

BaSS 2

Strategic Framework

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Community Safety Strategy

Community safety has always been a difficult concept to define. Partly, this is due to the common misconception that community safety is about crime reduction and crime is a matter best dealt with by the police. In fact community safety is more akin to a social policy rather than a crime policy focusing as it does on reducing the risk factors that can lead to destructive behaviours including but not exclusively criminality, anti-social behaviour and/or substance misuse. As such criminal justice agencies such as the police, the courts, prison and probation do have a significant role to play but it is no more significant than that of other agencies such as Education, Sport and Culture, Health and Social Services, Housing and, in Jersey, the Honorary Police system. Arguably however the most important contributions come from the community themselves-this includes individuals, businesses and various voluntary and community groups.

In England there is growing recognition of the limitation of Crime and Disorder Reduction Partnerships (CDRPs). This is mainly due to their over reliance on re-active, short-term, often enforcement based, interventions. They are tackling the consequences of crime but rarely do they invest in tackling the causes.

In Jersey we have taken a different approach by ensuring that we have a balance between long-term, welfare based interventions aimed at reducing risk factors and medium/long term enforcement activities aimed at reducing recidivism. In this way we seek to minimise the harm that individuals, families and communities experience as a result of crime, anti-social behaviour and substance misuse.

This community safety strategy will continue that tradition but whereas previously, with a few notable exceptions, communities have largely played a peripheral role, this strategy sets out to put communities at the forefront of intervention development and implementation. Communities will not just have the opportunity to contribute but will be encouraged, supported and enabled to develop action plans which are relevant to them, owned by them and implemented by them in partnership with government agencies.

Accordingly this strategy does not set out pre-defined targets; these will be developed and refined as the process of engagement gathers momentum. What this strategy does provide is a framework within which community safety can be delivered.

What we have achieved 2005-2009



Community Footballers

“The most vulnerable in our society are not only at the greatest risk of crime, but also suffer a greater impact of crime because of their lack of money and resources...the people who suffer most because of crime tend to suffer most from other social problems” Young(1994)



George V Cottage Homes

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. 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.

Part of the ongoing aims of the Bass strategy have been to continue developing a comprehensive picture of crime, anti-social behaviour and substance misuse in Jersey, implement evidence based interventions and monitor and evaluate their effectiveness.

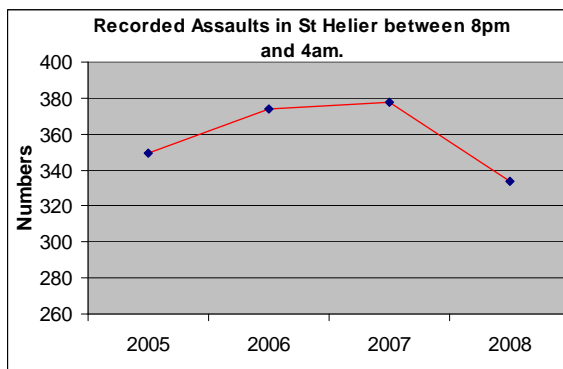
Since the implementation of BaSS in 2005, data has been collected from various public, private and voluntary agencies. Much time has been invested into negotiation and liaison to ensure that the data provided was not only useful at a strategic level but important at an operational level too. We were very conscious that collecting data can be time consuming and we wanted it to be as important for informing practice as it was for providing information about the success of the strategy.

Furthermore, projects funded by the strategy have been evaluated using an innovative approach to evaluation which has raised a great deal of interest amongst community safety professionals in the UK.

An annual report has been produced yearly since 2005 which has charted the development of many initiatives, some ground – breaking and others tried and tested, but all based on sound evidence. The data collected has come from many different sources and has been designed to provide a comprehensive overview. At this time it is the only strategy that incorporates data from so many

areas. Some of the data is numerical and easily lends itself to statistical analysis; some of that data has altered due to changes in the way it is collected or because that original data set was found not to be valid; some is based on the experiences both of the various professionals delivering initiatives and of the members of the public involved.

