

Building a Safer Society



Annual Report 2008

“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)

Contents

Foreword	3
Introduction	4
Executive Summary	5
Strategic Priority 1.	8
Engaging with the community:	10
Identify Hotspots and Target Offenders.....	12
Invest in Young People in order to reduce the likelihood of Future Criminality:	14
Involve and support parents and guardians;.....	16
Minimise the harm through support to victims.....	18
Reduce Re-offending	20
<i>Strategic Priority 2</i>	22
Invest in Personal, Social and Health Education and Information in Order to Promote Self Esteem and Responsible, Healthy Citizens.....	22
Provide an Integrated Approach to Tackling Social Exclusion	25
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 ...	27
<i>Strategic Priority 3</i>	30
Invest in children and young people in order to reduce the likelihood of future substance misuse	30
Reduce the inappropriate consumption of psychoactive substances:	32
Promote health-enhancing behaviours and reduce the harm caused by substance misuse ³⁴	
Engage and inform parents and families about illegal drugs and alcohol	36
Continually review evidence-based interventions in order to extend the range and availability of treatment opportunities for problematic drug users	38
Where appropriate, provide offenders within the criminal justice process with access to alternative and effective programmes	40
Ensure drug trafficking laws are rigorously and effectively enforced:.....	42
Executive Support:	44
Budget	46

Foreword

Prior to having the privilege of being elected to the States of Jersey as a Senator and then as Home Affairs Minister, my time as Magistrate brought me into contact with some of the excellent work that is done by many of the people working for various agencies and funded by the BaSS strategy: The work of the Court Liaison Officer in providing alternative treatments for those with drug and alcohol problems, the Portuguese Offender Worker who works with those people who cannot speak English, in order to make sure that they can understand and get the most benefit from criminal justice interventions and the work of Victim Support in helping to look after victims of crime. There was no doubt in my mind at the time that these initiatives aided the smooth running of the courts and helped to secure the best possible outcomes for those victims and offenders that came my way. I was also involved with the extensive consultation that was a precursor to the States of Jersey Criminal Justice Policy (2007) and many of the pillars and values in that are reflected within the BaSS strategy.

Since becoming Minister for Home Affairs, I have been made aware of the wide scope that is covered by this innovative strategy: the early intervention and diversionary initiatives as well as other post-sentencing and custodial initiatives and the partnership working with States departments, the Parish of St Helier, businesses and members of communities in initiatives like the Safer St Helier Community Partnership.

My own philosophy in the area of criminal justice is a twin track philosophy based upon:-

- 1) the Protection of the Public from Crime and from the effects of Crime; and
- 2) the Rehabilitation of Offenders.

The BaSS strategy fits neatly with both these objectives.

Furthermore, the Council of Ministers is committed to working with communities, tackling social exclusion and keeping our communities safe and BaSS is also an integral part of that wider States strategy.

It is my great pleasure to introduce this, the 4th Annual Report for the Building a Safer Society Strategy and in doing so I would like to thank all those who work so hard to bring this strategy to life and who have managed to make the lives of individuals within our communities that much better.

Senator Ian Le Marquand



Home Affairs Minister

Introduction

Since the beginning of 1999, when the States of Jersey agreed to invest in community safety, States departments, in partnership with communities, businesses and individuals have worked together to bring the Building a Safer Society (BaSS) Strategy to life. Community safety is an issue that touches all our lives and the social issues that arise from and cause crime, anti-social behaviour and substance misuse are of a concern to us all.

BaSS has, at its foundation, firstly a commitment to invest in early intervention which evidence suggests plays a large part in reducing crime, the fear of crime, and the harm caused by illegal drugs; secondly, 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 offenders understand the consequences of their actions and minimises the harm to the victim.

The States of Jersey, in recognising that community safety matters greatly to local people, is committed in its Strategic Plan “to promote a safe, just and equitable society within which communities feel protected against crime and disorder” and to this end, we have been continually assessing how effective we have been and investigating ways in which improvements can be made. The new States Strategic Plan being discussed continues to recognise this importance by a new priority “Protect the public and keep our community safe” of which BaSS is an integral part.

Whilst BaSS has been in place, many individuals have benefited from the interventions that have been funded as evidenced by this report. Those interventions that the Strategy supports have produced some excellent results and the report states that they have made a positive impact on the lives of many people. The services that have been provided are core functions of any caring society and without them there would be significant gaps. As the economic situation begins to bite, the problems that face our community will become deeper. Those who are most disadvantaged will feel those problems the most.

Since the inception of the Strategy in 2005 there have been approximately 3,000 fewer crimes recorded by the police than would have occurred had recorded crime remained at previous levels¹. This means there are proportionally fewer victims of crime and fewer people feeling vulnerable and disillusioned; if the current trend continues then crime will have cost our society over £12 million pounds² less over the period of the strategy than if we had done nothing. This figure does not include the possible costs to our society of substance misuse. This Strategy is not a ‘nice to have’, or an optional extra; it is recognised as a crucial element of our social policy.

S.W. Austin-Vautier



Chief Officer Home Affairs

¹ States of Jersey Police Annual Reports 2005 - 2008

² States of Jersey Criminal Justice Policy

Executive Summary

Part of the ongoing aims of the Building a Safer Society (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.

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.

All of the initiatives funded by BaSS are not just 'nice to have' but are part of mainstream funding in many other places. It remains the only socially driven policy (with funding) in the States at a time when social issues are becoming of more pressing concern. Community safety is about social issues; the people involved with delivering the strategy are making a real difference in a social context as evidenced by this report. With the pressing economic concerns that Jersey (and the rest of the world) are facing at the moment, social issues will become more of a problem for people. Evidence gathered by BaSS has identified and filled key gaps in community safety and criminal justice provision in Jersey.

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 have 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 inter-agency 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, the Parish of St Helier, businesses and the States

departments have developed through the Safer St Helier Community Partnership (SSH). This has 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 Housing Department Tenant Participation Team and Compliance Team have worked extremely hard to improve the quality of life of States tenants and address any anti-social behaviour. They have had some great successes with their many projects working closely within their communities as well as with other States departments.

The Youth Action Team remains committed to the principle of early interventions and whenever possible diverting young people away from formal involvement in the youth justice system. At any one time the Team works with between 80 and 90 of Jersey's most challenging children and young people with the majority of referrals coming from Parish Hall enquiries and the Youth Court.

The Prison! Me! No Way!!! Charity continues to raise the awareness of young people in the Island about the causes, consequences and penalties of crime. There has also been some extremely positive feedback from both the students and schools who have participated in the Crime Days.

The Parenting Programme which runs from the Bridge attracts a number of parents -167 in 2008 – which include referrals from various services and parents asking for the programmes themselves and they have also supported the development of the Island-wide parenting strategy.

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 16.7 litres of pure alcohol in 1999 to 14.3 in 2007. That is not to say we should be complacent as this is still higher than the current 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 fewer heroin overdoses attended by the Ambulance Service and 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, the prevalence of Hepatitis C in the Island is unknown. Close working between the Alcohol and Drug Service (ADS) 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 ADS 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 proactive 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.

We have been collecting information on many of those projects, for example Detached Youth Work and Community Sports Development, with the aim of providing evidence not only 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.

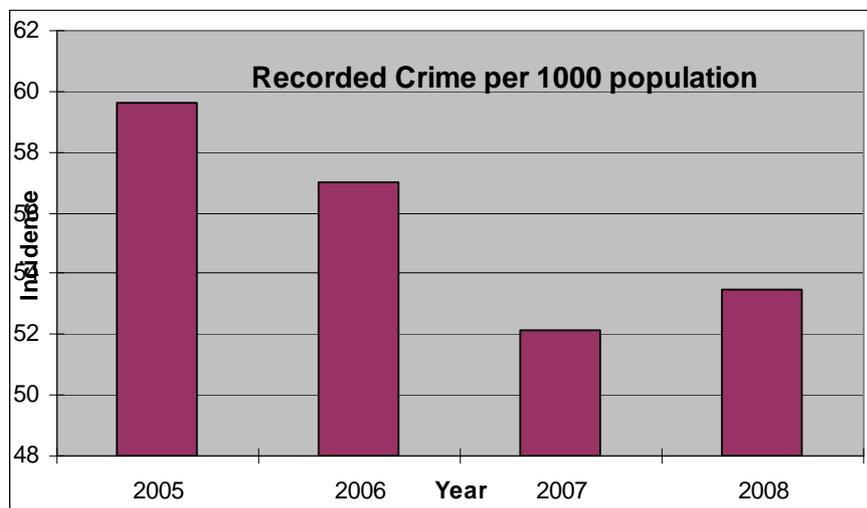
Strategic Priority 1.

