>4000</b>   |              |             |             |              |
| Number of Heroin related Overdoses from Ambulance                       | 2005     | <b>3</b>      | <b>10</b>    | <b>14</b>   | <b>10</b>   | <b>37</b>    |
|   | 2006     | <b>8</b>      | <b>5</b>     | <b>8</b>    | <b>14</b>   | <b>35</b>    |
|   | 2007     | <b>5</b>      | <b>1</b>     | <b>5</b>    | <b>6</b>    | <b>17</b>    |
|   |          |               |              |             |             |              |
|   | Baseline | <b>20</b>     |              |             |             |              |
| Prevalence of needle sharing (Full paraphernalia)- 6 monthly            | 2005     |               | <b>58%</b>   |             | <b>27%</b>  | <b>43%</b>   |
|   | 2006     |               | <b>25.7%</b> |             | <b>33%</b>  | <b>29%</b>   |
|   | 2007     |               | <b>24.0%</b> |             | <b>27%</b>  | <b>26%</b>   |
|   |          |               |              |             |             |              |
|   | Baseline | <b>91%</b>    |              |             |             |              |
| Number of drug related deaths   | 2005     |               |              |             |             | <b>1</b>     |
|   | 2006     |               |              |             |             | <b>2</b>     |
|   | 2007     |               |              |             |             | <b>7</b>     |
|   |          |               |              |             |             |              |
|   | Baseline | <b>2 p.a.</b> |              |             |             |              |
| Number of drug users with Hepatitis C                                   | 2005     | <b>8</b>      | <b>6</b>     | <b>5</b>    | <b>3</b>    | <b>22</b>    |
|   | 2006     | <b>6</b>      | <b>7</b>     | <b>7</b>    | <b>4</b>    | <b>24</b>    |
|   | 2007     | <b>4</b>      | <b>8</b>     | <b>9</b>    | <b>10</b>   | <b>31</b>    |
|   |          |               |              |             |             |              |
|   | Baseline | <b>22</b>     |              |             |             |              |
| Number of Parish Hall referrals who receive substance misuse programmes | 2005     | <b>19</b>     | <b>18</b>    | <b>12</b>   | <b>9</b>    | <b>58</b>    |
|   | 2006     | <b>10</b>     | <b>10</b>    | <b>6</b>    | <b>11</b>   | <b>37</b>    |
|   | 2007     | <b>5</b>      | <b>5</b>     | <b>4</b>    | <b>3</b>    | <b>17</b>    |
|   |          |               |              |             |             |              |
|   | Baseline | <b>19</b>     |              |             |             |              |

**Objective 4: 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.”*

| <b>Main Points</b>   |
|--|
| There has been an increase in the numbers young women (in their twenties) presenting with concerns about binge drinking, without necessarily being in crisis.  |
| The Health Promotion Officer (HPO) for Alcohol and Drugs and the HPO for Sexual Health liaise very closely with the parenting class co-ordinator and have been involved with looking at ways to ensure that those parents attending classes receive consistent and effective messages about drugs. Parents attending these courses have found them very informative and generally feel that they are more confident to talk to their children about these issues after the sessions. |
| Parents in prison with a drug problem have the option to receive a course on drug education provided by the prison drug counsellor. Pre-release programmes are provided to all inmates with a drug or alcohol related problem during their last 3 months in prison.  |

The number of carers receiving information from ADS includes one-to-one appointments, group attendance and phone calls requesting information even if the carer does not want to have an appointment to come into the service.

Carers tend to fall into two main categories -

1. Parents concerned about their teenage children using drugs; requesting information about the effects of drugs; unexplained mood changes in their children; how to get help for them etc.
2. Partners concerned about their husband/wife drinking - generally looking for help to get them into treatment.

The majority of people who request information are parents worried about their teenage children - they sometimes ask about alcohol, but it is mainly drugs, or at least in conjunction with drug use.

In either case the family member using/abusing substances may or may not be willing to come into treatment.

The responsibility of the clinical nurse specialist is to help the carer - who is the client at this point - to deal with the stress of the situation they are living with, whether or not the party they are concerned about is willing to get help.

Interestingly the service is seeing an increase in young women (in their twenties) presenting with concerns about binge drinking, without necessarily being in crisis. The numbers are not great (about 5), but historically these type of referrals have been very rare, and could show a general increase in awareness around alcohol and health.

