

STATES OF JERSEY



BUILDING A SAFER SOCIETY: ANNUAL REPORT 2006

**Presented to the States on 31st May 2007
by the Minister for Home Affairs**

STATES GREFFE

Building a Safer Society



Annual Report 2006

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Foreword

It gives me a great deal of satisfaction to introduce the Building a Safer Society (BaSS) Annual Report for 2006. It is a most comprehensive document as befits the huge amount of effort that goes into ensuring our small community remains one of the safest in the world today. I hope you will take the time to read it. It's not just about statistics, but has real human interest; you can read Rebecca's story and how her family was helped to overcome problems which led to her being removed from the Child Protection Register; young people tell us how much they appreciate the work of the Sports Development Officer (Football) funded by BaSS and initiatives such as Probation's mentoring scheme and the Safer St. Helier Initiative show how involved the community has become in this Strategy. BaSS is a living strategy; it makes a real difference to people's lives.

You will see throughout the report that the Strategy contains a mix of long, medium and short-term initiatives. BaSS continues the work of the previous substance misuse and community safety strategies and allows us to take a long-term view of interventions. Often it is difficult to show success in the short term but indicators such as the data from the Health-Related Behaviour Questionnaire, for example, collated since 1996, show a 12% reduction in those young people who drink. Such data is beginning to provide us with robust evidence that the work we are doing is making a significant and sustainable difference.

There are, as always, a number of areas of concern, for example the apparent rise in repeat domestic violence incidents; the 3 deaths this year through the misuse of Fentanyl; and the increase in the number of new cases of Hepatitis C. However, there is much to celebrate in this report, fewer young people are reporting drinking alcohol overall per capita consumption of alcohol continues to fall, bucking the trend of the U.K. and other European countries; tobacco use amongst our young people has reduced since 2000; the Opiate Substitute Programme is improving the quality of life for heroin addicts; and key risk factors such as school exclusions and truancy are significantly down.

We always seek to ensure that the Strategy provides value for money for our community. Over 50% of the funding for BaSS is contributed by the Drug Trafficking Confiscation Fund. This money goes to fund initiatives such as the Opiate Substitute Programme, Prison Drug Education and Court Liaison Officer. I can think of no better use for the proceeds of drug trafficking.

Senator W. Kinnard

Introduction

2006 was an important year in the evolution of our community's response to crime, anti-social behaviour and substance misuse. Building a Safer Society was launched in 2005, providing, for the first time, a framework within which these social issues could be dealt with in a holistic approach. Focusing on 3 Strategic Priorities, the Strategy brings together agencies from across the public and voluntary sectors and ensures the co-ordination of effort not just between agencies but also within the spheres of early intervention, enforcement and rehabilitation.

This is the second annual report which provides a comprehensive overview of the many initiatives being undertaken that contribute to community safety within our Island. As such it should be cross-referenced to the first annual report which described our many projects. It is worth noting that many of these are not directly funded by the Strategy but, nevertheless, add considerably to the success of the States developing social policy framework.

The States of Jersey Strategic Plan has committed to promote a safe, just and equitable society within which communities feel protected against crime and disorder and this document clearly shows what can be achieved when like-minded people come together to try and find solutions for serious social problems. We are doing a great deal to reduce the harm caused by crime, anti-social behaviour and substance misuse. The Community Safety Partnership plays a crucial role in ensuring that the Strategy is implemented and they must be commended for the work that has been undertaken over the past 12 months.

The States have also committed to engaging with communities and to this end the Safer St. Helier initiative is being piloted. The initiative has adopted a participative approach which encourages a holistic appraisal of the issues and supports the genuine involvement of St. Helier residents and other stakeholders in working together to find solutions. In keeping with this approach, the initiative is a multi-agency endeavour, currently being led by Home Affairs and the Parish of St. Helier.

Building a Safer Society is a dynamic strategy. We constantly monitor our performance and we have developed an innovative approach to evaluation (Rapid Evaluation Methodology) which has raised a great deal of interest amongst community safety professionals in the U.K. Last year we presented a paper at the British Society of Criminology and have been approached by a number of U.K. universities interested in employing this methodology in work they are conducting for the Home Office and crime and disorder partnerships. There is no doubt that over the period of the strategy we will wish to change focus, either when new issues become apparent or when successful intervention results in a problem no longer being relevant or less of a priority. The programme of monitoring and evaluation will ensure that decisions are based upon sound, scientifically-based evidence.

We have a duty to show the public the extent to which best value has been achieved in the application of resources to BaSS activity. I wish to commend the Executive Officer and Monitoring and Evaluation Officer for their work in preparing this useful report.

S.W. AUSTIN-VAUTIER

A handwritten signature in black ink, appearing to read 'S.W. Austin-Vautier', with a long horizontal line extending to the right.

Chief Officer Home Affairs

Executive Summary

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

It has 3 strategic priorities each with their own key objectives.

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

Main Points
<ul style="list-style-type: none">■ 85% people across Jersey do not believe crime is a problem in their neighbourhood.■ The Safer St. Helier Initiative is working with communities in ways that have not been tried before.■ 845 complaints were dealt with by the Housing compliance team.■ The proportion of known offenders under 18 has decreased by 6% since last year from 31% to 25%.■ The proportion of 14–17year-old population who are known to have committed an offence has fallen from 5.65 in 2005 to 3.9% in 2006.■ Mainstream nursery provision has provided for 18 children “in need” in 2006.■ The number of repeat domestic violence assaults as a proportion of all reported domestic violence has been steadily increasing since 2002.■ The Parenting Programme received 111 referrals in 2006 and 258 parents attended groups.

This Strategic priority has 6 key objectives –

1. Engage with the community

<ol style="list-style-type: none">1. According to the findings of the 2006 Jersey Annual Social Survey, the majority of people feel safe in their own neighbourhoods.2. The amount of volunteering that goes on in any community is a good measure of the strength of communities, social capital and cohesion.3. Housing Tenant Participation (TP)Team engages 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 quality of life for all residents.4. The Safer St. Helier Initiative has involved and engaged the community in a way that has not been tried before.

2. Identify hotspots and target offenders:

<ol style="list-style-type: none">1. Assaults on the streets of St. Helier between 8 p.m. and 4 a.m. appear to have risen although further analysis suggests this is due to more police on the streets at those times.2. The Compliance Team at the Housing Department has been set up in order to combat all
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- breaches of the tenancy agreement, including rent arrears and reducing anti-social behaviour by early intervention and more work being done in the community. 845 complaints were dealt with last year.
3. Reported incidents in identified communities remain consistent with last year but well down on baseline figures.

3. Invest in young people in order to reduce the likelihood of future criminality:

1. There has been a significant decrease in schools fixed term exclusions.
2. The proportion of known offenders who are under 18 has decreased by 6% since last year.
3. The proportion of 14-17 year-old population who are known to have committed an offence has fallen from 5.65 in 2005 to 3.9% in 2006.
4. Greenfields secure unit (for young people between the ages of 11 and 16) began operation in 2006 and utilises a multi-agency approach to address offending behaviour.

4. Involve and support parents and guardians:

1. Mainstream nursery provision has provided for 18 children “in need” in 2006.
2. The Parenting Programme received 111 referrals in 2006 and 258 parents attended groups – The Parenting Programmes focus on strengths and resources thereby enabling parents to support their children. This working model of “Parents as Partners” is proving to have far reaching effects with many choosing new and diverse paths in their lives.
3. The JELLY clubs aim to help children develop through play, talking, listening and sharing books. In 2006 a voucher scheme was introduced to facilitate access for those experiencing financial difficulties.

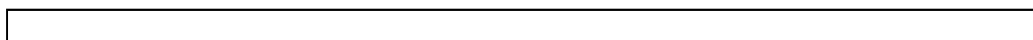
5. Minimise the harm through support to victims:

1. It is generally agreed that measuring repeat domestic violence is a better indicator of the trend in domestic violence than simply reporting on the number of cases. The number of repeat domestic violence assaults as a proportion of all reported domestic violence has been steadily increasing since 2002.
2. The number of victims accessing victim support has risen since last year. Next year they are aiming to launch a Witness Service which will help support witnesses who are called to give evidence in court.
3. The Restorative Justice Initiative, run through the Probation and Aftercare Services, has shown a remarkable level of satisfaction with outcomes from participants.

6. Reduce Re-offending:

1. The majority of offenders on Probation Orders either reduce or maintain their level of risk of offending as measured by the LSI-R score.
2. The YAT have had some success with the Motocross Project which was created to divert young offenders from dangerous and illegal motorcycle use.