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

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

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

In general Jersey is a very safe community with the numbers of crimes recorded by the police remaining low. However, during the 2008, the incidence of crime per 1000, population rose slightly. 4,806 crimes were recorded in Jersey during 2008, representing an increase of 2.7% compared to 2007. Comparison with previous years should take into account a sharp increase in drugs offences resulting from pro-active policing activity in 2008 as well as a fourfold increase in historic offences reported and investigated over the course of the year compared to 2007.



Changes in different types of crime in 2008 can be summarised as follows –

- ‘Acquisitive Crime’ accounted for over 39% of all recorded crime in Jersey during 2008. Offences included in this category includes theft, shoplifting, burglary, fraud and forgery. The number of such offences recorded in 2008 increased by 1.1% compared to 2007
- ‘Offences against the person’ accounted for over a quarter of the crimes recorded in Jersey during 2008. The category includes all physical and sexual assaults and other offences such as obscene phone calls. There was an increase of 3.7% in the overall number of such offences compared to 2007, largely due to historic offences and raised awareness and reporting of child protection and domestic violence cases.
- ‘Offences against property’ accounted for nearly a quarter of recorded crime in Jersey during 2008. Offences covered includes arson and malicious damages to buildings, vehicles and other property. Offences against property decreased by 0.2% in 2008.

- 'Drugs Offences' include the importation, production, supply and possession of illegal drugs and accounted for just under 6% of all recorded crime in 2008. The 24% increase in drugs offences in 2008 was a direct result of pro-active targeting of street level drugs offences during the year.
- Nearly two-thirds of all recorded crime in Jersey in 2008 occurred in St Helier. Outside of the town, seven of the other 11 parishes recorded an average of less than two crimes per week over the course of the year. (States of Jersey Police Annual Report, 2008)

Engaging with the community:

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

The strategy continues to undertake a number of initiatives aimed at engaging more fully with our local community, for example, the ‘Safer St Helier’ Community Partnership (SSH) aimed at reducing crime, disorder and antisocial behaviour in the town centre of St Helier. The SSHCP is led by members of the community, focuses on issues that are most relevant to the communities in St Helier and seeks to implement solutions that are both practical and sustainable for those communities. Every initiative is based upon an in-depth study of the particular issue. Whether it is late-night transport or under-age drinking, SSH will conduct its own research in order to understand the scale of the problem, understand the impact that it has on the local community and inform interventions. Each initiative is monitored and evaluated to ensure that it is working as intended and the outcomes are those the SSH seek to achieve.

The SSH has developed a number of partnerships with statutory agencies, community groups and private sector businesses and has been involved in setting up, monitoring and evaluating a number of new initiatives including:

- The award winning Q-Safe Taxi Marshal Scheme – in partnership with TTS, local businesses and taxi drivers. This scheme which has proved a great success in making the Weighbridge area a safer place during the weekend evenings.
- NITENET™ Radio Surveillance System- in partnership with the SOJP, pubs, clubs and businesses. According to the SOJP 2008 annual report " The introduction of NITENET™ and the Q-Safe Taxi Marshall scheme by Safer St Helier have been invaluable in reducing the potential for confrontation and increasing perceptions of safety"
- The Award in Jersey Licensing – in partnership with BII and Highlands College.
- Best Bar None Award – in partnership with local businesses and clubs/pubs
- Sport & Music Events in partnership with Community Development Officer, Le Tournois and businesses.



The Housing Tenant Participation (TP) Team continues to engage with States tenants in order to involve them in the decision making process regarding States rental accommodation, to increase pride in being a States tenant and to improve the quality of life for all residents. Some of the projects that they have been involved in setting up include:

Oaktree Gardens Youth Club: was formed following a meeting with the Youth Service and tenants, concerning the lack of available activities in the area, hence causing anti-social problems on the estate. A club was set up on the estate, using the community room, with the help of the Youth Service who offered support and training. It has been run by volunteers from the estate since it opened in 2005. Statistics from the Housing Anti-social Behaviour Unit show that since this youth club was set up anti-social behaviour on the estate has decreased.

The Senior Citizens Group: was set up in April 2007 after the TP Team were tasked with finding out what would make senior citizens feel safe and secure. Since forming, the group have attended training courses in running groups and their confidence has grown. Since its inception, tenants on their estates have begun contacting them with any concerns or problems and the group themselves feel more confident in dealing with the housing department in order to address those issues and ensure successful resolutions.

Sounding Board: is a new initiative for 2008 which the TP team saw successfully used in the UK. The Sounding Board is a database holding details of States' Tenants who wish to be involved and consulted on housing services/issues without having to attend meetings. The aim is to facilitate more tenants getting involved with all areas of the Housing Department's Services. To date 30 tenants have registered.



Good Neighbour/Community Champion Competitions: aim to recognise those tenants who make a difference within the community and on their estates by helping their neighbours and friends. This competition is always well received by the Tenants and during 2008 there were 30 entrants. The awards presented at the Pomme D'or Hotel were:

The Good Neighbour Competition, the Role Model Award, the Young Champion Award and the Special Achievement Award.

Some of the comments made by the nominators were:

"He is always there when I need help"

"He is the ideal neighbour and is always willing to help in the Community Room"

"They have worked so hard in the communal garden"

"I no longer feel lonely and look forward to meeting up with everyone in the Community Room"

"He is a breath of fresh air and an asset to his Estate"

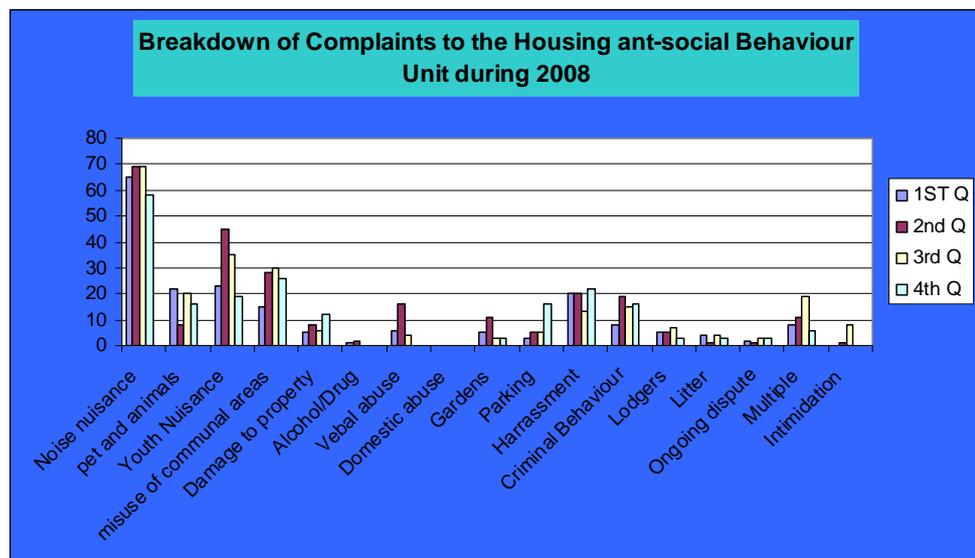
"He has made such a difference to our Community and is an inspiration to us all."

Identify Hotspots and Target Offenders:

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

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

As can be seen from the adjacent graph – the incidents of noise and youth nuisance have been consistently the most frequent complaints made during 2008. Indeed, the breakdown of the complaints for the last 4 years has shown the same pattern. Within that the

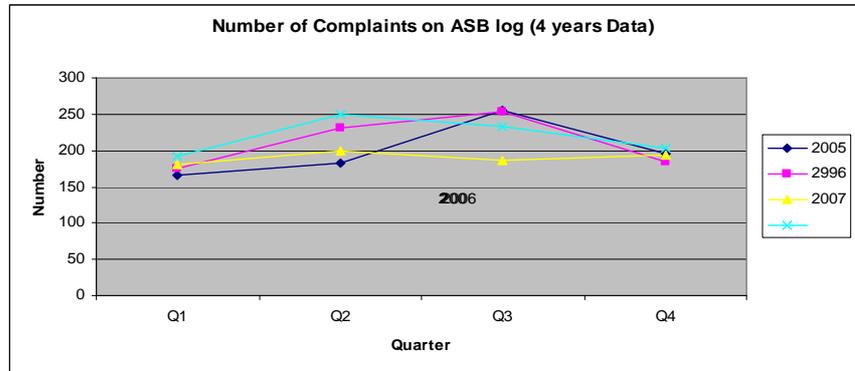


complaints for noise have risen gradually from 196 in 2006 to 261 in 2008 whilst those for youth nuisance have fallen slightly from 137 in 2006 to 122 in 2008.