There are many initiatives in the private, voluntary and public sector which address community safety either directly or indirectly. To name them all would be impossible but the success of the strategy depends upon the hard work and dedication of professionals, volunteers and members of various communities who come together to address issues that are important to them and to



making our island a safer place to live in. The data we have collected so far is portraying an overall picture of some great successes. There has been a reduction in recorded crime of about 10% since 2005 and peoples' perception of safety in their neighbourhood has increased. Recorded incidents in identified communities is showing a downward trend and recorded assaults taking place in St

Helier between 8pm and 4pm has dropped by approximately 15%. The proportion of known offenders who are under 18 has also dropped from 31% to 24%. There has been a concerted interagency effort to combat Domestic Violence in Jersey; involving agencies like the Woman's refuge, the SOJP, and the commencement of a domestic abuse perpetrators programme for men run by the Jersey Domestic Violence Forum in partnership with Hampton Trust and Probation. The SOJP, who have introduced a system for assessing the number of **newly reported** domestic violence victims who are at a high or very high risk of further victimisation, have seen 131 such cases this year.

Victim Support have seen on average 337 people per year since 2004 and an evaluation showed just how valued that service was to those victims they come in contact with. Partnerships between the community,

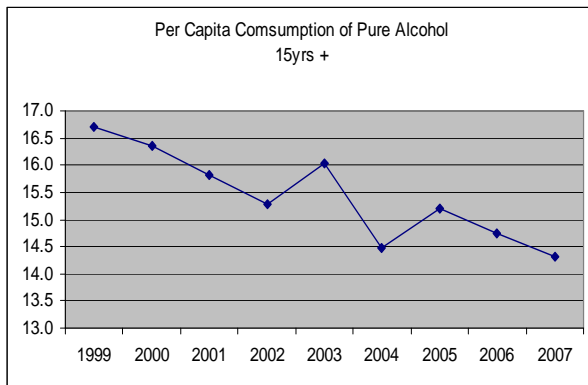
Colin Russell (Chair) and Sue Stoker of SSH



businesses and the states departments have developed through the Safer St Helier Community Partnership (SSH) – who have piloted and implemented initiatives like the award winning Q-Safe taxi marshal scheme which has proved a great success in making the weighbridge area a safer place during the weekend evenings and NiteNet radio communications between pubs, clubs and the taxi

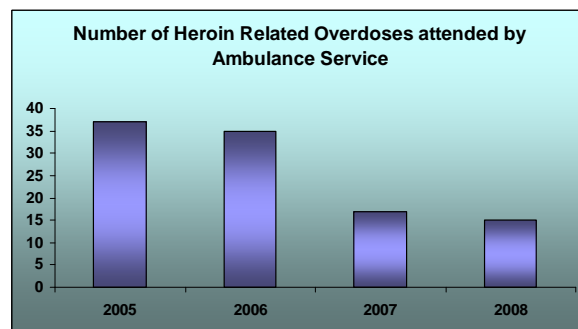
marshals. We have been working with businesses who wish to enhance their corporate social responsibility and have been involved in the formation of the new Licensing Law.

The National Healthy Schools Standard (NHSS) has been awarded to some Jersey schools. In achieving this award the schools have demonstrated best practice standards across Personal, Social and Health Education (PSHE), Healthy Eating, Physical Activity and Emotional Health and Well-being. Of particular relevance to BASS is the focus on PSHE and Emotional Health where schools must

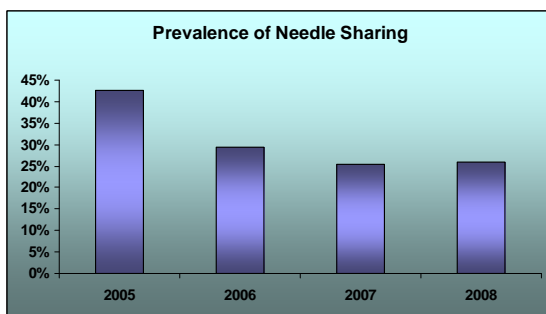


evidence practice and policy around drugs education, anti-bullying, citizenship and learning and support on social and emotional behaviour and skills. Achieving NHSS represents the significant work around these health issues undertaken by the whole school community over a period of 4-6 school terms; with re-validation then required every 3 years.

Overall alcohol consumption per head of population in Jersey has fallen from 15.4 litres of pure alcohol in 2005 to 13.8 in 2008. That is not to say we should be complacent as this is still higher than the last figure for the UK and many other places in the world – but it shows that many of the initiatives around reducing alcohol consumption have been having a positive impact.