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



Main Points

- School fixed term exclusions (suspensions) have decreased by 14% since last year.
- Unauthorised absences in secondary schools were down by 44% on 2003/2004 school year.
- The Community Development Officer (Football) Project is having a considerable positive impact on local communities.

This Strategic priority has 3 key objectives:

1. *Invest in Personal Social and Health Education and information in order to promote self esteem and responsible, healthy citizens:*

1. Fixed-term exclusions in Jersey schools remain lower than the U.K. totals.
2. The Healthy Schools Programme in Jersey is based on schools and the Health Promotion Department working together. Its aim is to provide support for school improvement through establishing a healthy school climate in which improved health and well-being is reflected in raised educational standards. There are currently 10 schools working towards accreditation.
3. The Health Promotion Unit is helping teachers train towards a Certificate in Personal, Social and Health Education (PSHE). There are currently 12 teachers working towards certification.

2. *Provide an integrated approach to tackling social exclusion:*

1. BaSS funding has allowed both pre-school and primary age children access to appropriate provision for entering education.
2. The Education Welfare Officers and Attendance Officers are contributing to the successful reduction in unauthorised school absences.
3. The majority of those on probation who receive supervision by a Portuguese-speaking officer reduce their risk of re-offending.

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

1. The Community Development Officer (Football) Project is having a considerable positive impact on local communities.
2. The Bridge Integrated Centre has been established, bringing together agencies such as Education, Sport and Culture, Housing, Jersey Child Care, Trust Health and Social Services and the Youth Action Team. It is proving a valuable resource for the community.

Strategic Priority 3: Reduce the Harm Caused by Drugs, Alcohol and Solvents.

Main Points

- The number of young people reporting drinking alcohol has reduced since 1998 for all age groups as evidenced by the 2006 Health Related Behaviour Questionnaire.
- Fewer young people are now smoking than in 2000 according to the Health Related

Behaviour Questionnaire.

- **The type of alcohol consumption appears to be changing with beer and spirits on the decrease whilst wine consumption has increased slightly.**
- **The number of new cases of Hepatitis C has risen this year.**
- **Customs and Police seized £3.4 million worth of drugs in 2006.**
- **£1.3 million of drug-related assets were seized this year.**
- **97% of treatment orders recommended are upheld by the courts.**

This Strategic priority has 6 key objectives:

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

1. Evidence from the 2006 Health-Related Behaviour Questionnaire shows a reduction in alcohol consumption and smoking within our 10–15 year-olds.
2. Whilst use of illegal drugs remains a concern, the HRBQ has shown a reduction in 14–15 year-olds who say they have tried cannabis.
3. It will be interesting to see if interventions such as raising the age at which people are allowed to purchase tobacco from 16 years– 18 years and giving the police powers to confiscate alcohol from under-18 year-olds, have had any immediate effect.
4. Whilst recognising that legislation is an important tool in seeking to reduce substance misuse, BaSS continues to provide support to frontline services such as the Arrest Referral Project and the Court Liaison Project, both of which provide young people with the opportunity to access support and treatment.

2. *Reduce the Inappropriate consumption of psychoactive substances:*

1. Alcohol consumption in Jersey is significantly less than in 1999 although it is still higher than most countries in Europe.
2. The type of consumption appears to be changing, with Beer and Spirits on the decrease whilst wine consumption has increased slightly.^[1]
3. The Court Liaison Officer (CLO) continues to play an important role in reducing the consumption of illegal drugs. All offenders placed on a Drug Treatment Order (DTO) are supervised by the CLO to ensure that they comply with the terms of the order. DTOs have been shown to reduce the risk of re-offending of those who complete the order.

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

1. The number of new cases of Hepatitis C has risen this year.
2. The number of “fitpacks” issued has increased by 15% this year.
3. The amount of needle-sharing between intravenous drug-users has decreased since 1999.
4. The number of drug-related deaths has risen this year. This is as a result of the misuse of Fentanyl. The Alcohol and Drug Service, Customs and Immigration and G.P.s are working to address this.

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

1. Results from the latest HRBQ indicate that teachers have now replaced parents as the principal source of information on drugs by both primary and secondary school students.

2. The Health Promotion Unit is working with the Parenting Programme to ensure consistent, effective messages about drugs are being given.
3. Information and support for parents is also provided through the Alcohol and Drug Service and in HM Prison where they receive support from the Prison Drug Education Officer.

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

1. The number of referrals to the Alcohol and Drug Service (ADS) has risen slightly this year as has the number of women accessing the service.
2. The Opiate Substitute Programme continues to provide treatment, support and information to those with problematic drug use, helping to divert them from the criminal justice system into alternative programmes.
3. The quality of life for those entering treatment is assessed yearly by the ADS. The results of the evaluation carried out in 2006 showed that, overall, 96% of clients say their life has either improved to some extent or significantly since starting the treatment programme.

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

1. The enforcement agencies continue to place considerable emphasis on catching the key players in the drugs market, which has led to £1.3 million of drug related criminal assets being seized.
2. The Customs and Police Services were responsible for the seizure of just over £3.4 million of drugs in 2006 with heroin figures totalling £2.6 million
3. In recent years the trend has been for the majority of heroin to be imported via the U.K. 2006 saw a change in this trend with the majority of heroin seized being sourced from Portugal.

Strategic Priorities

Explanation of Tables

Each Key Objective has a table of indicators attached. These are the indicators which are collected and analysed each quarter. However, the reader will notice that in some instances there are less than 4 indicators for the year. This can occur for a number of reasons for instance some indicators collated from Education, Sport and Culture relate to terms (indicated by a (T)) and therefore there are only 3 per 12 month period. Others are collated only every 6 months or 12 months.

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

* Collated for each school term

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

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

Engaging with the community:

Main Points
<ul style="list-style-type: none">▪ According to the findings of the 2006 Jersey Annual Social Survey, the majority of people feel safe in their own neighbourhoods.▪ The amount of volunteering that goes on in any community is a good measure of the strength of communities, social capital and cohesion.▪ Housing Tenant Participation (TP) Team engages 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 quality of life for all residents.▪ The Safer St. Helier Initiative has involved and engaged the community in a way that has not been tried before.

Perceptions of safety in the neighbourhood appear to have increased from last year; however, whilst the figures are reassuringly high the statistics are taken from 2 different sources– the baseline from the Jersey Crime Survey (2005) and the 2006 figure from the Jersey Annual Social Survey (JASS), which make comparisons unreliable. According to the findings of the 2006 JASS, 84% of people across Jersey do not believe crime is a problem in their neighbourhood by day and 76% remain confident in the safety of their neighbourhood by night.

When the results were broken down by parish, at least three-quarters of residents in every parish considered their neighbourhood was safe from crime by day and night, with the sole exception of St. Helier where the percentage was slightly lower (73%) but still only 27% of the population of St. Helier thought there was a problem at night (States of Jersey Police Annual Report, 2006).

Over the past 12 months, the Strategy has undertaken a number of initiatives aimed at engaging more fully with our local community, for example the Housing Tenant Participation (TP) Team engages 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 quality of life for all residents. Throughout the year approximately 187 tenant participation initiatives took place including resident associations, area panels, visits by tenants to the Bridge where the TP officers can offer advice and opportunities to discuss initiatives for specific estates, the establishment of a resource centre at Le Squez, volunteers working on projects throughout the estates and the publishing of the 9th issue of “Community News”.

The TP Team also aims to encourage States tenants to take part in training in order to assist them in running Residents Associations successfully., The feedback from Resident Association courses held earlier in the year has been excellent and the Housing Department will be planning further courses in the future.

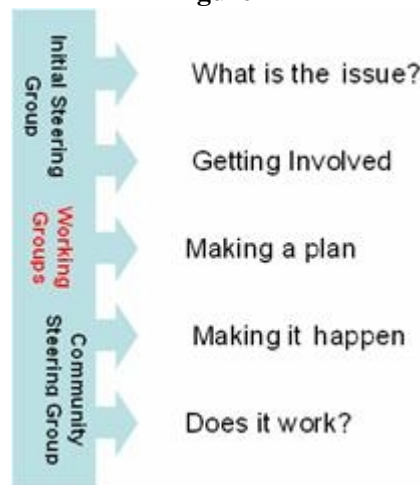
The Assisted Living Officer, based at Victoria Cottage Homes, also aims to improve and maintain the health and mobility of the elderly residents on the complex. The classes are also open to others from the local community.

Voluntarism and democracy are strongly linked; the one can give support to, and achieve meaning from, the other. Both are concerned with individuals’ (citizens’) relationships with the wider society, in which individuals both achieve a ‘voice’ in communal affairs and do their bit to foster general well-being. The amount of volunteering that goes on in any community is therefore a good measure of the strength of communities, social

capital and cohesion.