To address these issues the Compliance Team has begun a number of initiatives:

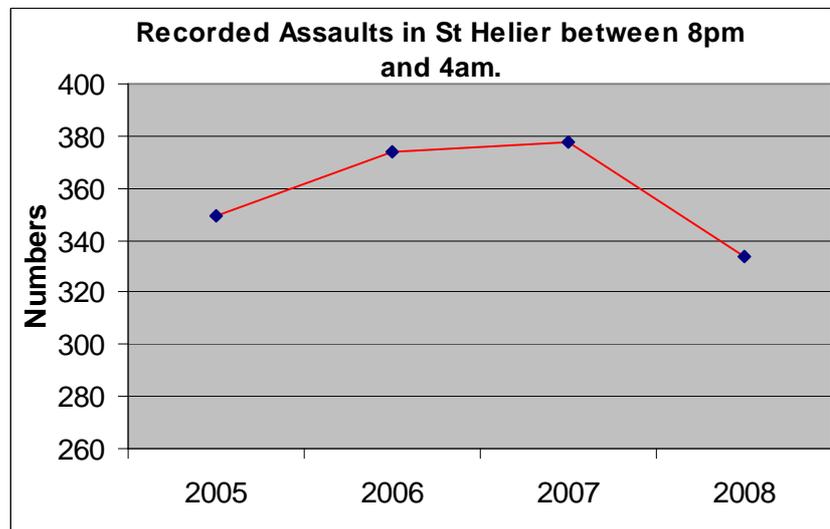
- They go out on evening visits to estates which give an opportunity to meet tenants in their home and monitor what happens in the evenings.
- They work with the Tenant Participation Team to reduce anti-social behaviour and breaches of the tenancy agreement.
- They work with the Police to highlight ‘hotspots’ or problem areas and a joint Data Protection Protocol is in the process of being compiled.
- They are looking for a meditation training package which would be another tool to assist the residents and hopefully help reduce harassment and ongoing complaints amicably before the intervention of other agencies.
- They work with the community police officers and the Youth Action Team. An example of this is on the evening of Halloween two officers attended the briefing at Police Head quarters and three teams of compliance officers went on estate visits to cover different arrears that had been highlighted as potential hotspots by the police.

The number of complaints to the Housing Anti-Social Behaviour Unit (ASBU) is slightly higher this year than the previous three years, with the spring and summer months being the highest - although this did even out in 2007. Overall the percentage of cases closed because of successful resolution has risen from 80% in 2005 to 97% in 2008.



A total of 411 burglaries were recorded in 2008 showing little change against the 417 recorded in 2007. By comparison, Jersey averaged about 490 burglaries a year from 2000 to 2005. However, whilst burglaries to commercial and government properties were down, 2008 saw a significant increase in the number of domestic sheds, garages and gardens being targeted, with such cases accounting for nearly a quarter of all burglaries in the island. The majority of the targeted properties had been left insecure and bicycles, foodstuffs and tools were typical of the property stolen. The overall increase was largely driven by a spate of offences in May and June, which fell away dramatically after arrests were made. (SOJP Annual Report 2008)

Policing the Nighttime economy is one of the priorities for the SOJP and their 2008 annual report states that a total of 335 physical and sexual assaults were recorded during the night in 2008, which equates to a reduction of over 11% compared to 2007 and nearly 9% compared to the average for the last three years.



Indeed, whilst the introduction of NITENET™ and the Q-Safe Taxi Marshall scheme by Safer St Helier have been invaluable in reducing the potential for confrontation and increasing perceptions of safety, the SOJP has argued that significant, sustainable change can only be achieved through a coordinated States strategy to jointly tackle the causes of street violence and disorder.

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

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

The Jersey Criminal Justice Policy, published in 2007, highlights the importance of early intervention to prevent criminality and recognises the need for investment; indeed there are many agencies working together to address the issues that cause offending and trying to prevent those that do, from re-offending.

The proportion of known offenders who are under the age of 18 has averaged at about 26% between 2005 and 2008, whilst the average proportion of 14-17 yr olds from the total population of that age group who have committed an offence is about 5%. It is those 5% therefore who are committing 26% of offences.

The Youth Action Team remains committed to the principle of early interventions and whenever possible diverting young people away from formal involvement in the Youth Justice System. The strength of the Youth Action Team as a multi-agency Team is its capacity to offer a ‘one stop shop’ approach to working with children and families. The workload of the team ranges from voluntary contact through all stages of formal intervention up to and including direct alternatives to remands into custody and custodial sentences. In reality only about 20% of their current work can be called "early intervention" as most is at the more serious and statutory end of the youth justice spectrum. During 2008 the appointment of a permanent Senior Social Worker and the creation of a new social worker post considerably strengthened the Youth Action Team’s capability to assess and plan appropriate interventions for vulnerable young people. At any one time the Team works with between 80 and 90 of Jersey’s most challenging children and young people with the majority of referrals coming from Parish Hall enquiries and the Youth Court.

Placement in care is a major risk factor in potentially starting or escalating contact with the criminal justice system. Keeping children at home reduces this risk. The Children’s Service has been developing and supporting the foster care of young people in need of homes.

Jersey, unlike the UK, does not have pupils who are permanently excluded from school. A suspension may vary in length; 1 day, 2 days etc to a maximum of 5 days. During the academic year 2007-2008, 914.5 days were lost from school by suspensions. 437 pupils were suspended for various amounts of time and of that number, 90 were given more than one suspension. The Educational Psychology Department is working with many other agencies to address the issues that may result from suspensions, to share knowledge and ensure that those vulnerable children’s needs are catered for.

The Prison! Me! No Way!!! Charity has a three year partnership agreement with the States of Jersey Departments of Education Sport and Culture, Home Affairs and Housing supported by the Lloyds TSB Foundation – this partnership is for the period 2007 – 2009 inclusive. The aim of Prison! Me! No Way!!! Jersey is to raise the awareness of young people in the Island about the causes, consequences and penalties of crime, by using a non-threatening and non-lecturing style of education. They aim to dissuade young people away from a life of crime, by using a multi-agency approach, which will give young people information enabling them to make informed life choices to help them grow into responsible citizens and hopefully reduce the devastating effects of criminal behaviour on society.

Whilst the core objectives and underlying message remain constant, they do continually revisit the programme content and delivery in order to ensure that their programmes remain fresh, relevant, engaging and innovative. There has also been some extremely positive feedback from both the students and schools who have participated in the Crime Days to demonstrate that the scheme does indeed have a positive impact on the morals and values of these young people.

Involve and support parents and guardians;

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

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

The Parenting Programme which runs from the Bridge continues to attract a number of parents -167 in 2008 – which include referrals from various services and parents asking for the programmes themselves.

The organisation has achieved the implementation, delivery and successful completion for 10 candidates who undertook the level 3 Certificate in Work with Parents. The qualification aims to provide those working with parents with the essential skills and knowledge required to support parents in their parenting role. In addition, they have submitted an application to City & Guilds to register The Bridge as an approved centre to deliver this qualification next year as they have 11 candidates currently on a waiting list. This qualification has enabled the department to forge strong links with Housing Department and schools. Along side this they have supported the development of the island-wide parenting strategy which aims to provide efficient and effective services to meet parent’s needs across the island.

BaSS funds a project run through the Children’s Service which enables children in need to access mainstream nursery provision in Jersey.

The project aims to:

- Promote 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.
- Promote Positive behaviour

Children only attend the provision on a part time basis as it is important that they spend time with their parent/s in order to maintain attachments. In 2008, BaSS funded a total of 17 children, (7 were carried over from 2007 and 2 from 2006) the majority of which transferred to school nurseries in September. Between January 2006 and December 2008, a total of 38 children have been funded through BaSS.

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

The placement of a child in a nursery setting can result in a significant positive change in behaviours. This has been the case for many of the children being supported in this way, for example one child, who was exhibiting aggression towards their peers and a lack of general social skills has shown a marked improvement; this has had the resultant effect of improving the situation within the family. The parent is now able to take her child out to the park or beach and they can enjoy their time together. In the past this was not possible due to fears that he might hurt another child.

It has been acknowledged by other professionals that the placement of two children within mainstream nursery provision has prevented those children being received into care. Over the past 2 years only 9 children out of 38 have been placed into care whilst participating in the project.