A comprehensive piece of research into substance misuse on the island was carried out in 2000 by the Imperial College. In order to monitor the ongoing situation their report recommended collection of data from different sources. The picture from this shows that there are still problematic drug users in the island however, the many interventions seem to be reducing the harm caused by this



drug use. There are less heroin overdoses attended by the ambulance service, needle sharing by users is reducing which means that the danger of transference of blood borne infection like Hepatitis C is reduced. Unfortunately at the moment we have no idea of the prevalence of Hepatitis C in the island. Close working between the Alcohol and Drug service

and probation has meant that many drug users who go through the courts have access to treatment and support through the court liaison officer. This project is designed to address drug taking and reduce the incidence of substance related problems. By the end of 2008, 80% of people who had completed their treatment orders had shown a reduction in their substance related problems. The alcohol and drug service work closely with many voluntary agencies for example the Shelter Trust as well as other states departments like the Customs and Immigration department, the SOJP, Mental Health, and education.

One of the strengths of BaSS has been its ability to not only react to situations but to be pro-active in trying to reduce the likelihood of issues arising. Therefore it has a commitment to early interventions which evidence has shown are often the key to breaking the cycle of deprivation, involvement in crime, anti-social behaviour and substance misuse.



Football Inflatable pitches at the Waterfront

We have been collecting information on many of those projects for example Detached Youth Work and Community Sports Development with the view not only of providing evidence of their impact but also to provide data which can be shared with other agencies to provide a more comprehensive picture of our society. For example:

Street Based Youth Worker: *"We are regularly engaging with a group of young men who are involved with crime and the justice system. This work is mainly about trying to get them to think about what and why they are involved in crime. This has enabled us to link one young man up with the worker from the Prince's Trust who is now mentoring him. Very often an aggravating factor is their use of alcohol, and they have to attend the drug and alcohol service. We are able to reinforce some of the information and messages the young people are getting. Also, as we may well see them on the streets after they have been drinking, we are able to challenge them to think about the danger they are putting themselves and others in, either there and then or when we next see them sober. This ongoing relationship with these vulnerable young people means we are also able to refer them to other services or build projects around their needs. The Lihou trip, and some outdoor education sessions that are planned for the next quarter, are examples of this."*

Research, evidence, and evaluations has underpinned all the projects that BaSS has been associated with and that, together with a commitment from many agencies, has enabled us to also act when an issue is brought to the group in a very positive way. For example, Bass has funded the Health Related Behaviour Questionnaire (HRBQ) which has provided a portrait of trends in young people's attitudes and behaviours towards their health since 1996. This 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. Whilst we are aware that there are ongoing concerns in our island regarding ant-social behaviour, alcohol and drug consumption and crime, the combined efforts of the many states departments, businesses, voluntary agencies, community groups and individuals have meant that these concerns can be aired and addressed in a positive manner.

The Principles:

The principles of the strategy remain the same as BaSS 1. Our three Key Strategic Priorities are:

STRATEGIC PRIORITY 1. TO CREATE A SAFER ENVIRONMENT BY REDUCING CRIME, PUBLIC DISORDER AND ANTI-SOCIAL BEHAVIOUR.

- Objective 1. Engage with the community
- Objective 2. Identify hotspots and target offenders
- Objective 3. Invest in young people in order to reduce the likelihood of future criminal and anti-social behaviour
- Objective 4. Involve and support parents and guardians
- Objective 5. Minimise the Harm Through Support to Victims
- Objective 6. Reduce Re-offending

STRATEGIC PRIORITY 2. TO PROVIDE PEOPLE WITH OPPORTUNITIES TO DEVELOP THEIR POTENTIAL AS 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.
- Objective 2. Provide an integrated approach to tackling social exclusion
- 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

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.
- Objective 2. Reduce the inappropriate consumption of psychoactive substances
- Objective 3. Promote health-enhancing behaviours and reduce the harm caused by substance misuse.
- Objective 4. Engage and inform parents and families about illegal drugs and alcohol.
- Objective 5. Continually review evidence-based interventions in order to extend the range and availability of treatment opportunities for problematic drug users.
- Objective 6. Where appropriate, provide offenders within the criminal justice system with access to alternative and effective programmes.
- Objective 7. Ensure drug trafficking laws are rigorously and effectively enforced.