Results from the latest HRBQ (A picture of Health, 2006) indicate that teachers have now replaced parents as the principal source of information on drugs by both primary and secondary school students. For example, over two thirds of Year 6 pupils said teachers were their main source of information compared to just over half in 2002. However, it is vital that we engage and inform parents to ensure that the correct messages are given.

With this in mind the Health Promotion Officer (HPO) for Alcohol and Drugs and the HPO for Sexual Health liaise very closely with the parenting class co-ordinator and have been involved with looking at ways to ensure that those parents attending classes receive consistent and effective messages about drugs. At the moment they run a session which combines the message of harm reduction around sexual health and alcohol and drugs. Parents attending these courses have found them very informative and generally feel that they are more confident to talk to their children about these issues after the sessions.

The following comments are from parents asked what they found the most useful about the workshop:

*"Reminded me to keep a balanced view and not over react to my children's behaviour"*

*"Presentation at the end was very informative and reinforced the importance of discussing these issues early on"*

*"The information given was clear and factual- although scary! - Very interesting and informative. It gave me an insight and grounding to deal with the issues (if and when they arise) appropriately"*

*"Emphasis of links between alcohol and sex in teenagers."*

Parents in prison with a drug problem have the option to receive a course on drug education provided by the Prison Drug Counsellor. Individual counselling is provided to all prisoners from all wings, both for those on remand and those

convicted. Pre-release programmes are provided to all inmates with a drug or alcohol-related problem during their last 3 months in prison. Pre-release work is allocated 3 hours on a weekly basis. The pre-release counselling is a weekly individual session with individual "homework" assignments. Sessions have a duration of 2 hours.

| <b>MEASURE</b>   |          | <b>Q1</b>   | <b>Q2</b>   | <b>Q3</b>   | <b>Q4</b> | <b>Year</b> |
|--|----------|-------------|-------------|-------------|-----------|-------------|
| Number of carers receiving information from the Alcohol & Drug Service | 2005     | <b>12</b>   | <b>15</b>   | <b>12</b>   | <b>13</b> | <b>52</b>   |
|  | 2006     | <b>11</b>   | <b>16</b>   | <b>17</b>   | <b>17</b> | <b>61</b>   |
|  | 2007     | <b>20</b>   | <b>15</b>   | <b>12</b>   | <b>11</b> | <b>58</b>   |
|  | Baseline | <b>TBA</b>  |             |             |           |             |
|  |          |             |             |             |           |             |
| % of parents on parenting programme showing evidence of drug awareness | 2005     | <b>100%</b> | <b>100%</b> | <b>100%</b> |           | <b>100%</b> |
|  | 2006     | <b>100%</b> | <b>100%</b> | <b>100%</b> |           | <b>100%</b> |
|  | 2007     | <b>100%</b> | <b>100%</b> | <b>100%</b> |           | <b>100%</b> |
|  | Baseline |             |             |             |           |             |
|  |          |             |             |             |           |             |

**Objective 5: 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.*

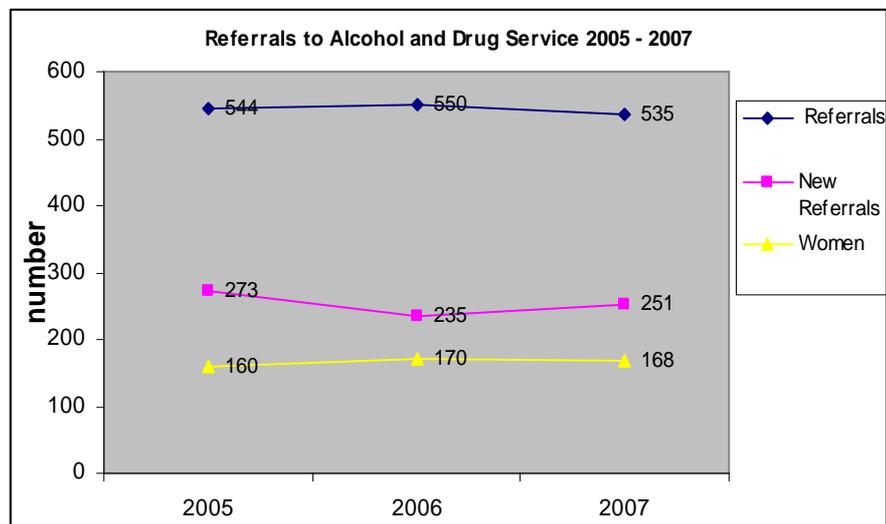
*It is well known that problematic drug users make above average demands on services, which provides many agencies with opportunities to intervene. It is therefore essential that all professionals in contact with these users are adequately equipped, in terms of training, skills and confidence, to deal with them or to refer them on to another service as appropriate.”*

## Main Points

The number of women accessing the ADS rose slightly this year

Results from an evaluation of the Opiate substitute programme showed that there was an overall improvement in social relationships with all clients, an overall increase in physical and psychological well-being and a decrease in criminality.