Minimise the harm through support to victims.

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

Last year the SOJP report stated that about 1:4 recorded physical assaults in Jersey were domestic violence related (SOJP Annual Report 2007, p28) and indeed nearly all murders that have taken place in the island have been domestic related. In 2008 the SOJP dealt with 924 domestic incidents, representing an increase of over 17% compared to 2007. Service improvements, together with a growing willingness to report such offences, is helping build a clearer picture of the scale of domestic abuse in the Island (SOJP Annual Report, 2008). Whatever form it takes domestic violence is rarely a one-off incident. More usually it is a pattern of controlling behaviour that deprives the 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 likely to be present. (ADAPT Domestic Abuse Programme Report 2008)

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.

There has been a concerted inter-agency effort to combat domestic violence in Jersey involving agencies like the Woman’s Refuge, the SOJP, and the commencement of a domestic abuse perpetrators programme for men run by the Jersey Domestic Violence Forum in partnership with Hampton Trust and Probation. The Hampton Trust was identified as a source of good practice due to the results of its programme which provided for voluntary as well as court mandated referrals. The former is an important aspect as it is recognised that the majority of abusive behaviour does not come to court. (ADAPT Domestic Abuse Programme Report 2008)

During 2008, 14 perpetrators completed the course and feedback has been very positive:

“It has made me look at my course of action and question the quality of life for myself and my family. It has given me a new direction to go for the better”

Furthermore 12 victims were given support by the woman support worker and feedback from them indicated that they appreciated the change happening in the men:

“The change is quite extreme-calmer-less aggressive- more diplomatic”.
“We are still together because of ADAPT”

Victim Support has seen on average 337 people per year since 2004. They aim to alleviate the suffering of victims of crime and anti-social behaviour by ensuring they receive adequate support, guidance and protection and are treated in line with the Jersey Victim’s Charter.

In 2008 they continued a targeted helpline for anyone who had queries over the Haut de la Garenne historic child abuse enquiry; this has since been terminated as the calls to the line stopped towards the end of December. One of the victims of Haut de La Garenne is still being supported on a weekly basis and when her case goes to court they will provide the witness support service to help her through the process.

Victim Support also works with Brook to take safety awareness information into the secondary schools and, with Prison! Me! No Way! discussing what a victim is and addressing issues of bullying.

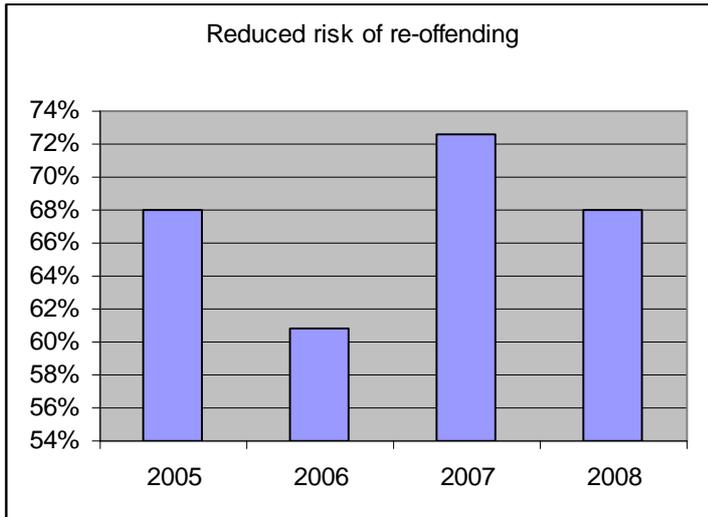
The witness service was launched on 27th February 2008 and so far they have taken care of 34 witnesses, including 6 victims of the historic child abuse case. They have received a lot of positive feedback about this service for example:

<p>“We honestly can’t imagine how awful it would have been without you” “It’s hard to express how much you helped us” “We want to express our sincere gratitude to you and your team for all your support, guidance and kindness.....it was invaluable at a traumatic and challenging time”</p>

The Restorative Justice Initiative, run through Probation and in partnership with the parish hall enquiries, continues to meet the needs of the victims with 100% expressing satisfaction with the outcomes of the process. The Restorative Justice Officer has run 52 victim/perpetrator sessions this year and there have been 44 sessions of a programme for perpetrators held at the prison and in the community to raise awareness of the effects on victims of crime.

Reduce Re-offending

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



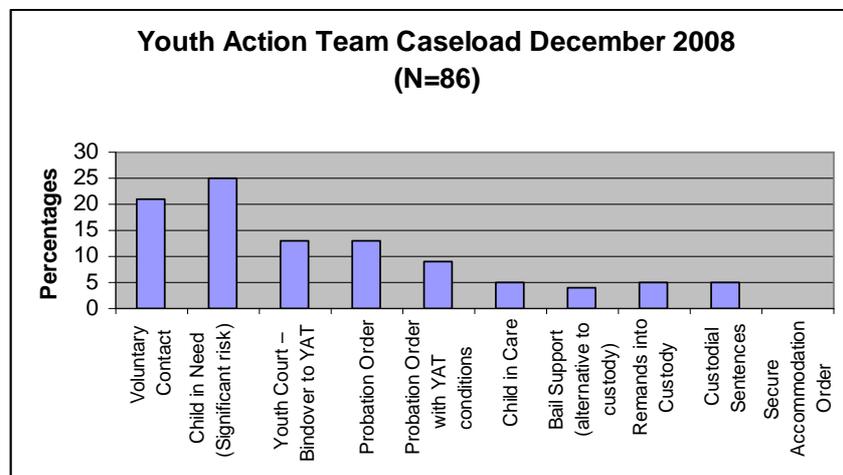
The figure for those who reduce their risk of re-offending after being on probation in 2008 was 68%. This shows that the majority of probation clients are reducing their risk of re-offending by the end of their Probation Order. The Probation and After Care Service works pro-actively with other agencies involved with the criminal justice system including the prison and SOJP but also with other partners like Housing and Health on various initiatives, for example:

- All prisoners sentenced to 6 months or more receive a co-ordinated sentence plan led by

Probation and Prison Service

- Probation Officers, Prison staff and nominated Police officers have undertaken joint sex offender assessment training. This provides a common language and understanding and is an important foundation for future work.
- Senior managers from Probation, Police, Prison, Housing and Health meet on a bi-monthly basis to review how those people deemed to be the most dangerous in the island are managed. This involves a review of urgent cases where case officers present how the case is being managed and can request advice or resources. This group, the Jersey Multi-Agency Public Protection Panel is also able to take a strategic view about risk management on the island and has been a springboard to identify training needs in Jersey.

During 2008, the Youth Action Team (YAT), at any one time worked with between 80 and 90 of Jersey's most challenging children and young people with the majority of referrals coming from



Parish Hall enquiries and the Youth Court.

The Team continues to develop specialist skills in working with young offenders and this has included training to work with young people who sexually abuse others. This highly specific work has previously required the appointment of consultants to visit Jersey but, by the end of 2009, it is hoped to have two staff trained and qualified to undertake this work in-house.

The Motor Cross Project has now been running for three years and has offered the opportunity for young people to undertake an activity which provides challenge and acts as a powerful alternative to two wheel theft and dangerous riding.

The number of persistent and serious young offenders in this area of youth crime has dropped considerably since the Project was set-up and it has enjoyed support from the Jersey Motor Cycle and Light Car Club, the Motorcycle Trade, Police and other users of the facility at La Rue d’Egypte.

The Youth Action Team continues to work in the Court to offer positive intervention for young people. They and their partner agencies are in an active dialogue with the Youth Panel to offer a consistent and valuable service to the Court. This is being undertaken in the context of the Williamson Report recommendations which will have implications for the future of the Youth Action Team.

Strategic Priority 2.

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

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

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



The Jersey Youth Service Strategic Plan 2007-2011 recognises that:

“For some young people life in Jersey can be hard. Not all young people have the support and guidance of parents. Some young people are disengaged from school and are unlikely to achieve their full potential. Many young people grow up in families that face poverty and hardship. Some may become involved in crime.”

“Young people are Jersey’s future, so it is important that an investment is made in them to support them to become strong, mature adults who have social awareness and are able to make a valuable contribution to their community.”

The Street Based Youth Work Project is a well established project which reaches out to young people on the streets of St Helier. It targets hard to reach young people who are vulnerable and potentially at risk. There are usually two teams out on a Friday evenings (by far the busiest session) and up to 4 other sessions a week depending on time of year, specialist projects and available funding.