Framework for Delivery:

Over the past fifteen years we have had, in one form or another, a partnership approach to tackling substance misuse and community safety. The chapter on what we have achieved shows considerable success for this way of working, however, we can always make improvements and this framework for delivery represents a significant development in the way in which community safety and substance misuse is addressed in Jersey.

This framework sets out the process by which the Community Safety Partnership will implement an island wide community safety and substance misuse strategy. It is important to note that we are not setting out to 'reinvent the wheel'. The framework highlights the process by which the response plans will be developed. In this we have continued the work of previous strategies in that we are taking an holistic approach to issues. Early intervention, diversion, enforcement and rehabilitation are all important tools in reducing the harm associated with crime and substance misuse and we will continue to emphasise the importance of tackling issues from these perspectives.

One of the crucial lessons we have learned from previous strategies is that there is often a lack of understanding about the work that has been undertaken. This often leads to the comment that nothing is being done. This can have a detrimental effect on the whole strategy. If communities believe that nothing is being done they are less likely to engage; if politicians believe that nothing is being done they are less likely to agree funding, and if those participating in initiatives don't believe their work is recognised and valued they can become demoralised and potentially less effective. Communicating the work of the strategy through various media therefore becomes an integral part in reducing the fear of crime and increasing community safety.

Whilst the Community Safety Partnership has tended to lead the way, locally, in the monitoring and evaluation of programmes, a recent review of the Partnership highlighted the need to make more use of the evidence it gathered from the monitoring and evaluations when planning future interventions. To this end, the proposed framework will ensure that, prior to implementing any interventions, we have a thorough understanding of the issue at a local level, we have a clear picture of what we want to achieve and how we are going to achieve it and we will be able to demonstrate how successful we have been.

The framework is therefore based upon the production and use of evidence. In this context the term 'evidence' includes, but is not limited to, information from members of the public, interested groups, official data, primary and secondary research etc. The only criteria are that the evidence is both reliable and valid.

One of the key features of this framework is the introduction of a 'SIGNAL' phase. The SIGNAL phase is simply the way in which we find out about issues/problems. Anyone can raise a "SIGNAL"; it could be a member of the CSP, a member of the community, a politician or the media. Whoever raises the SIGNAL, the process is the same; SIGNAL, SEARCH, RESPONSE, REVIEW. This will provide a systematic process for the identification, analysis and evidence based response to the community safety issues which are of most concern to our community. Details of the process are shown below.

As an island-wide community safety strategy, it is important to maintain ongoing relationships with the 12 Parishes who tend to deal with issues at a local level. Part of the SIGNAL process will be input from the parishes and to this end in 2010 the CSP will hold regular 'SIGNAL' meetings with the honorary police and key stakeholders of each parish at which issues/concerns regarding community safety can be raised. This will have the triple purpose of sharing information, looking at ways to help each other address issues whilst cementing relationships between the parishes and central government agencies.

One of the most difficult, yet important, aspects of implementing an island wide community safety strategy is in gaining and maintaining an impression of the total weight of effort that is being directed at crime, anti-social behaviour and substance misuse. Such complex social issues require multifaceted responses and it is not always obvious how the intricate relationships fit together.

The process will provide the CSP with an expanding knowledgebase about issues, responses and effectiveness. It will act as a central repository of information on these issues thereby enabling the CSP to become the co-ordinating body and leading authority of all matters relating to community safety and substance misuse in Jersey.

Governance:

It is proposed to use the existing governance structure of BaSS with slight modification to the Terms of Reference and Membership:

The Chief Officer Group (COG) will consist of:

Home Affairs	H&SS
ESC	Housing
Probation	Prison Governor
Police Chief	ESS
Custom & Immigration	
Fire Service	Emergency Planning Officer

The Chief Officer Group will be responsible for co-ordinating the strategic response. They will set the Key performance indicators for each key objective and will meet on a quarterly basis.

Community Safety Partnership (CSP):

At the working level, the CSP will be responsible for delivering the key objectives. They will monitor KPIs and evaluate programmes. They will meet on a monthly basis.