Volunteers from the community have been involved directly in providing a number of innovative projects. For example, a scoping study conducted in 1999 of offenders' literacy skills concluded that offenders in Jersey have above-average difficulties with literacy, numeracy and possibly dyslexia. As a result, the Probation and After-Care Service, with the assistance of Highlands College, recruited and trained local volunteer tutors to provide basic skills training for offenders. Volunteer mentors are also recruited to assist in work with clients who have multiple needs. The number of volunteer mentors and tutors working with the Probation and After-Care Service depends upon the needs of their clients and the availability of volunteers. In terms of basic skills tutors, there are 12 who are completing their training at Highlands and it is envisaged that they will work with the Probation Service in both the community and custodial settings. In quiet periods they will be placed with Highlands thus providing an Island resource. Further measures of voluntary work done within other BaSS partners needs to be assessed.

Figure 1



The 'Safer St. Helier' (SSH) initiative is aimed at reducing crime, disorder and antisocial behaviour in the town centre of St. Helier. SSH has adopted a participative approach which ensures that a wide range of sources are utilised in developing as full a picture as possible and supports genuine involvement of St. Helier residents and other stakeholders in working together to find solutions.

The programme has been broken down into 5 distinct but interrelated phases. Figure 1 shows the phases and identifies the groups responsible for ensuring they happen.

As mentioned above, the focus during 2006 was on finding out what the issues are for residents, key stakeholders such as the hospitality industry, the media, transport providers and young people.

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 build an initial picture as to what the issues are. Preliminary fieldwork was conducted with States of Jersey Police, Accident and Emergency Department, Detached Youth Service and the Hospitality Industry. At the same time, interviews were conducted with Chief Officers, St. Helier Deputies, Magistrates and Honorary Police. Focus groups have been 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. We have also spoken to a number of individuals who have come forward as a result of the publicity the initiative has received. The resultant report highlighted 4 main areas as issues that needed to be addressed: perception of crime, anti-social behaviour, transport and the sale of alcohol and licensing.

Useful partnerships have already been forged with the hospitality industry and other key stakeholders. The hospitality industry has provided venues for the community focus groups free of charge. Although not designed to find solutions, these have provided the SSH team with a number of practical suggestions for possible

interventions which they will be looking to take forward via the working groups. They have secured ‘in principle’ support from Newtel for the development and hosting of a dedicated website; and they are developing ever closer ties between the Parish of St. Helier and the States.

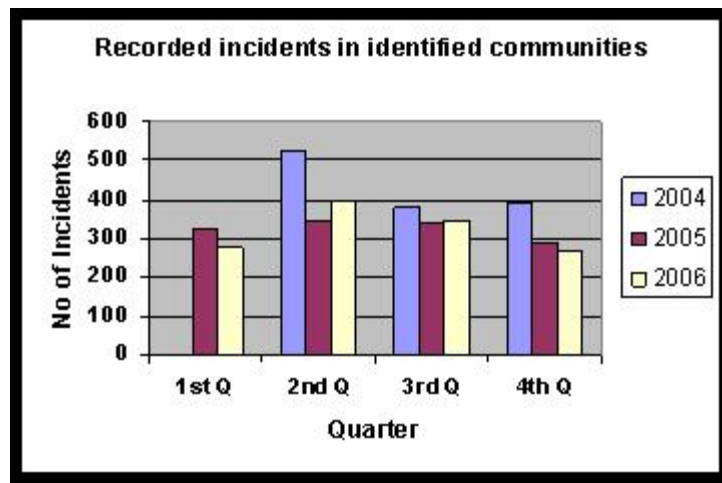
The Community Focus Groups have provided a useful insight into how other groups perceive the issues but, perhaps more importantly, they have enabled the SSH team to engage with sectors of the community in a way in which has not been tried before.

During 2007 the process for involving the community will continue with the aim of developing action groups.

HOW?	MEASURE		Q1	Q2	Q3	Q4	YEAR	
Engage with the community	Perceptions of safety in neighbourhood	2005					77%	
		Baseline	77%					
		2006	85%				85%	
	Tenant Involvement Initiatives	2005	44	48	47	38	177	
		Baseline	177					
		2006	40	54	49	44	187	
	Number of volunteer mentors and tutors working with clients supervised by the Probation Service	2005	15	12	13	8		
		Baseline	15					
		2006	12	7	12	10		

Identify Hotspots and Target Offenders:

Main Points	
▪	Assaults on the streets of St. Helier between 8 p.m. and 4 am appear to have risen although further analysis suggests this is due to more police on the streets at those times.
▪	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 by early intervention and more work being done in the community. 845 complaints were dealt with last year.
▪	Reported incidents in identified communities remain consistent with last year but well down on baseline figures.

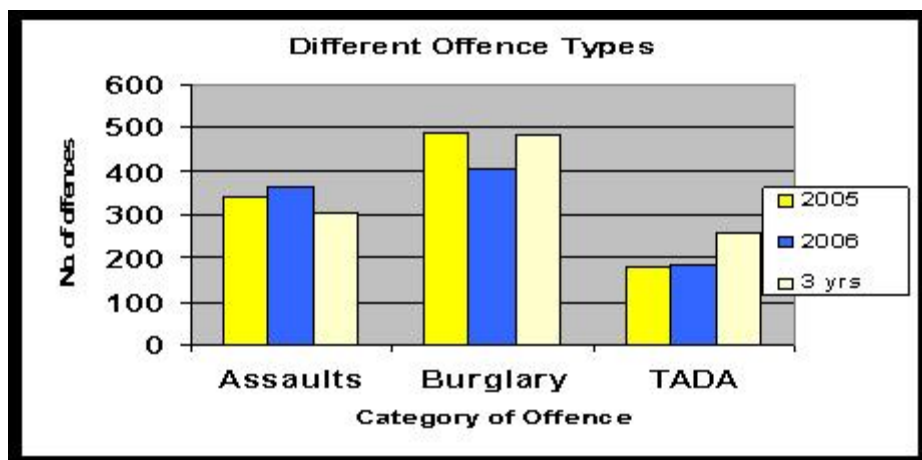


Data for recorded incidents was only fully available from the second quarter of 2004, therefore the baseline in this instance is only against 2004 onwards not 3 year average. The data is taken from police i-log which is a record of incidents called in by officers and members of the public.

The most significant ‘red flag’ areas both involve assaults – domestic and street violence. This is partly because the baseline includes 2002 and 2003 data. In 2004 the police crime recording practices were adjusted to conform with Home Office guidelines whereby assaults are still recorded even if the victim refuses to make a formal complaint.

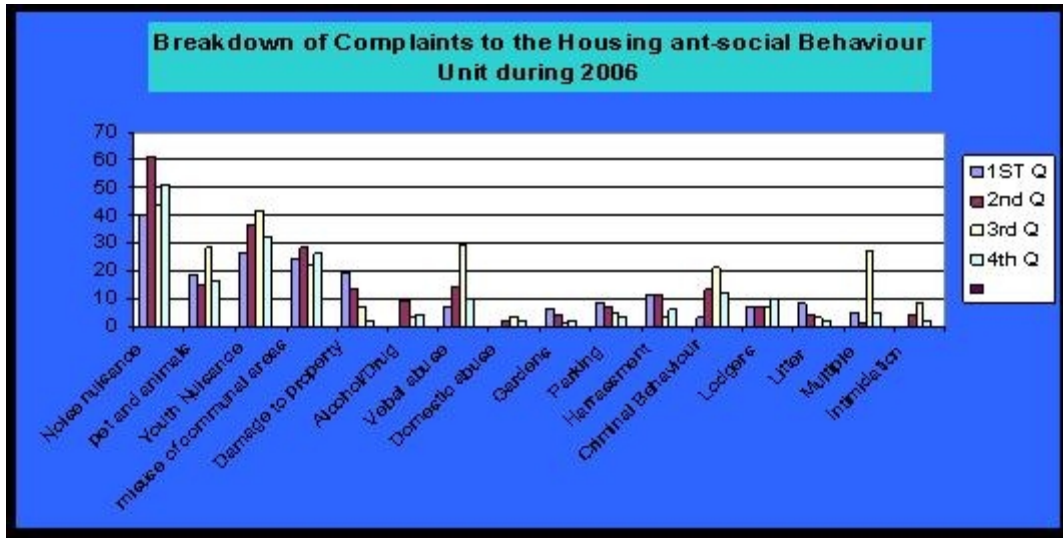
In the past, if a person made an allegation of assault but refused to make a formal complaint, it would not have been recorded. Given that about 50% of assault victims in the night-time economy refuse to make a complaint, this has made a significant difference to the figures. However not all reports are recorded as crimes. For example, where there is no corroborating evidence such as injury, independent witnesses, etc., and the victim refuses to make a formal complaint; it is not recorded as a crime because there is no evidence that it took place. Consequently, it should be born in mind that the increase against baseline has more to do with recording practices than increasing violence. Overall reported incidents seeking Police assistance in 4 selected ‘hotspot’ neighbourhoods remain consistent with 2005. After an exceptionally low level of incidents in the first quarter, reporting levels returned to 2005 levels between April and June, although they remained well down on the baseline figures.