The number of referrals to the ADS has fallen slightly from 544 in 2005 to 535 in 2007 with the majority being alcohol related. The number of new referrals appears to have risen slightly



compared to last year but is still lower than for 2005.

The number of women accessing ADS has risen this year from 160 in 2005 to 168.

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 numbers completing the opiate substitute programme do tend to fluctuate depending on a number of factors- it may be that there are plentiful supplies of heroin and people did not present for treatment or that other drugs are available or that people go off the Island. Drug use has a complicated dynamic; we only see small parts of the whole and it would not be sensible to try to identify one single factor as being causal to this.

Between February and September 2007, an evaluation was undertaken of the Methadone and Subutex (opiate substitute) programmes at the ADS. Clients on the programmes were interviewed by an independent researcher using a semi-structured questionnaire as they commenced their treatment and on completion of their treatment. Areas that were looked at included physical and mental well-being, relationships with friends and family, work, criminality, legal problems and other drug and alcohol use and compliance with the programmes. The results showed that there was an overall improvement in social relationships with all clients, an overall increase in physical and psychological well-being and a decrease in criminality. Comments from the clients revealed that they felt the programmes:

- Stabilised lifestyle
- Enabled clients to stay in employment
- Reduced crime
- Had a quick response time

However, some negative comments included :

- Inconvenience of daily visits to the chemist
- Out of hours service required.
- Insufficient counsellors
- Meeting other drug users in waiting areas

| <b>MEASURE</b>   |          | <b>Q1</b>          | <b>Q2</b>  | <b>Q3</b>  | <b>Q4</b>  | <b>Year</b> |
|--|----------|--------------------|------------|------------|------------|-------------|
| Number of referrals to Alcohol and Drug Service  | 2005     | <b>125</b>         | <b>150</b> | <b>132</b> | <b>137</b> | <b>544</b>  |
|  | 2006     | <b>130</b>         | <b>193</b> | <b>124</b> | <b>103</b> | <b>550</b>  |
|  | 2007     | <b>128</b>         | <b>127</b> | <b>145</b> | <b>135</b> | <b>535</b>  |
|  | Baseline | <b>568(Yearly)</b> |            |            |            |             |
|  |          |                    |            |            |            |             |
| Number of new referrals to Alcohol and Drug Service  | 2005     | <b>66</b>          | <b>72</b>  | <b>69</b>  | <b>66</b>  | <b>273</b>  |
|  | 2006     | <b>58</b>          | <b>73</b>  | <b>46</b>  | <b>58</b>  | <b>235</b>  |
|  | 2007     | <b>57</b>          | <b>67</b>  | <b>57</b>  | <b>70</b>  | <b>251</b>  |
|  | Baseline | <b>289</b>         |            |            |            |             |
|  |          |                    |            |            |            |             |
| Number of women accessing Alcohol and Drug Service   | 2005     | <b>43</b>          | <b>48</b>  | <b>38</b>  | <b>31</b>  | <b>160</b>  |
|  | 2006     | <b>45</b>          | <b>59</b>  | <b>29</b>  | <b>37</b>  | <b>170</b>  |
|  | 2007     | <b>39</b>          | <b>43</b>  | <b>42</b>  | <b>44</b>  | <b>168</b>  |
|  | Baseline | <b>160</b>         |            |            |            |             |
|  |          |                    |            |            |            |             |
| Number of people having successfully completed the opiate substitute programme               | 2005     | <b>30</b>          | <b>21</b>  | <b>35</b>  | <b>38</b>  | <b>124</b>  |
|  | 2006     | <b>28</b>          | <b>11</b>  | <b>28</b>  | <b>21</b>  | <b>88</b>   |
|  | 2007     | <b>37</b>          | <b>29</b>  | <b>14</b>  | <b>8</b>   |             |
|  | Baseline | <b>124</b>         |            |            |            |             |
|  |          |                    |            |            |            |             |
| % of drug users who have entered treatment and shown an increase in quality of life (Yearly) | 2005     |                    | <b>75%</b> |            |            |             |
|  | 2006     |                    |            |            |            | <b>96%</b>  |
|  | 2007     |                    |            |            |            |             |
|  | Baseline | <b>75%</b>         |            |            |            |             |
|  |          |                    |            |            |            |             |