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

The aim of street based youth work is to:-

- Engage and contact young people, especially those not in contact with existing services for young people, in public settings.

- Undertake high quality youth work that enables young people to explore, with the workers, their needs and opportunities for learning & self development.
- Provide informed and appropriate advice and information at the point of contact.

Case Study

Youth Workers engaged with a female (23) who has been drinking since the age of 11 years old for various reasons as we explored them further. We learned all about F23, background and the present situation, and how she views the reason behind her past/present decisions and future actions. From a young age F23 was bullied at school and with a weight problem this became worse and the issue escalated, but school failed to recognize or support her with such issue. Further still, home life was very unstable and both parents would argue within the home environment, which later in life resulted to both divorcing each other and mother moved to UK with her other younger sister, leaving F23 to live with father in Jersey. The option of moving away wasn't even explored if she wanted to move way with both mum and sister. Therefore, throughout her childhood she became excluded and not part of decision making process.

However, growing up as a young female it was difficult for her, as she didn't have a female role model, and didn't have a mum to talk about women's issues/problems, creating a very isolated environment. Inevitably, this brought other issues such as depression and lack of self esteem, therefore drinking and "the friends of the park" becoming her family and offering some comfort to ease the pain and anger inside. It is clear that F23 blames herself for what has happened, but also to what happened between her parents. She is in contact with other agencies and currently lives in sheltered accommodation, however it's her ambition to move on and beat the alcohol addiction and although she recognises to be an alcoholic, and this is easier said than done. Once she achieves this ambition, then she would like to go to further education and then get her own flat. We have advised F23 that there are a number of agencies that can offer her support and programmes to help her combat the addiction and even assist her with further Education and accommodation. However, the F23 was disillusioned with a number of services/agencies and not sure if they can see a way out from her addiction and habits.

Detached Youth Workers role was to be an active listener and support her views, by exploring the issue further. We recommended that she attempts to achieve one thing at time, and do it in small stages. Also we advised her about joining the Princes Trust Programme, but meanwhile perhaps volunteer for something that she is passionate about such as the animal centre, as she expressed she enjoys being around animals.

In July 2008, St. Luke's and Plat Douet Primary Schools joined La Moye and Les Landes in achieving National Healthy Schools Status. 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.

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! No 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.”*

After a full evaluation it was found that from the six who have achieved certificates:

- All felt they had improved their confidence to teaching PSHE
- All felt they had improved their confidence in establishing a safe environment for the young person and professional.
- All felt they had improved their confidence in relation to emotional health and well-being

Provide an Integrated Approach to Tackling Social Exclusion

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

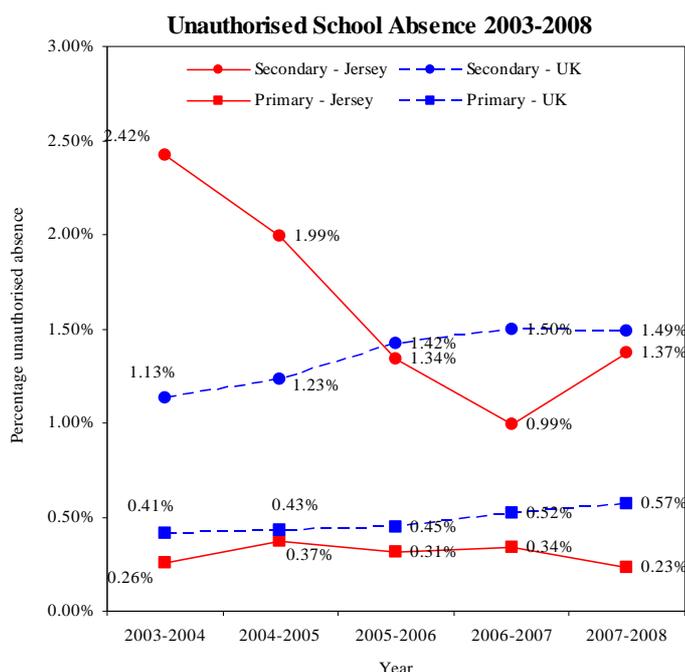
There are many projects which BaSS is aware of that endeavour to tackle the social exclusion experienced by some in our society. Many of these projects are part of the core business of different agencies; others are funded by the strategy. All of these projects are concerned with working in a multi-agency environment at a “grass roots” level whilst receiving support through partnerships forged between agencies.

The Probation and Aftercare Service works closely with Highlands to provide basic skills education for those who come in contact with their service and they also provide access to employment advisors at Social Security as well as access to a community psychiatric nurse if necessary. 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 school 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.

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 from 0.41 per cent in 2003/04 to 0.57 per cent (including academies) in 2007/08. In maintained secondary schools, the percentage of half days missed due to unauthorised absence increased from 1.13 per cent in 2003/04 to 1.49 per cent (including academies) in 2007/08, although it was a slight drop from last year of .1 % (DfES, 2009) In Jersey there was a significant reduction in unauthorised absences in secondary schools from 2003, 2.42% when this was very much higher than England, to 0.99% in 2007. Unfortunately the rate has increased in 2008 to 1.37% much closer to UK. One possible reason for this is unauthorised holidays – schools actively discourage families from taking holidays in term time and will refuse requests and mark as unauthorised if extended holidays have already been taken or if it is at a crucial stage of a child's education. Some schools operate a blanket 'no holidays are allowed' policy. The other factor is with the advent of electronic registration, if a child arrives after registration he/she is marked with a U which means late after registers close but it comes out statistically as an unauthorised absence. However, the situation will be monitored to ensure it is not an upward trend. In primary schools the figure increased slightly from 0.26% in 2003 to 0.34% in 2007 but has reduced to .23% in 2008. On the whole the comparisons with the UK remain favourable.

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

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

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

The Universal Provisions Project provides children and young people who have attended the Grands Vaux After-School Preventative Project with continued support and focus by engaging them in some form of main stream activity or learning provision.

The rationale is two-fold: to provide the individual with some positive focus and to support the family by providing respite and financial support to maintain the placement. Children and young people are referred for a multiplicity of reasons; however, underpinning most referrals is the recognition that the children are ‘children in need’. They come from often complex and difficult social backgrounds, the family is usually economically deprived and poor behaviour issues either exist with the child or within the family.

The Preventative Group Work Project addresses issues such as anger management, keeping safe work, self-esteem & social skills work, resilience work and relationship work. The work is delivered in small groups or on a 1:1 basis. The participants are referred to the groups from Child Care Officers, by CAMHS and occasionally from schools. Each type of project runs from 6-8 weeks (self-esteem and social skills) or 10-12 weeks in the case of the anger management and keeping safe work. Once the work is complete the individuals’ time is over with Grands Vaux. They are then assessed whether further support is needed via the Universal Provisions Project.

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

About 20-25 children and young people attend the Preventative Group-Work Project each week. Over the past 18 months 81 placements-financial support, equipment purchase, transportation, or just organisational support have been made. We currently provide long-term support to 4 families who are deemed to be still at risk and actively support 22 children and families on 6-12 month placements.

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 2008 the Probation and After Care Service had 4 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 Bridge, Integrated Centre for Families and Young People, was established in January 2006, to allow 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. The initial funding for the position of coordinator came from BaSS and by the end of 2008 the centre has become well established with a positive relationship with the community it serves.



Users feel that the Bridge belongs to them and repeatedly state that they could not manage without its support. The agencies involved with the Bridge are: Brighter Futures (Charity), Health visitors, Highlands College, Housing tenant Participation and Compliance Teams, Youth Action team, Parenting Support Services, Midwives Community Team and the Jersey Childcare Trust.

Preferred outcomes and targets were set for the centre, for the children using the centre and for the community and their report from 2008 shows the majority of those targets were met and in some cases exceeded; for example 23 of the people attending Sanctuary showed improvement in their unique outcomes at home and the following comments were made:

“I am so glad I found this place, it has given me my life back and hope for the future”
“I can’t change yesterday, but I now feel I can change tomorrow with help”

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.

During 2008 the project has become established as one of the key partners in addressing some of the social issues faced by young people and the community of Jersey. For the third year in a row they were able to develop new and innovative projects aimed at providing more sporting opportunities to disengaged groups as well as to motivate individuals to achieve their full potential.



The number of individual contacts with young people increased from 14,448 in 2007 to 30,191 in 2008, a rise of

109%. This exceeded expectations as the team consists of just one full-time and three part-time sports coaches. A positive impact has been made on PE lessons in primary schools. With obesity and poor health on the increase in Jersey it is important that we provide school children with the best possible start to enjoy physical activity. The lessons are inventive and ensure the pupils have fun whilst working hard which has shown to have benefits both in and out of the classroom.