Although street violence statistics have shown a sharp increase in 2006, analysis suggests that this has more to do with more pro-active policing than any significant increase in the actual level of street violence. The number of assaults taking place in or immediately outside licensed premises has not changed compared to 2005, whilst the number of assaults recorded in street locations has increased by nearly 40%. This supports the theory that the new shift system is having an impact on the crime figures by putting more officers on the beat at critical times.



It is believed that intelligence-led targeting of prolific offenders is having a significant effect on burglaries and on TADAs. The Youth Action Team has also been focussing particular effort on diverting some youngsters who used to be particularly active in stealing and joy-riding mopeds and motorbikes.

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 by early intervention and more work being done in the community. During the last quarter of 2006 a weekly Compliance Surgery was held at “The Bridge” Family Centre on Tuesday mornings. Attendance was monitored to gauge success and 11 tenants have taken advantage of this Surgery.



The Compliance Team work closely with the Community Development Officer for Sport (CDO) from ESC on the football initiatives. The CDO runs a Thursday night club at Springfield which attracts many housing tenants’ children from Le Geyt between the ages of 15 and 19 years. Work will soon be commencing on the Le Geyt park in order for a club to be run from there. An area and volunteers have also been identified for Rosemount Estate and work is being undertaken to get that set up shortly.

The Compliance Team has also started to go out on evening visits to estates. This is being done in an effort to accommodate those tenants who are not able to visit during working hours. The team has found this a very beneficial exercise as it not only gives them the opportunity to meet tenants in their home but it also to see what happens on the estates during the evenings. The team will continue to carry out evening visits in 2007.

The number of complaints to the Housing Anti Social Behaviour Unit (ASBU) has risen since last year from 799 to 845 – this is not necessarily an indication of more incidents and may be an indication of the fact that more people are willing to use the ASBU to resolve their issues. During this period, 678 cases were closed as having been successfully resolved.

The percentage of red-flagged offenders on probation orders for risk of harm to others, who have undergone a RAMAS^[2] process, has risen to 80% although the numbers are small The Probation Service monitors the number of at risk clients on probation orders who are subject to the RAMAS procedure.

HOW?	MEASURE		Q1	Q2	Q3	Q4	YEAR
	Recorded incidents in identified communities	2005	326	345	338	288	1,297
		Baseline	n/a	525	380	388	n/a
		2006	275	397	344	266	1,282

Identify Hotspots and Target Offenders	Number of Complaints to Anti-Social Behaviour Unit	2005	166	182	256	195	799
		Baseline	799				
		2006	176	231	253	185	845
	Recorded assaults taking place in St. Helier pubs, clubs and streets between hours of 8 p.m. and 4 a.m.	2005	59	68	98	114	339
		Baseline	75	72	113	76	303
		2006	61	95	110	96	362
	Recorded burglaries	2005	92	143	135	118	488
		Baseline	102	130	128	126	486
		2006	99	113	99	94	405
	Recorded TADAs ^[3]	2005	40	58	53	31	182
		Baseline	58	70	77	51	256
		2006	42	32	62	50	186
	Proportion of “red-flagged” offenders on Probation for risk of harm to others who are assessed and supervised using multi-agency RAMAS procedure within 60 working days of order being made	2005			40%		60%
		Baseline	68%				
		2006		66%	50%	80%	

Invest in Young People in order to reduce the likelihood of future criminality:

Main Points	
<ul style="list-style-type: none"> ▪ There has been a significant decrease in schools fixed term exclusions. ▪ The proportion of known offenders who are under 18 has decreased by 6% since last year. • The proportion of 14–17 year-old population who are known to have committed an offence has fallen from 5.65 in 2005 to 3.9% in 2006. ▪ Greenfields secure unit (for young people between the ages of 11 and 16) began operation in 2006 and utilises a multi-agency approach to address offending behaviour. 	

As a community safety strategy, much importance is given to a focus on preventative work and aiming to achieve better outcomes for young people.

School suspension is one of the risk factors associated with offending behaviour.

In Jersey, unlike the U.K., we do not permanently exclude children from schools. The number of suspensions shown represents the number of times a school issued a suspension – not the number of pupils who were suspended. Comparing the figures for the last 2 years shows a significant decrease in the amount of fixed-term exclusions. However, whilst any improvement is highly welcomed, it should be highlighted that the data from the years 2004/05 may not be completely accurate due to errors directly attributable to the data base which was being used. The Education Psychology Department have been working on developing a more accurate data base for 2007. The data will be more reliable and accurate, and field interrogations more rigorous and challenging.

The proportion of known offenders under 18 years is lower than for 2005 and the same as the baseline (2002 figure). This may be an interesting trend to monitor as between 2002 and 2006, the population of 14–17 year-olds grows by an estimated 14%. If the population of the most prolific offending group is growing then the proportion of offenders from that age group would be expected to show increases as indicated last year.

The proportion of 14–17 year-olds known to have committed an offence is down by 31% on the figures for last year and by 5% on the baseline.

The Secure Unit at Greenfields began operation in October 2006. The Unit has 8 single rooms for residents with integral sanitation, an education facility of 4 classrooms, a sports hall and areas for recreation and relaxation. Numbers of residents has fluctuated.

The Secure Unit provides accommodation for young people between the ages of 11 and 16 years who are of compulsory school age. The majority of residents have been remanded in custody by the Youth Court with the occasional resident being placed on a secure accommodation order by the Royal Court because of behaviour which placed the subject and others at risk in the community. A multi-agency approach is adopted to address the offending behaviour of residents with input from Child Care Officers, CAMHS and the Education Department, all of which complement the Individual Care Plans developed by the Residential Child Care Officers.

The Greenfields Secure Unit forms part of the wider campus which includes Heathfield and La Preference Children’s Homes and it is anticipated that a third open children’s home will be operational on the site of the old secure unit by the end of April.

		2004/2005	109	176	135		420
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Invest in Young People in order to reduce the likelihood of Future Criminality	No. of School Suspensions	Baseline	435(Full Year)				
		2005/2006	142	116	107	365	
	Proportion of young people referred to the Youth Action Team participating in organised activities	2006					
		Baseline					
		2007					
	Proportion of known offenders who are aged under 18	2005	31%	31%	32%	31%	31%
		Baseline	25%				
		2006	22%	24%	25%	25%	25%
	Proportion of 14–17 year-old population who are known to have committed an offence	2005	1.4%	3.2%	5.1%	5.6%	5.6%
		Baseline	4.10%				
		2006	0.7%	2.50%	3.70%	3.90%	3.90%

Involve and support parents and guardians:

Main Points
<ul style="list-style-type: none">▪ Mainstream nursery provision has provided for 18 children ‘in need’ in 2006.▪ The Parenting Programme received 111 referrals in 2006 and 258 parents attended groups – The Parenting Programmes focuses on strengths and resources thereby enabling parents to support their children. This working model of ‘Parents as Partners’ is proving to have far reaching effects with many choosing new and diverse paths in their lives.▪ The JELLY clubs aim to help children develop through play, talking, listening and sharing books. In 2006 a voucher scheme was introduced to facilitate access for those experiencing financial difficulties.

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.

There is a growing recognition that finding ways to improve relationships between parents and their children is a much more cost-effective (and less painful) way of improving mental health than any number of adult therapeutic treatments. At the same time there is growing interest in ideas of attachment as a way of connecting early experience with later functioning in relationships. These ideas are being used to guide parenting support services.

The Jelly (Jersey Early Learning and Literacy Years) evaluations focus on investigating the effects parents have on their children’s development by stimulating them through play, talking, listening and sharing books. Feedback from parents has encouraged these programmes to continue and up to 15 clubs per term are now running.

The Parenting Programme focuses on strengths and resources thereby enabling parents to support their children. This working model of ‘Parents as Partners’ is proving to have far reaching effects with many choosing new and diverse paths in their lives.