**Objective 6: 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.”*

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 Worker (ARW) are key links in this process

| <b>Main Points</b>  |
|---|
| The percentage of treatment orders upheld by the courts has risen overall from 84% in 2005 to 94% this year showing that the Magistrates follow recommendations given by the CLO where possible and seem confident that the offender is appropriately supervised. |
| The majority of offenders get through their Probation Orders with a resultant lowering of the risk of reoffending in 63% and an improvement in their CHRISTO (Social skills, health, attendance, attitude, and drug/alcohol use) scores in nearly 74% of clients. |
| The number of clients from the ARW who access treatment rose by 32% from 51 in 2005 to 75 in 2007.  |

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 treatment orders upheld by the courts has risen overall from 84% in 2005 to 94% this year.

The percentage completing their orders has decreased from 64.25% in 2005 to 60 % in 2007. The % of completers is less than last year but consistent with previous years. In 2007 there is a discrepancy of 2% between % orders completed, this could be caused by monthly rounding up or down, which may also explain the 1% variance in improvement in LSI scores for the same year.

The majority of offenders get through their orders with a resultant lowering of the risk of reoffending in 63% and an improvement in their CHRISTO<sup>8</sup> (Social skills, health, attendance, attitude, and drug/alcohol use) scores in nearly 74% of clients.

The main aim of the Arrest Referral Project is 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. The ARW works mainly from the Police Station where she assesses people who have been arrested and are being held in the police cells for substance misuse and 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.

The number of clients from the ARW who access treatment has risen by 32% from 51 in 2005 to 75 in 2007. However, this need not be taken as a rise in the population of problematic drug users but could more likely be due to some of the following influencing factors:

- Arrest referral and alcohol and drug training is now given to all police officers who do the custody training course, which is mandatory training before officers are able to work in custody. The ARW began doing a session on the course last November and the course runs every 4 to 6 months.
- A stencil sign promoting access to the service was stencilled on the walls of all the cells, the interview rooms and at the booking-in desk. This means detainees can reflect on any possible issues or problems before the scheme is offered or request contact details themselves.
- Police officers also now put an arrest referral leaflet in with all detainees belongings before they leave custody.
- As custody officers have rotated and new ones have come on board with the scheme, firmly established officers are becoming more proactive in promoting the scheme which increases referral.

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<sup>8</sup> CHRISTO – an assessment tool that measures the level of substance misuse difficulty experienced by a client.

| <b>MEASURE</b>   |          | <b>Q1</b>   | <b>Q2</b>   | <b>Q3</b>   | <b>Q4</b>   | <b>Year</b>   |
|--|----------|-------------|-------------|-------------|-------------|---------------|
| % of Treatment Orders recommended by the Court Liaison Officer upheld by the Courts  | 2005     | <b>100%</b> | <b>83%</b>  | <b>78%</b>  | <b>75%</b>  | <b>84%</b>    |
|  | 2006     | <b>100%</b> | <b>86%</b>  | <b>100%</b> | <b>100%</b> | <b>97%</b>    |
|  | 2007     | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>75%</b>  | <b>94%</b>    |
|  | Baseline | <b>84%</b>  |             |             |             |               |
|  |          |             |             |             |             |               |
| % of clients completing their Treatment Orders   | 2005     | <b>50%</b>  | <b>78%</b>  | <b>50%</b>  | <b>79%</b>  | <b>64.25%</b> |
|  | 2006     | <b>71%</b>  | <b>69%</b>  | <b>77%</b>  | <b>76%</b>  | <b>73%</b>    |
|  | 2007     | <b>80%</b>  | <b>55%</b>  | <b>50%</b>  | <b>56%</b>  | <b>60%</b>    |
|  | Baseline | <b>50%</b>  |             |             |             |               |
|  |          |             |             |             |             |               |
| Number of ARW clients in treatment   | 2005     | <b>12</b>   | <b>12</b>   | <b>14</b>   | <b>13</b>   | <b>51</b>     |
|  | 2006     | <b>18</b>   | <b>33</b>   | <b>13</b>   | <b>10</b>   | <b>74</b>     |
|  | 2007     | <b>17</b>   | <b>18</b>   | <b>20</b>   | <b>20</b>   | <b>75</b>     |
|  | Baseline | <b>65</b>   |             |             |             |               |
|  |          |             |             |             |             |               |
| % of clients who have completed their Treatment Order who show a reduction in their LSI-R score  | 2005     | <b>66%</b>  | <b>62%</b>  | <b>64%</b>  | <b>82%</b>  | <b>69%</b>    |
|  | 2006     | <b>56%</b>  | <b>50%</b>  | <b>44%</b>  | <b>55%</b>  | <b>51%</b>    |
|  | 2007     | <b>80%</b>  | <b>50%</b>  | <b>57%</b>  | <b>64%</b>  | <b>63%</b>    |
|  | Baseline | <b>69%</b>  |             |             |             |               |
|  |          |             |             |             |             |               |
| % of clients who have completed Treatment Orders and shown a reduction in their substance related problems as evidenced by the Christo Inventory | 2005     | <b>66%</b>  | <b>62%</b>  | <b>45%</b>  | <b>77%</b>  | <b>62%</b>    |
|  | 2006     | <b>67%</b>  | <b>50%</b>  | <b>55%</b>  | <b>62%</b>  | <b>59%</b>    |
|  | 2007     | <b>58%</b>  | <b>80%</b>  | <b>75%</b>  | <b>83%</b>  | <b>74%</b>    |
|  | Baseline | <b>62%</b>  |             |             |             |               |
|  |          |             |             |             |             |               |