The initiatives run by the community development department include: after school clubs, playground lunchtime clubs. Active P.E. summer sports education with Le Tournoi, late night leagues at Les Quennevais, beach football sessions, Crabbe sessions with a YAT residential group, and working with prisoners at La Moye to deliver a number of 6-week 'Introduction to Coaching' workshops to the various wing blocks. Some of the achievements for Community Development have been:

- Delivered 19 different variety of projects (compared to 15 in 2007).
- Assisted over 550 school children per week (through after-school and lunchtime clubs) exceed the national average in participation of physical activity.
- Received more than £8,100 of private sector sponsorship.
- Worked with over 37 partners.
- Allowed 28 inmates at La Moye HM Prison to gain an educational certificate thereby providing a clear pathway for offenders to re-integrate and achieve in society.
- Reduced the number of calls to Police regarding anti-social behaviour.
- Shown (through sport) to improve behaviour and academic attainment in identified schools.

Strategic Priority 3.

Reduce the harm caused by drugs, alcohol and solvents.

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

“There is widespread concern about the use of substances by young people in Jersey and recent findings from the Health Related Behaviour Questionnaire 2002 confirm that a significant number are experimenting with drugs and alcohol. It should be noted, however, that only a small percentage go on to develop substance misuse problems. (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.” (BaSS Strategy, 2005-09).

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

The Health Related Behaviour Questionnaire (HRBQ) has provided a portrait of and trends in young people’s attitudes and behaviours towards their health since 1996. 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 Senior Officer Group 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.

Plans for implementing the 2010 HRBQ are being developed through this year.

An average of 139 young problematic drug users have accessed treatment and support at the Alcohol and Drug Service through the Arrest Referral Worker (see page 40) between 2005 and 2008. It is, quite common for those 25 and under presenting to the service to be experimenting with, and experiencing problems with, more than one substance.



The percentage of youths on probation receiving substance misuse education 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. All the Young

Offenders have engaged in one to one or group work, and attend the Drug and Alcohol Awareness Courses which comprise of 24 sessions, delivered twice a week.

Reduce the inappropriate consumption of psychoactive substances:

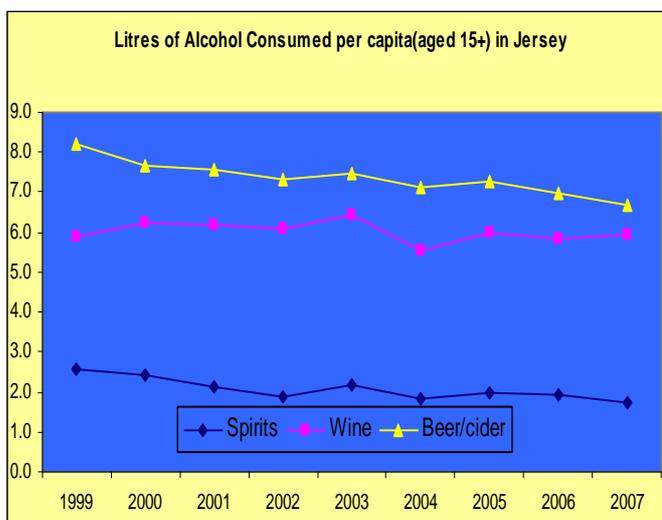
“Overall levels of drug and alcohol consumption are associated with levels of harm. Correspondingly, an increase in consumption will lead to a rise in levels of harm. It is well recognised that the attainment of a drug-free society is not realistic and the development of pragmatic and sensible strategies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

The increase in the misuse of drugs and alcohol is regarded as a major public health problem that cannot be ignored. The health, social and economic problems associated with addiction to both legal and illegal drugs present a great challenge to us all. As a relatively affluent society, Jersey remains a vulnerable target for drug dealers who are looking for new drug markets.

This strategy incorporates a number of treatment, prevention and law enforcement initiatives aimed at reducing the demand, supply and availability of illegal substances” (BaSS Strategy, 2005-09).

Whilst the overall 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 four units (two pints of beer) for men and three units for women. In the recent HRBQ (2006), the amount of alcohol consumed by children was found



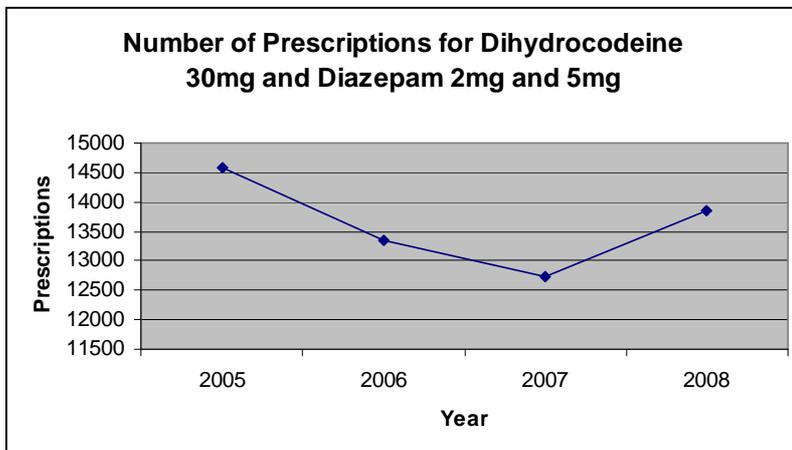
	<u>Spirits</u>	<u>Wine</u>	<u>Beer/cider</u>	<u>Total</u>
1999	2.6	5.9	8.2	16.7
2000	2.4	6.3	7.7	16.3
2001	2.1	6.2	7.5	15.8
2002	1.9	6.1	7.3	15.3
2003	2.2	6.4	7.5	16.0
2004	1.8	5.5	7.1	14.5
2005	2.0	6.0	7.3	15.2
2006	1.9	5.8	7.0	14.7
2007	1.7	5.9	6.7	14.3

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)

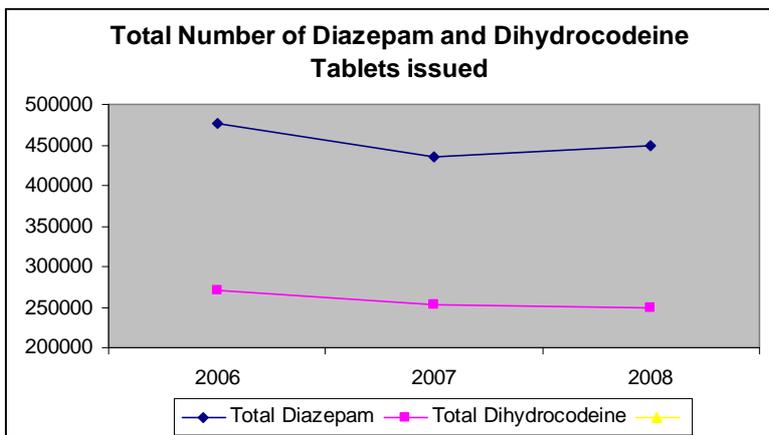
Overall alcohol consumption per head of

population in Jersey has fallen from 16.7 litres of pure alcohol in 1999 to 14.3 in 2007. 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.

The numbers of prescriptions are collated by 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. As can be seen by the chart above the number of prescriptions was steadily falling between 2005 and 2007 but began to rise again in 2008. Further analysis of the number of tablets showed that there was an increase in the number of Diazepam tablets prescribed in 2008 whilst Dihydrocodeine tablets continued to decrease.



The Court Liaison Officer plays a key role in helping to reduce the consumption of psychoactive substances. It is his job to see that those offenders sentenced to a Drug Treatment Order (DTO) comply with the terms of the order. The number of drug treatment orders completed this year was 42 in 2008.