There are currently 8 parents from previous programmes who are now running a crèche facility for parents attending current parenting groups. Four of these parents are planning to go on to train for working in childhood early years. Feedback from these parents tells us that this is as a result of them accessing the services. Two volunteers are from Jobscope (a department at the Adult Mental Health Occupational Therapy Services). They are proving to be an important and integral part of the team.

Partnerships over the past term with sports development officers and activities co-ordinator enabled 13 ‘at risk’ families to receive 1–6 weeks’ activities summer club for their children in return for the parents agreeing to attend a parenting programme, whilst partnerships with mental health enabled 2 of their elderly clients to help support the Jelly clubs.

All parents who are seen on an individual basis complete an exit summary.
In an analysis of 50 randomly selected over the past 6 months –

- 100% felt well listened to without feeling blamed;
- 100% felt they left thinking about the problem differently; and,
- 98% feel the consultation will help them in their current difficulty.

Numbers will vary from term to term as staff are employed on a sessional basis and at times move on to further

training and or full-time employment; for example 2 Jelly facilitators have gone on to teacher training and one is about to embark on a BA in Public Health Nursing.

The Mainstream Nursery Project is designed to enable children ‘in need’ to access mainstream nursery provision in Jersey in order to promote the following:

- Self-esteem and individuality and the development of both autonomy and co-operation.
- Develop all areas of the child’s development – emotional, social, cognitive and physical.
- Positive behaviour by praising the child and acknowledging kind, considerate, and caring attitudes/actions displayed. These qualities and the appreciation of respect for property and towards other children will help the child to develop positive attitudes/values which they will be able to carry forward in the future.

In order to monitor the effectiveness of the service provided, the Project Manager reviews each child on a regular basis, gathering relevant information from the Child Care Officer and Nursery provision.

A system for monitoring children when they move on to primary and secondary schools looks at 5 main areas –

- Has the child been received into care?
- Has the child got a ‘Statement of Needs’ giving extra support whilst at school?
- Is the child’s name on the Child Protection Register?
- Is the child known to the YAT Team? (This will not come into effect for some years as the children will be too young to be involved.)

BaSS funded a total of 18 children between January– December 2006. Ten places were as a result of completing the assessments in 2006, the remaining 8 were carried forward from 2005. Out of the 18 children who received funding from BaSS, 8 children are still attending a mainstream nursery provision.

Involve and support parents and guardians	No. of referrals to parenting programme	2004/2005 (T)					85
		Baseline					
		2005/2006 (T)					111
	No. of ‘at risk’ children in mainstream nurseries	2005	6	7	8	3	10
		Baseline	11				
		2006	5	4	12	8	18
	No. of children accessing JELLY Clubs	2004/2005 (T)	153	149	141		
		Baseline					
		2005/2006 (T)	114	140	141		

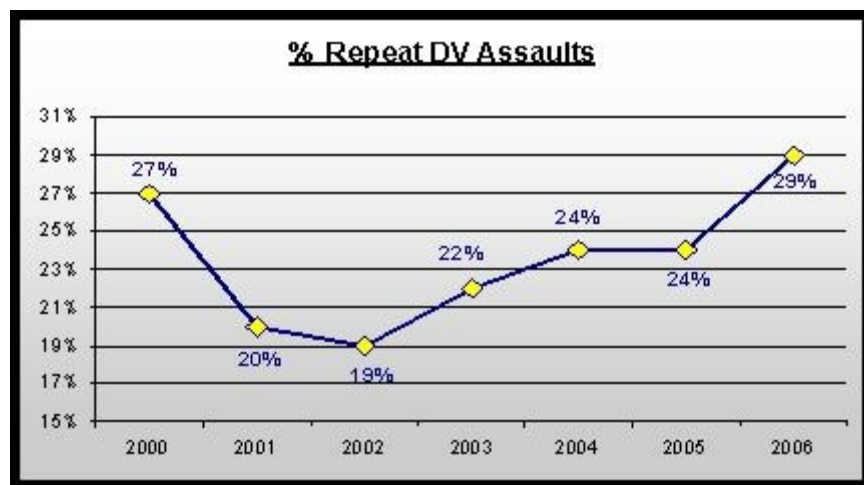
Minimise the harm through support to victims

Main Points	
▪	It is generally agreed that measuring repeat domestic violence is a better indicator of the trend in domestic violence than simply reporting on the number of cases. The number of Repeat

Domestic Violence assaults as a proportion of all reported domestic violence has been steadily increasing since 2002.

- **The number of victims accessing Victim Support has risen since last year. Next year they are aiming to launch a Witness Service which will help support witnesses who are called to give evidence in court.**
- **The Restorative Justice Initiative, run through the Probation and Aftercare Services, has shown a remarkable level of satisfaction with outcomes from participants.**

As mentioned before the most significant 'red flag' areas both involve assaults – domestic and street violence. This is partly because the baseline includes 2002 and 2003 data. In 2004 the Police crime recording practices were adjusted to conform with Home Office guidelines whereby assaults are still recorded even if the victim refuses to make a formal complaint. The definitions of Domestic Violence have also changed in that now sibling violence, parent/child violence and elder abuse is not counted in the figure for domestic violence.



It is generally agreed that measuring repeat domestic violence is a better indicator of the trend in domestic violence than simply reporting on the number of cases. The number of repeat domestic violence assaults as a proportion of all reported domestic violence assaults dropped significantly between 2000 and 2002 but has been steadily increasing since then. The SOJP Domestic Violence Unit was restructured and placed under the direction of a new Public Protection Detective Inspector in mid-2006. Her remit was initially focused on child protection issues but significant research has also gone into the introduction of innovative practices aimed at tackling domestic violence.

In particular, formalised risk assessments in respect of Domestic Abuse incidents are to be introduced in 2007. Risk assessment tools provide a structured way for gathering detailed and relevant information from victims. This information, particularly when shared with other agencies, can help provide a better service to victims because their specific needs have been identified. In addition, risk assessment allows police resources to be targeted in a measured and informed manner which should in turn reduce repeat victimisation.

More than one in five of the violent assaults recorded in Jersey in 2004–05 were domestic violence cases. Nearly 80% of these incidents occurred in the home. Women were 6 times more likely to report being the victim of a domestic violence assault than one by a stranger in the street. [4] Even these figures won't reflect the true extent of the problem as many victims of domestic violence are often reluctant to report their experience. This is an issue the Police and other agencies such as the Women's Refuge are working hard to address (States of Jersey Police Annual Report).

During 2007 a new Domestic Violence Perpetrators Programme – funded through BaSS – will begin. The aim of

this will be to change abusers' behaviour. It will run in conjunction with programmes for domestic violence survivors.

The measure of satisfaction with service from the Police is the results of a questionnaire sent out twice weekly to people who have been victims of crime and reported it. The response rate is usually about 30% and generally shows a high level of satisfaction – the figures represent only the “totally” or “very satisfied” response (not “merely” satisfied). However as this figure only relates to victims who were totally or very satisfied with the service they received from the first attending officer, the reduction compared to last year is due to more respondents stating that they were satisfied or unable to comment. The proportion of responses expressing any form of dissatisfaction is actually fractionally down on 2005 at 2.5%. Early in 2006, the Force introduced a policy of reviewing crimes at an early stage and, where appropriate, advising victims if it was decided not to proceed with any further investigation. Over 93% of victims who have expressed an opinion on the screening out of their crime in this manner have been satisfied with the explanation given but it is possible that less contact with the investigating officer means that more people opt for the ‘satisfied’ option on their survey returns.

The number of victims accessing the Victim Support Service has risen compared to both last year's numbers and the baseline (2004). This is an encouraging statistic as it may mean that more people are becoming aware of the service and what it can provide either by the police being more pro-active in referrals or awareness raising efforts from Victim Support being more successful. Following on from an evaluation of the service completed in 2005, Victim Support have worked in partnership with Brook in schools raising awareness about personal safety, worked with the local media to keep their profile high and have invited speakers in to talk to their volunteers. Next year they are aiming to launch a Witness Service which will help support witnesses who are called to give evidence in court.

The participants in restorative justice initiatives consistently show a 100% rate of satisfaction. The response rate to the questionnaires is also very high (approximately 80%). Feedback from victims and offenders has been first-class. The aim of restorative justice is to provide an opportunity for victims who are willing to participate in the scheme to receive apology and reparation from offenders, whilst it also allows the Probation Service to concentrate resources on re-integrating offenders and preventing their re-offending. The Restorative Justice Worker's role has expanded in terms of working with adult offenders as she now goes into the Prison as part of Probation's new through-care work. Often this work takes many months of careful preparation with support for victims and their families, liaising with different States departments, Honorary Service, and any other parties who are involved. It includes Restorative Justice Conferencing, meetings between the perpetrators and the victims to make amends for their offence, and other initiatives such as indirect reparation through letters of apology. The outcomes from these initiatives for both victims and offenders appear very positive.