SIGNAL SEARCH RESPONSE REVIEW

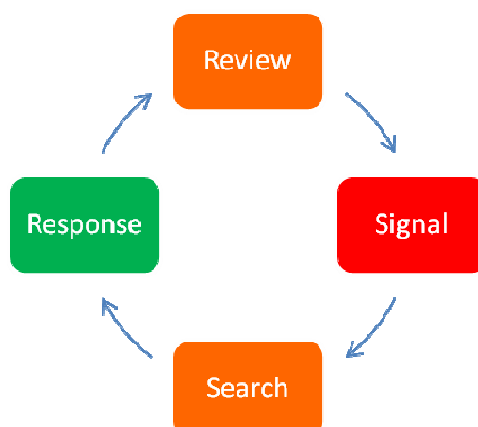
Signal: We think we have a problem...The signals that a problem exists. This could be from an analysis of official stats, informant/client intelligence, complaints, community intelligence, media etc. Signals indicate that a problem/issue may exist.

Search: This is the reality...Once an issue has been flagged up research, data gathering needs to be carried out in order to reflect the actual position. This would include official statistics, primary and secondary research, community engagement etc. From this data, profiles will be developed on what the problem is (Problem Profile); who is involved (Actor Profile) and what resources are currently allocated/what resources we have available (Resource Profile)

Response: This is what we are going to do about it(Do we need to do anything about it?)....this is the action planning phase. Based upon the three profiles we will set three types of response; Immediate, Medium and Long-term.

Review: Have the responses worked?..... all responses will be evaluated in order to understand what impact they have had and what else needs to be done.

A circular process



An Example: **Cocaine**

Signal

Intelligence from Alcohol & Drug clients that cocaine is widespread in the island

Intelligence from Customs & Excise that seizures have increased

Intelligence from community (pubs/clubs) that cocaine is a growing concern

Search

Official Statistics
A&D Intelligence, Police Stats, Health Stats, Customs stats.

Primary Research
Survey of A&D clients; Drug swabs in pubs/clubs, survey of pubs/clubs.

Secondary research
Desktop research (what's happening elsewhere)

Problem Profile
Increase in availability; poor quality; cheap; current harm; possible future harm.

Actor Profile
Who's using? Who's supplying?

Resource Profile
What are we doing? What do we have available? What can we change/re-focus.

Response

Immediate Response
Community engagement; awareness campaign; enforcement.

Medium Term Response
Community engagement; awareness campaign; harm reduction measures.

Long-term Response
Community engagement; awareness campaign; treatment options.

Review

Has it worked?
What is the result of the responses?

What is it telling us?
What have we learned?

What else do we need to know?
Do we need more information?

The Community Safety Partnership

Whilst as the previous chapters show, we have achieved a great deal in the past five years, we cannot be complacent. Strategies evolve as experience and knowledge increases, existing challenges alter and new challenges present themselves. A strategy such as this needs to be sufficiently flexible to meet these challenges but focused enough to provide direction and momentum.

Community Safety is a broad church encompassing as it does crime, anti-social behaviour and substance misuse and as such it requires a breadth and depth of application far beyond that which single agencies can achieve. The principles of 'working together' continue to be at the core of this strategy however the focus has changed from delivering individual projects to delivering encompassing solutions. This will only be achieved if all key stakeholders (this includes the community and the Parishes) are properly engaged, empowered and supported.

In recognising that the Community Safety Partnership (CSP) has achieved a great deal over the past five years, we need also to acknowledge that it is not a perfect structure and the CSP in particular needs to evolve and progress.

Members of the CSP have indicated that they feel the group is focused too much on service delivery. The new CSP will have a far greater co-ordinating role. As such it is likely that the membership will need to change to more accurately reflect the breadth of community safety and substance misuse issues. From 2010 each member of the CSP will be issued with an individual 'job description' setting out their specific role.

The key tasks of the Community Safety Partnership will be:

- To co-ordinate the response to community safety issues through the implementation of the SIGNAL SEARCH RESPONSE REVIEW process.
- To re-assure our community by communicating issues around community safety and substance misuse.
- To advise and support the Council of Ministers on issues regarding community safety and substance misuse.