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

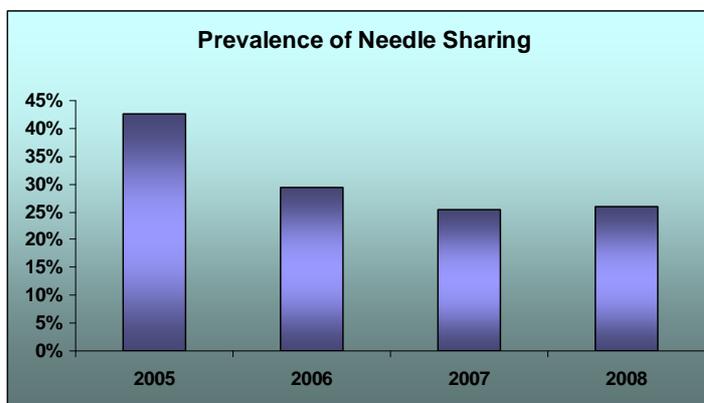
“This part of the strategy promotes both preventative and supportive measures. It is hoped that by promoting and educating people about a healthier lifestyle they will be less likely to misuse substances. There needs to be equity of access to information and facilities to help all members of society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

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

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

“Fitpacks” are sterile packs containing syringes, sterile swabs and other paraphernalia that drug users need. The rationale for issuing these is to prevent the harm that needle-sharing may cause, by reducing the risk of contaminated needles and therefore the transmission of infections like Hepatitis C and H.I.V. The number of “fitpacks” issued has been rising since 2001 which could mean that the likelihood of needle-sharing in the population of drug addicts is reduced. The number of ‘fitpacks’ issued in 2008 has risen slightly again. In 2005, 10,330 were issued, a total of 99,845 syringes, whilst in 2008, a total 123,895 syringes (13,159 “fitpacks”) were distributed.

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



Hepatitis C is often referred to as the ‘silent epidemic’. Many of those who have the infection show no symptoms of clinical infection. Estimates indicate that around 200,000 people in England are chronically infected with hepatitis C – yet only 38,000 diagnoses have been reported. If left untreated, hepatitis C can cause serious liver disease in some patients, including cirrhosis and liver cancer.

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

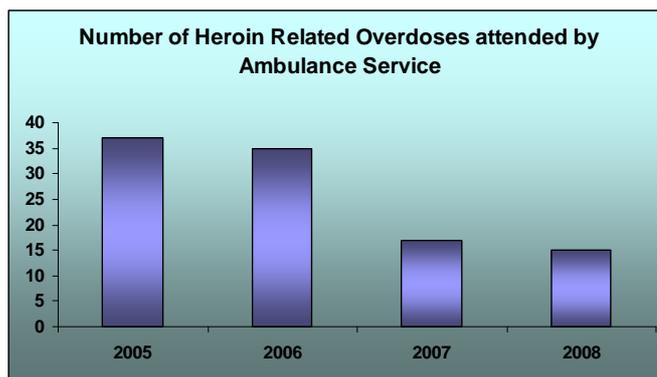
The growing importance of hepatitis C as a public health issue was highlighted in 2002 with the publication of the Government's Hepatitis C Strategy for England. It brought together existing initiatives to tackle hepatitis C and suggested how prevention, diagnosis and treatment could be improved. The Hepatitis C Action Plan for England (2004) is based on best practice and serves as a broad framework for the implementation of the Hepatitis C Strategy for England and reflects ongoing work that needs to be sustained and intensified.

The Hepatitis C Action Plan also links in with the Government's 10-year strategy for addressing drug misuse - Tackling Drugs to Build a Better Britain (1998), Alcohol Harm Reduction Strategy for England (2004), The National Strategy for Sexual Health and HIV (2004) and The NHS Cancer Plan (2004).

Our local data of all known hepatitis C cases shows estimates of 0.4% of the population having been exposed to this virus. Efforts to offer screening to those who have been at risk of contracting the virus continues. Local General Practitioners are able to offer testing to individuals who have been at risk, the Alcohol & Drug unit offers blood borne viral testing and sexual health screens which includes blood borne viral testing is available at the sexual health clinic at the General Hospital. The number of new cases of Hepatitis C in drug users has decreased from 22 in 2005 to 19 in 2008.

The statistics from the Ambulance Service on the number of drug related overdoses shows a 60% decrease from 37 in 2005 to 15 in 2008.

The number of Parish Hall referrals to substance misuse programmes has increased from 58 in 2005 to 60 in 2008. The substance misuse awareness programmes run by ADS includes information on both alcohol and drugs.



Overall the number of drug-related deaths in 2008 was 2, both males and both from Heroin. In 2007 there were 7 drug related deaths, four of which were due to Fentanyl and 3 due to various other illicit mixed drugs and alcohol. The 4 cases involving Fentanyl patches were an atypical occurrence. Since the last death involving Fentanyl, there was 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 last year there have been no subsequent deaths from Fentanyl.

Engage and inform parents and families about illegal drugs and alcohol

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

The Clinical Nurse Specialist Counsellor working at ADS supports and advises carers of alcohol and drug users, including family members and parents, by providing individual and family counselling and support for family and partners of clients with substance abuse problems. This includes mothers with concerns over their children’s drug use, partners of clients undergoing alcohol de-toxification etc.

The number of carers receiving information has decreased from 52 in 2005 to 31 in 2008. This may be due to a number of factors: the fact that there has been a drop in the number of drug awareness referrals from the parish halls for possession of cannabis, the mothers who used to come for support/information/counselling may be going to court, or parents may not be being told of these referrals by parish hall officials.

Interestingly they are seeing increasing numbers of young people, particularly women presenting for support/counselling/education in controlling their drink and/or drug use, through the exploration of stresses and underlying issues. This increase seems to be by word of mouth in the community. People are becoming more aware of the availability of preventative support with the Alcohol and Drug service, leading to earlier intervention, and therefore lower numbers of crisis presentations.

The Health Promotion Department works in partnership with the Parenting Programme Team who deliver parenting programmes at The Bridge. They provide sessions about alcohol, drugs and sex as part of the course. The aim of the sessions is to increase parents’ knowledge and skills to talk to their children about these issues. Each session is evaluated by asking parents to grade whether their confidence in dealing with issues has altered at the end of the sessions to what it was at the beginning. Statements include:

- I feel confident as a parent to talk to my child about drugs/alcohol
- I feel confident as a parent to manage situations where drugs/alcohol are involved
- I feel I have a secure knowledge and understanding of the link between drugs/alcohol and sex in young people

The results from these suggest that the sessions are successful in informing the parents and increasing their confidence.

The Drug and Alcohol Counsellor in the prison provides assessment, counselling and support through group work and individual therapies. It is an essential link in the procession that can lead a prisoner struggling with substance misuse towards recovery and a more gratifying life. It is also very important to support, engage and prepare the families and carers of people who misuse drugs and other substances. To that end the counsellor offers family intervention sessions.

These include:

- providing information and education about drug misuse

- helping to identify sources of stress related to drug misuse
- Promoting effective coping behaviours.
- Providing information about support groups

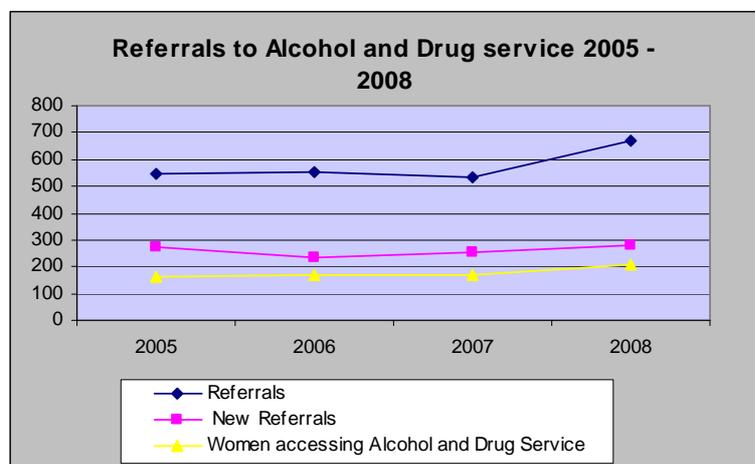
Continually review evidence-based interventions in order to extend the range and availability of treatment opportunities for problematic drug users

“People with drug dependence are all different, and there is no ‘one size fits all’ solution for tackling individuals’ addiction issues. It is therefore necessary to provide people with as many best practice treatment opportunities, in as many forms and places, as possible.

It is well known that problematic drug users make above average demands on services, which provides many agencies with opportunities to intervene. It is therefore essential that all professionals in contact with these users are adequately equipped, in terms of training, skills and confidence, to deal with them or to refer them on to another service as appropriate.” (BaSS Strategy, 2005-09).

The number of referrals to Alcohol and Drug Service has risen from 544 in 2005 to 673 in 2008 and the number of women accessing Alcohol and Drug Service has risen this year from 160 in 2005 to 211

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, that other drugs are available or that people go off the island. Drug use has a complicated dynamic and 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.

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

The role has evolved to provide assistance in the management of inpatients under going alcohol detoxification. Since spring 2008 the number of patients being assessed is steadily increasing and a third of patients seen are engaging in ongoing alcohol services. The attitude

of hospital staff towards the service and their use of it are improving and more doctors are using the service to gain in depth alcohol assessments on their patients.