This has been an excellent initiative to the extent that a full successful conference was achieved with a serious violent offender and his victim. Probation has introduced a core offending programme for all clients over the past year and there is a victim awareness session in this leading onto possible restorative justice.

Minimise the harm through support to victims	No. of repeat domestic violence assaults between partners or former partners	2005	8	24	19	20	71
		Baseline	6	19	12	12	58
		2006	9	17	16	22	64
	% of victims expressing a high level of satisfaction with the service from attending Police officers	2005	81%	84%	77%	83%	81%
		Baseline	77%				
		2006	77%	77%	81%	78%	78%
	No. of victims accessing Victim	2005	54	65	75	67	261
		Baseline	251				

	Support	2006	69	72	84	73	298
	Proportion of Victims expressing satisfaction with restorative justice initiatives	2005	100%	100%	100%	100%	100%
		Baseline	TBA				
		2006	100%	100%	100%	100%	100%

Reduce Re-offending:

Main Points	
▪	The majority of offenders on Probation Orders either reduce or maintain their level of risk of offending as measured by the LSI-R score.
▪	The YAT have had some success with the Motocross Project which was created to divert young offenders from dangerous and illegal motorcycle use.

The figure for those who reduce their risk of re-offending in 2006 is 60.8%. This is an improvement on baseline. During the first half of 2006, 71.7% of all closed orders showed either a reduction or no change in the initial level of risk of re-offending compared with 64.7% in 2005. This shows that the majority of probation clients are reducing their risk of re-offending by the end of their Probation Order. Overall, this outline presents a positive picture of probation activities over the 3 year period across a large sample of cases of differing risk.

Risk of re-offending is measured using an internationally validated tool (LSI-R) This has shown to be a robust and reliable indicator of future reconviction in Jersey so a reduction in risk should see a reduction in re-offending. A great deal of the credit for this should be given to the Probation Service in targeting the criminogenic needs of offenders, using a problem-solving approach, using programme delivery where appropriate and working together with a wide range of partners. The allocated case worker is responsible for managing the client through all aspects of the Order and is expected to remain actively involved in the case despite referrals to others. This successful approach was highlighted in the HMI Report last year.

The Youth Action Team (YAT) has been developed as a response to the Bull Report in 2002 into the provision for children and young people with emotional and behavioural difficulties and disorders in Jersey. The Team, consisting of officers from Probation and Aftercare Service; Education, Sport and Culture; Health and Social Services and Home Affairs, work in partnership to address the needs of young people coming before the Courts or those who are at risk of offending.

The numbers of young people being presented to the Youth Court in 2006 fell by 25% in comparison with 2005. A total of 205 young people went before the Youth Panel in 2006 compared with 275 in 2005. The Judicial Greffe Annual Report stated “This can be attributable to a number of factors, not least the very low figures for youths under 15 who offend and the work being undertaken by the Youth Action Team.”

The priority for the Youth Action Team in 2007 will be to develop a service which strives to involve the community in reducing crime. An example of this has been the establishment of a very good working relationship with the Jersey Field Squadron who have been partners in organising the YAT Activity Groups at Crabbé which have been very successful. There is a pressing need to improve the availability of training, work and suitable accommodation for young people in the justice system and the team members will be developing specific initiatives in these areas of work.

Proportion of offenders supervised on Probation	2005		64.7%		68%
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orders who reduce their risk of re-offending as evidenced by LSI-R score. (6 monthly)	Baseline	54%				
	2006		71.7%			60.8%

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:

Main Points
<ul style="list-style-type: none">▪ Fixed Term Exclusions(Suspensions) in Jersey Schools remain lower than the U.K. totals.▪ The Healthy Schools Programme in Jersey is based on schools and the Health Promotion Department working together. Its aim is to provide support for school improvement through establishing a healthy school climate in which improved health and well-being is reflected in raised educational standards. There are currently 10 schools working towards accreditation.▪ The Health Promotion Unit is helping teachers train towards a Certificate in Personal, Social and Health Education (PSHE). There are currently 12 teachers working towards certification.

Jersey, unlike the U.K., does not have pupils who are permanently excluded from school. The ‘number of school suspensions’ represents the number of times a school issued a suspension during the term, not the number of pupils who were suspended, some of whom were suspended more than once. A suspension may vary in length: one day up to a maximum of 5 days.

Comparing rates of fixed term exclusions as a percentage of student population in Jersey in 2005/2006 (3.82%), we find that it is considerably lower than the U.K. total of 5.12% in 2004/2005. However, when comparing Jersey with Education, Sport and Culture benchmarking authorities, we find that Jersey has a slightly higher rate than Buckinghamshire where the rate is 3.18%, whilst in Sutton the rate is 4.61% and in North Yorkshire it is 4.09%. Fixed-term exclusion rates have only been published over the last 2 years in the U.K. and in 2004/05 there were 389,560 fixed-term exclusions given involving 22,840 pupils for an average of 3.6 days.

The National Healthy Schools Standard (NHSS) is a U.K. initiative that aims to accredit schools that reach measured gains in both health and learning within the school and wider school community environment. Registration with the scheme promotes health in its widest sense, including emotional and physical well-being of pupils, staff and the local community. Health issues are recognised as occurring across all aspects of school life as well as within PSHE curriculum.

The Healthy Schools Programme in Jersey is based on schools and the Health Promotion Department working together. Its aim is to provide support for school improvement through establishing a healthy school climate in which improved health and well-being is reflected in raised educational standards. The programme delivery has a focus on a ‘Whole School Approach’. This means the whole school community, including students, parents/carers, all staff, Governors, and outside supporters are involved in working together to improve planning, policy and practice across a broad health agenda.

The Healthy Schools Standard project continues within 4 schools (one secondary, Le Rocquier and 3 primarie Les Landes, La Moye and Mont Nicolle) which are all on track to be awarded Healthy School status by end of the summer term 2007. Six more schools have now joined the programme: Samarès, Rouge Bouillon, Plat Douet, St. Lukés, Bel Royal and Haute Vallée.

As well as the Healthy Schools Programme, the Health Promotion Unit is helping teachers train towards a Certificate in Personal, Social and Health Education (PSHE) This is a 12 month Continuing Professional Development programme for teachers to raise the profile of PSHE in schools and improve its quality and effectiveness. PSHE is the planned provision for emotional and social development. It can help children and young people develop a sense of identity and to function well in the world. School-based PSHE complements and

helps children and young people make sense of what is implicitly or explicitly learnt at home from parents, carers, family, friends and wider society.

The number of teachers working towards PHSE certification has doubled since last year. In the first quarter of this year, 6 more teachers began the process towards certification (including teachers from Rouge Bouillon, Grands Vaux, Greenfields, St. James and D'Hautrée). During the 2nd quarter of the year, 3 of the 6 teachers on the 2005/06 programme passed certification, with the other 3 resubmitting in September. Seven new teachers have been recruited to the new programme which will run until April 2007.

Invest in Personal, Social and Health Education and Information in Order to Promote Self Esteem and Responsible, Healthy Citizens.	Number of School Suspensions	2004/2005	109	176	135		420
		Baseline ^[5]	435				
		2005/2006	142	116	107		365
	Number of Schools working towards Healthy Schools Standard	2005	0	4	4	4	4
		Baseline ^[6]	0				
		2006	4	4	4	10	10
	Number of Teachers working Towards PHSE certification	2005	0	6	6	6	6
		Baseline	0				
		2006	12	9	9	12	12

Provide an Integrated Approach to Tackling Social Exclusion:

Main Points
<ul style="list-style-type: none">▪ BaSS funding has allowed both pre-school and primary age children access to appropriate provision for entering education.▪ The Education Welfare Officers and Attendance Officers are contributing to the successful reduction in unauthorised school absences.▪ The majority of those on probation who need supervision by a Portuguese speaking officer reduce their risk of re-offending.

There are many projects 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.

As mentioned before (page 26) BASS funding allows the Children's Service to transfer very young children from the 'high intensity', very specialised support and assessment it provides within its own limited resources into mainstream (private sector) placements, thus achieving 2 main aims –

1. Allowing the opportunity for other childcare professionals to assess the child's ability to integrate and function in a mainstream provision, prior to the child transferring to school based provisions when they have reached the appropriate age.
2. To free spaces in the Children's Service own resources to support other young children requiring a higher level of support and expertise.