**Objective 7: 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 Customs and the Police will continue to target the principals behind drug Importation/supply syndicates, with a particular emphasis on Class A drugs.”*

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 to for those who profit from trade in drugs. Jersey has one of the most punitive sentencing policies for drug traffickers anywhere in the world.

| Main Points  |
|--|
| The average purity of heroin imported into the Island in 2007 was 43% which shows a gradual increase since 2005 (39%). |
| The seizure figures are significantly down on previous years.  |

The figures are collected by the Customs and Immigration Service.

The average purity of heroin imported into the Island in 2007 was 43% which shows a gradual increase since 2005 (39%). The purity of the heroin relates to the percentage of pure heroin found in the seizure .The significance of these figures is that they provide an indication of the strength of the heroin that is in the Island at any given time – the purer the seizure the more danger to the heroin users (although the harm related is also dependant upon what other substances the heroin is mixed with). The purity of the drugs may also affect the street prices which in turn may give us an indication of the amount of heroin on the streets. It is always interesting to be aware of the purity of heroin seizures, but it should be noted that it is not a figure over which the enforcement agencies in Jersey can have any control or influence.

There was a significant drop in the amount of heroin seized in 2007. Whilst it is difficult to ascertain any direct cause it is likely that disruption to the Customs and Immigration Service drug enforcement through the necessary redeployment of staff has had an impact.

Although there is no firm evidence to show drug smuggling has decreased another factor in the reduction of seizures could be the significant disruption of existing and new sources of supply. 21 targets who were alleged to be dealing in commercial amounts of illegal drugs were arrested and charged by the Drugs Squad in 2007.

We will monitor the situation closely over the coming twelve months in order to establish whether this trend is likely to continue