The nurse-led clinics are successful because patients who are assessed by the ALN and the doctor in charge of their care and deemed suitable for discharge home to complete their alcohol detoxification can be reviewed. Where appropriate it reduces bed occupancy and ensures patients are managed more safely. As the service does not operate at weekends it gives time for patients who were either discharged or attended the Accident and Emergency department out of service hours to make contact.

It is difficult to quantify how beneficial the delivery of brief interventions is. In the future it may be possible to look at re-admission rates. Currently using the AUDIT tool may provide a method of reassessing patients at set intervals and noting any changes to the score. As the service is gaining a higher profile, the ALN is becoming more involved in discharge planning. This is useful as they have a greater knowledge of alcohol services in the community and can provide a link to achieve increased engagement in services. Even if services are declined, simply being aware of what is available could improve the chances of future involvement

The role of the Counselling post within the Alcohol and Drug Team includes offering a counselling service to clients who have undergone de-toxification, with the aim of relapse prevention and management and to advise and educate in the areas of controlled drinking, underage drinking/cannabis use, drug awareness and other drug use by working within the Alcohol and Drug Team and overseeing the implementation of post de-tox relapse prevention programmes, both on a one to one basis and as a group initiative-These programmes include exploration of individual relapse triggers, motivational work, and support in lifestyle change initiatives, such as exercise referral, anger management etc.undertaking preventative action work within the service including alcohol education and awareness and controlled drinking initiatives in order to alleviate associated problems and promote mental health.

The Relapse Prevention Group Initiative, set up in November 2006, which is run over a six week period in the evenings for men and women wishing to stay abstinent following community or hospital de-tox (usually 8-10 members in each group), is showing an increase in clients staying sober and well, back at work, getting fit and generally back in charge of their lives.

Evidence for this is shown in lower re-referral numbers for clients who have been de-toxed for alcohol problems in the past. Clinical staff are able to refer clients on for counselling and ongoing support, therefore freeing them up more quickly to address clinical interventions.

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

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

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

The statistics from the courts show that the Magistrates follow recommendations given by the CLO where possible and seem confident that the offender is appropriately supervised. The percentage of treatment orders upheld by the courts has risen overall from 84% in 2005 to 100% this year.

The percentage completing their orders has increased from 64.25% in 2005 to 75 % in 2008. The vast majority of offenders get through their orders with a resultant improvement in their CHRISTO³ (Social skills, health, attendance, attitude, and drug/alcohol use) scores in nearly 80% of clients.

The arrest referral project provides all arrestees at the point of arrest the option of access to alcohol and drug services; it offers the support and monitoring of people whilst going through the criminal justice system and facilitates access into treatment/counselling or other appropriate services with the ultimate objective of addressing their substance misuse, thereby improving lifestyle and reducing the potential for re-offending.

When looking at whether outcomes are successful it is sometimes helpful to look at what the client thinks about the services they receive and receive feedback about how they have been instrumental in their recovery.

The client is in his 50's and was arrested for an alcohol related domestic assault which occurred whilst he was experiencing his marriage breakdown.

“Prior to being arrested, all that my life had come to consist of was delving into the next bottle of Scotch. For some time I had been feeling like I had already lost everything and I often felt like I was close to losing my life.

³ CHRISTO – an assessment tool that measures the level of substance misuse difficulty experienced by a client.

Following being arrested, I spent a sobering and frightening night in the police cells and felt like the whole world was against me. The following morning however, I was grateful to be able to speak to someone whom I felt was there for me at a point when I was feeling grossly suicidal and needing all the help I could get. I soon felt comfortable and that I was able to talk in confidence. At a time when it felt like a lot of people were working against me and I had really hit rock bottom, I felt there was somebody who was willing to work with me and help me, if I wanted them to. If I hadn't had this immediate contact and an appointment to go and see someone following court I would have most definitely carried on drinking.

The first four weeks were the hardest, I felt ill, weak, depressed and hopeless and like I really couldn't do anything for myself. Being able to talk to someone who was there for me and able to encourage me in those difficult early weeks was essential. They were able to assist me by setting small and manageable goals at a time when even the smallest thing seemed so very overwhelming. They were there for me and were not there to judge me when I was surrounded by a lot of people working against me.

Now 7 months on I have overcome a number of serious physical health problems, I have almost completed the ADAPT course via Probation, I have my own home, I continue to choose not to drink, I have regained my independence and I have recently begun working voluntarily.

Knowing that there was help available to me at this point in my life encouraged me to regain faith and confidence in myself and I am very thankful that it was available to me".

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. (BaSS Strategy, 2005-09).

Whilst recognising that adopting a harm reduction approach to substance misuse means acknowledging that some people will always indulge in activities that may cause them harm, the best harm reduction is not becoming involved in risky behaviour in the first place. Inherent in this is ensuring that drug trafficking laws are in place 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

Since 2005 we have been collecting data from customs and SOJP concerning seizures of Class A drugs.

Both the purity of drugs seized and the amount of heroin seized help us to build a picture of the amount of drugs which are available illegally on the island. Both of these figures when correlated with data from the ADS and qualitative data from drug users, pubs and clubs can help us to react to changes in the picture of availability and type of drug.

The purity of drugs is something over which neither enforcement agencies have control but is important for a variety of reasons:

- The circumstances in which drugs are seized: if they are part of an organised criminal network bulk importation, the likelihood might be that the purity is higher if it is intercepted on its way into the island
- If it is part of a personal operation by an individual or "amateur" group they may have been given poor quality drugs from the outset.
- Then once the drugs are in the Island they are getting cut into smaller portions and sold. Often when they are sold in “wraps” these can be underweight so even if the purity of the drug in the wrap is high the dealer is still making a big profit.
- If the purity of the heroin on the streets is very high it can be dangerous especially if people are used to it being much less pure – in this case the ADS will put out a warning as there is a danger of overdose. Likewise there is a danger if the drug is being mixed with too many other substances as these in themselves can be dangerous especially if injected.

The SOJP found the average purity in 2008 was 40.2% but this varied from 12% to 51% whilst customs seizures average was 33% varying from 18% to 44%. Customs found that the

purity of heroin seizures dropped significantly in the last quarter of 2008. The latest average heroin purity figures for HM Revenue and Customs seizures are that it is 57.3% and this is being cut further for the UK market and may be even further for the Jersey market.

In total 1.668 kg heroin was seized in 2008 and £387,732 was realised from drug-related assets seized.

BaSS also funds a customs advertising campaign. When a conviction has been made for drug smuggling the customs will ensure an article/advert is placed in a relevant newspaper in the country of origin of the smuggler. The purpose of this is to reinforce the message that smugglers are actively pursued and convicted in Jersey with the aim of making people think twice about bringing drugs to the island. Customs ran two such campaigns this year.

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. 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 or on the States website.

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

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

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

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

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

Budget

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

BaSS Annual Budget 2008

Initiative	Agency	Source	Budget
Restorative Justice	Probation	Home Affairs	£ 26,590
Portuguese Offender Worker	Probation	Home Affairs	£ 24,283
Basic Skills Project	Probation	Home Affairs	£ 8,825
Jersey Victim Support	Voluntary Agency	Home Affairs	£ 30,000
Executive Support	Home Affairs	Home Affairs	£ 110,410
Mainstream Nurseries	Children's Service	Home Affairs	£ 23,166
Daycare Support	Children's Service	Home Affairs	£ 38,610
Positive Futures	Sport	Home Affairs	£ 58,467
Domestic Violence Programme	Voluntary Agency	Home Affairs	£ 35,721
Prison Me No Way	Voluntary Agency	Home Affairs	£ 15,000
Specialist Alcohol Worker	Alcohol & Drugs	H&SS	£ 49,642
YES Project	Youth Service	H&SS	£ 21,362
Detached Youth Worker	Youth Service	H&SS	£ 49,402
Prison Drug Education	Prison	DTCF	£ 40,000
Health Promotion Officer(drugs)	Health Promotion Unit	DTCF	£ 60,674
Arrest Referral Worker	Alcohol & Drugs	DTCF	£ 45,119
Drug/Alcohol Counsellor	Alcohol & Drugs	DTCF	£ 60,674
Methadone Programme	Alcohol & Drugs	DTCF	£ 205,000
Court Liaison Officer	Probation/Alcohol & Drugs	DTCF	£ 51,774
Customs Publicity	Customs	DTCF	£ 5,000
	Total		£ 959,719