The following case history (which has been altered to preserve anonymity) illustrates the work done in this area:

'Rebecca was 3 years old when she was placed on the Child Protection Register following a multi-agency conference, convened to assess the risks she faced from a chaotic family lifestyle in a family struggling with addiction issues. As well as the obvious child protection concerns, the health professionals had questioned whether Rebecca was suffering developmental delay as the result of her family life.

A Protection Plan was initiated that included a period of assessment and support for Rebecca within the Children's Service own specialist provision, working alongside a thorough assessment of the family's circumstances and functioning.

The Plan was very successful in addressing the issues and led, 3 months later, to Rebecca's name being removed from the Register. As part of an on-going support package for Rebecca and her family, she moved to a mainstream nursery whose staff continued to monitor and assess her progress, whilst being supported by the specialist staff that made the referral from Children's Service. Rebecca transferred to a school nursery that September and there has been no Children's Service involvement since'.

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

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

level of support and expertise.

Again the following case history (which has been altered to preserve anonymity) illustrates the work done in this area:

'Bobby was 7 years old when he was identified by the Social Worker involved with his family as requiring additional support to address certain behaviours that were causing extreme concern. Both his parents and his school had reported that Bobby was 'lashing out' at his siblings and his peers at school, but for no apparent reason.

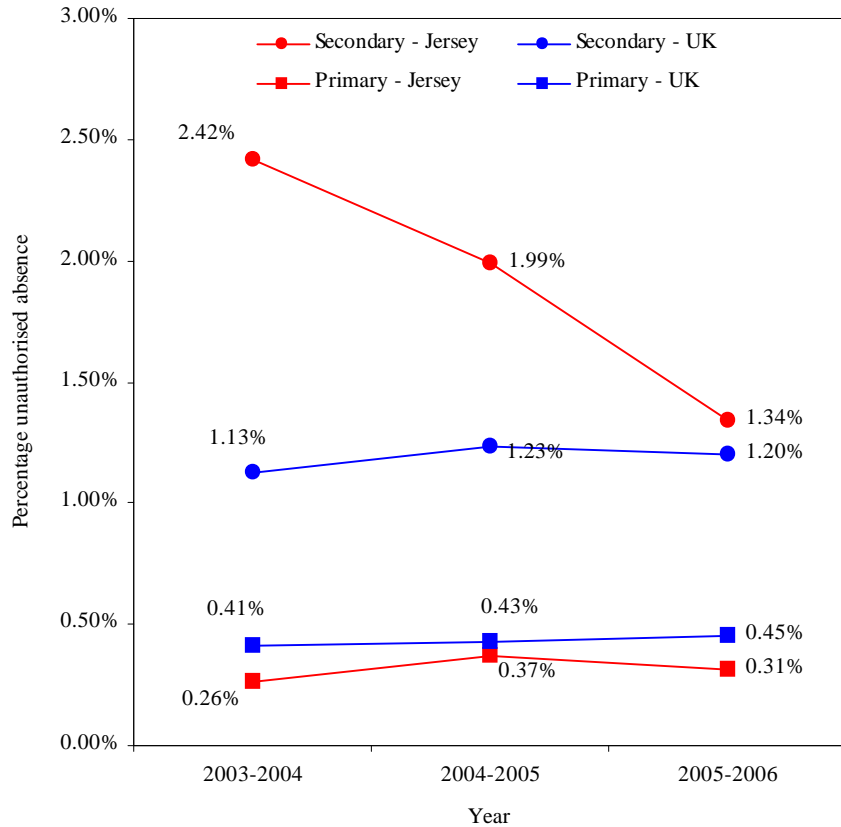
The Family Centre Service took Bobby into a 12 week programme (with others of a similar age) specifically designed to address issues of 'anger management'. This programme worked with the small group to look at ways of controlling their anger and frustrations and provided appropriate activities to test and develop the necessary skills.

By the end of the programme significant progress had been made but there were concerns expressed that, without on-going support, Bobby may revert to his former behaviours. Utilising the funding provided by BASS, a placement was identified in a local after-school club where Bobby could interact with his peers in a leisure environment and the staff could continue to monitor and assess his progress, whilst being supported by the specialist staff that made the referral and did the initial work – thus allowing early intervention if it proved necessary'.

Trends in the number of referrals to the Education Welfare Department are difficult to estimate as the statistics have only been collated since the 2004/2005 academic year. The number of referrals to the Education Welfare Service fluctuated throughout the year in 2005/2006. It is interesting to note that the high referral rate in the 2nd term of 2005/2006 is completely opposite to the numbers shown for last year. However, the number of referrals for 2005/2006 is significantly lower (91) than the previous year (117) – a decrease of 32%. This may be due to the introduction of the education welfare officers in 2004 who therefore picked up cases that had been there for some time and so the lower figure is a better reflection of the actual number or it may be that the early interventions that have been in place are starting to have an impact. Again it is too early to be sure.

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.

Unauthorised School Absence 2003-2006



The percentage of half-days missed due to unauthorised absence in maintained primary schools in England increased slightly from 0.43% in 2004/05 to 0.45% in 2005/06. In maintained secondary schools, the percentage of half-days missed due to unauthorised absence fell slightly from 1.23% in 2004/05 to 1.20% in 2005/06 (DfES, 2006). In Jersey there has been a significant reduction in unauthorised absences in secondary schools since 2003 (see Figure 2) and in primary schools the figure is less than the year before but still higher than 2003. However the comparisons with the whole of the U.K. remain favourable and the trend in reductions for secondary schools as illustrated by Figure 2 is extremely encouraging.

The figure for the number of people on probation receiving supervision from a Portuguese speaking officer remains at 100%. and the majority of those clients reduce their risk of re-offending, so the success of this approach seems self-evident. Programmes are undertaken in Portuguese and an interpretation service is provided that saves the need for employing private interpreters. The work has developed to include working with prisoners on a through-care basis, providing an equality of service.

The Supported Housing Group is a joint working party which aims to house and support vulnerable individuals. It consists of representatives from Housing, the Children’s Service Leaving Care Team, Adult Social Services, Alcohol and Drug Service, Mental Health and the Midvale Road re-settlement programme (Shelter Trust). Applications are received from diverse organisations like the Women’s Refuge, the Special Needs Service, the Jersey Blind Society, Silkworth Lodge and Probation. During 2006, 51 allocations were made to applicants through the Supported Housing Group. Of the 51 allocations made, 56 adults were housed and 9 children (65 individuals).

No. of children funded by BaSS in	2005	6	7	8	3	10
	3 year					

Provide an Integrated Approach to Tackling Social Exclusion	mainstream nurseries.	average	11				
		2006	5	4	12	8	18
	Number of referrals to Education Welfare Services	2004/2005	57	19	41		117
		Baseline [7]	117				
		2005/2006	21	57	13		91
	% Portuguese only Speaking Offenders on Probation or licence who receive supervision from a Portuguese-speaking officer	2005	100%	100%	100%	100%	100%
		Baseline	100%				
		2006	100%	100%	100%	100%	100%
	% unauthorised primary school absence	2004/2005					0.37%
		Baseline	0.26%				
		2005/2006					0.31%
	% unauthorised secondary school absence	2004/2005					1.99%
		Baseline	2.42%				
		2005/2006					1.34%

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:

Main Points
<ul style="list-style-type: none"> ▪ The Community Development Officer (Football) Project is having a considerable positive impact on local communities. ▪ The Bridge Integrated Centre has been established, bringing together agencies such as Education, Sport and Culture, Housing, Jersey Child Care Trust Health and Social Services and the Youth Action Team. It is proving a valuable resource for the community.

The number of registered places for after-school care has remained consistent throughout 2005 and 2006, whilst the numbers of holiday places fluctuate each quarter and take into account the different holidays. The numbers during the summer months last year were much higher than for the rest of the year and the extra number of holiday places in this summer were due to Culks Summer Soccer School taking place – 80 places.

The number of students accessing alternative education placements has remained consistent with the exception of the autumn term 2005 where the number was reduced by about 50% compared to the same period the previous year. At the moment we do not have an explanation for this but we will monitor whether it is repeated next year. (It is worth noting that the statistics do not include children accessing primary and secondary schools for

emotional and behavioural difficulties.) Overall, the number accessing these services seems to have reduced by about 10%.

The number of active cards provided by the Probation and After-Care Service has fluctuated throughout the year. The reason for this is that if the cards are not being used they are withdrawn. The number accessing the basic skills programme has been fairly consistent representing approximately 5% of all probationers.