| <b>MEASURE</b>   |                       | <b>Q1</b>    | <b>Q2</b>    | <b>Q3</b>     | <b>Q4</b>     | <b>Year</b>   |
|--|-----------------------|--------------|--------------|---------------|---------------|---------------|
| Purity of seized drugs                                 | 2005                  | <b>28.0%</b> | <b>38%</b>   | <b>49.50%</b> | <b>46.00%</b> | <b>39.00%</b> |
|  | 2006                  | <b>34%</b>   | <b>40%</b>   | <b>35%</b>    | <b>39.50%</b> | <b>37%</b>    |
|  | 2007                  | <b>48%</b>   | <b>40%</b>   | <b>45%</b>    | <b>37.00%</b> | <b>43%</b>    |
|  | Baseline              | <b>41.0%</b> | <b>43.5%</b> | <b>50.0%</b>  | <b>33.0%</b>  | <b>45.0%</b>  |
|  |                       |              |              |               |               |               |
| Amount of drug related criminal assets recovered       | 2005                  | <b>£54K</b>  | <b>£51K</b>  | <b>£50K</b>   | <b>£143K</b>  | <b>£298K</b>  |
|  | 2006                  |              |              |               |               | <b>£1.1m</b>  |
|  | 2007                  |              |              |               |               | <b>£677K</b>  |
|  | Baseline              | <b>£78K</b>  | <b>£78K</b>  | <b>£20K</b>   | <b>£34K</b>   | <b>£210K</b>  |
|  |                       |              |              |               |               |               |
| Kgs of Heroin Seized                                   | 2005                  | <b>0.778</b> | <b>0.17</b>  | <b>1.215</b>  | <b>0.313</b>  | <b>2.476</b>  |
|  | 2006                  | <b>0.31</b>  | <b>0.016</b> | <b>0.088</b>  | <b>1.812</b>  | <b>2.226</b>  |
|  | 2007                  | <b>0.004</b> | <b>0.325</b> | <b>0.024</b>  | <b>0.024</b>  | <b>0.375</b>  |
|  | Baseline              | <b>0.306</b> | <b>0.475</b> | <b>0.144</b>  | <b>5.675</b>  | <b>6.6</b>    |
|  |                       |              |              |               |               |               |
| Value of drugs Seized                                  | Not collected in 2005 |              |              |               |               |               |
|  | 2006                  | <b>650K</b>  | <b>550k</b>  | <b>296K</b>   | <b>867K</b>   | <b>2.363m</b> |
|  | 2007                  | <b>187K</b>  | <b>304K</b>  | <b>180K</b>   | <b>33K</b>    | <b>0.704K</b> |
|  | Baseline              |              |              |               |               |               |
|  |                       |              |              |               |               |               |
| Number of convictions for importation of class A drugs | 2005                  | <b>16</b>    | <b>11</b>    | <b>7</b>      | <b>3</b>      | <b>37</b>     |
|  | 2006                  | <b>10</b>    | <b>4</b>     | <b>3</b>      | <b>10</b>     | <b>27</b>     |
|  | 2007                  | <b>5</b>     | <b>6</b>     | <b>11</b>     | <b>8</b>      | <b>30</b>     |
|  | Baseline              | <b>9</b>     | <b>8</b>     | <b>6</b>      | <b>8</b>      | <b>31</b>     |
|  |                       |              |              |               |               |               |

## **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 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. The full report can be accessed on the Home Affairs website at <http://sojcmsview1/www.gov.je/HomeAffairs/Building+a+Safer+Society.htm>.

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 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 six week time-scale REM includes literature reviews, participant observation, stake-holder consultation and user participation. The programme has been running for just over 2 years and 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. Copies of the evaluations can be obtained from the Executive Officer:  
i.rogan@gov.je

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.

## 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).

### 2007 Budget

|                                  |                          |                 |
|----------------------------------|--------------------------|-----------------|
| Small Scale Research             | Home Affairs             | £ 14,176        |
| Restorative Justice              | Home Affairs             | £ 25,942        |
| Portuguese Offender Worker       | Home Affairs             | £ 23,691        |
| Basic Skills Project             | Home Affairs             | £ 8,610         |
| Jersey Victim Support            | Home Affairs             | £ 30,000        |
| Executive Support*               | Home Affairs             | £ 60,689        |
| Mainstream Nurseries             | Home Affairs             | £ 22,601        |
| Daycare Support                  | Home Affairs             | £ 37,669        |
| Positive Futures                 | Home Affairs             | £ 57,041        |
| Domestic Violence Programme      | Home Affairs             | £ 32,500        |
|                                  |                          | <b>£312,919</b> |
| Specialist Alcohol Worker        | Health & Social Services | £ 48,431        |
| Minden Base                      | Health & Social Services | £ 20,841        |
| Detached Youth Worker            | Health & Social Services | £ 48,198        |
| The 'Bridge'                     | Health & Social Services | £ 42,363        |
|                                  |                          | <b>£159,833</b> |
| Prison Drug Education            | DTCF                     | £ 40,000        |
| Health Promotion Officer (drugs) | DTCF                     | £ 59,194        |
| Arrest Referral Worker           | DTCF                     | £ 44,019        |
| Drug/Alcohol Counsellor          | DTCF                     | £ 59,194        |
| Methadone Programme              | DTCF                     | £205,000        |
| Court Liaison Officer            | DTCF                     | £ 50,511        |
| Executive Support                | DTCF                     | £ 57,732        |
| Customs Publicity                | DTCF                     | £ 5,000         |
|                                  |                          | <b>£520,649</b> |