The Bridge, Integrated Centre for Families and Young People, was established in January 2006 and officially opened on 24th May. There are now 9 groups based in The Bridge to help support families and young people: The Jersey Child Care Trust; Parenting Support Services; States Tenant Officers for Housing; 4 Health Visitors; Autism Jersey; Midwives Team; Youth Counsellors; Youth Action Team with a significant input from Highlands College.

At a recent strategic review, all agencies involved were extremely positive about the effect of the Bridge on their services. Speech and Language Therapy have had an increase in the uptake of support through their work in the centre. Parenting have had a significant increase in referrals. Housing and Jersey Child Care Trust have had a large increase in client contact. The training facilities are well used with the IT section now offering 8 sessions a week to Second Chance Learners and the older community. The midwives are an important part of this centre as they will be working with the catchment area which has between 30% and 33% of Island births.

The work in the Bridge is at three levels:

1. Agency Networking – All agencies have found a significant benefit in ease of access to other services required by their clients. This has allowed for a quick response and users feeling supported.
2. Community Involvement – Support and activities for:
 - young people of the area;
 - parents/carers;
 - more mature members of the community.
3. Cross-agency support – Agencies working collaboratively to provide prevention/intervention services for families and young people.

The Strategic Board, made up of managers of all agencies involved in the Bridge has developed a 3 year plan, to give a clear direction to the centre and identify their commitment to these services. Over the year a number of developments have taken place, for example:

- A babysitting register has been established for children on the autistic continuum by Jersey Child Care Trust, which compliments the basic register.
- Jersey Child Care Trust has received an average of 20 visits per week from parents and professionals compared to 2 per week previously.
- Parenting have established a new programme for the 'hard to reach' which involved other agencies – Speech and Language and Health visitors – at the beginning of September 8 parents were attending, by December this had risen to 29.
- Forty-three people have registered at the Bridge for Highlands courses who have not accessed Life Long learning previously.
- Parenting referrals to work with individual parents at Levels 3 and 4 has increase to 139 – a number of referrals coming from agencies in the Bridge who previously had not made any.
- A nursery place was found by Jersey Child Care Trust for a child whose older sibling attended YAT.
- Housing Tenants Association training provided by Highlands was so successful that additional courses are being arranged.
- Four parents attending the Growing Together sessions have become volunteers within the crèche, and are looking for additional training – which the Bridge hopes to provide in 2007.
- Growing Together has grown from 7 parents in the summer to 30 parents attending in December, many of these as self-referrals or brought along by a user.

In addition, the building is being used by a range of outside agencies and room bookings are increasing. There has been very positive feedback, both from outside agencies but also by staff working in the Bridge (The Bridge Annual Report, 2006, Appendix 1).

The Positive Futures Community Development Officer (Football) was recruited last year with the aim of using football (and other sports) to engage young people in positive activity; 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.

According to the Health-Related Behaviour Questionnaire, 2006, (HRBQ) more than 50% of our young people participate in strenuous exercise at least 3 times a week. These levels are higher than the U.K. However, in Jersey there still remains identified groups who struggle to access sport and its benefits. Whether it is financial restrictions, negative peer pressure or lack of parental support, there are some young people frustrated at being unable to participate at any level of sport outside of school (Community Development Annual Report, Appendix 2).

Whilst overall crime levels remain comparatively low against the U.K., public perception remains negative with 64% of people believing youth crime is a ‘major’ problem in Jersey (JASS, 2006). Media coverage may be one reason for this perception; however, it cannot be ignored that 41% of all detected crimes in 2005 were committed by under-18s. It is for these reasons in 2006, Community Development established a number of innovative sporting projects to target appropriate groups as well as build a positive profile to improve public perception (Community Development Annual Report).

The outcomes from these interventions have so far been extremely positive with both adults and young people saying they have been of benefit, as the following quotes illustrate:

‘Before all the football competitions were available I always just used to hang around First Tower on a Friday. Now me and my mates have formed a team and take part in everything. We won 4 games tonight!’ 14 year-old male

‘Friday nights were always boring and we never had anything to do. We used to walk round town, or stand in the bus shelter if it was raining but now we are always ‘knackered’ after the football and head home after it’s finished.’ 15 year-old male

‘Since the football has been available to the kids on a Thursday, the place has been so much quieter. All the residents used to complain about the noise of them playing football in the street but now there is no trouble at all.’ Parent

To develop, provide and promote continuous	Number of registered places for after school care	2004/2005	562	562	562		562
		Baseline	982/400				
		2005/2006	562	562	562		562
	Number of students accessing alternative educational placements	2004/2005	41	44	44		129
		Baseline					

opportunities for all members of the community, particularly those perceived to be at risk, to access healthy and interesting pursuits		2005/2006	21	48	47		116
	Number of Active cards provided to offenders in partnership with ESC	2005	20	20	20	20	20
		Baseline	20				
		2006	15	20	20	15	20
	Number on probation accessing basic Skills programme	2005	7		6		
		Baseline	7				
		2006	6	6	7	6	
	Number of Holiday places	2004/2005	952	1,312	860		3,124
		Baseline					
		2005/2006	760	1,542	842		3,144

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:

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

Main Points
<ul style="list-style-type: none">▪ The number of young people reporting drinking alcohol has reduced since 1998 for all age groups as evidenced by the 2006 Health-Related Behaviour Questionnaire.▪ Fewer young people are now smoking than in 2000 according to the Health-Related Behaviour Questionnaire.▪ Whilst use of illegal drugs remains a concern, the HRBQ has shown a reduction in 14–15 year-olds who say they have tried cannabis.▪ Whilst recognising that legislation is an important tool in seeking to reduce substance misuse, BaSS continues to provide support to frontline services through the Arrest Referral Project and the Court Liaison Project, both of which provide young people with the opportunity to access support and treatment.

As mentioned before the schools' PSHE programmes incorporate education focussing on substance misuse. In the past, the section of the PSHE curriculum which dealt with substance misuse was delivered by the Health Promotion Officer for Drugs (HPO) Recently, the HPO has started to build capacity amongst PSHE teachers to enable them to deliver drug education themselves. It is proposed that a minimum of 13.75% of the PSHE curriculum is devoted to substance misuse issues.

Since 1996, the Strategy has funded a Health-Related Behaviour Questionnaire (HRBQ). Held every 4 years (previously on a 2 year cycle) the survey conducted in schools, is the only Island-wide survey to ask 10 to 15 year-olds about their health. In 2006, 2,564 pupils in Years 6, 8 and 10 completed the questionnaire. The decision to fund this locally-based piece of work from Bass has meant that an excellent resource for all our community has been produced. The HRBQ is providing some extremely valid and reliable longitudinal data about the health related behaviour of our young people in Jersey.

The reduction shown in alcohol consumption and smoking is extremely encouraging and a testament to the hard work that has been undertaken in education and early intervention. The use of illegal drugs remains a concern although there are some encouraging signs such as a reduction in the number students who know a drug-user and a reduction in the number of 14–15 year-olds who said they had tried cannabis.

With the appointment of an Arrest Referral Worker, the Alcohol and Drug Service enables young problematic drug-users to access treatment and support. It is quite common for those 25 and under presenting to the Service to be experimenting with, and experiencing problems with, more than one substance. The numbers who access the service has been fluctuating throughout the year but, overall, 146 have had treatment and support compared to 155 last year – a decrease of 6%. Early intervention approaches by the Arrest Referral Worker and Needle Exchange Worker have endeavoured to address the complicated needs of this group of young people and the introduction of Subutex has increased the treatment options available to those drug-users who were previously not attracted to methadone.

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.

MEASURE		Q1	Q2	Q3	Q4	Year
% of PHSE Curriculum in secondary schools focusing on substance misuse	2005					
	Baseline	0				
	2006					13.75%
Number of problematic [8] drug-users 25yrs and under accessing treatment and support	2005	35	36	46	38	155
	Baseline	155				
	2006	35	58	32	21	146
% youths on Probation Orders who receive substance misuse education	2005	100%	100%	100%	100%	100%
	Baseline	100%				
	2006	100%	100%	100%	100%	100%

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.

Main Points
<ul style="list-style-type: none"> ▪ Alcohol consumption in Jersey is significantly less than in 1999 although it is still higher than most countries in Europe. ▪ The type of consumption appears to be changing – with beer and spirits on the decrease whilst wine consumption has increased slightly. ▪ The Court Liaison Officer (CLO) continues to play an important role in reducing the consumption of illegal drugs. All offenders placed on a Drug Treatment Order (DTO) are supervised by the CLO to ensure that they comply with the terms of the order. DTOs have been shown to reduce the risk of re-offending of those who complete the order.

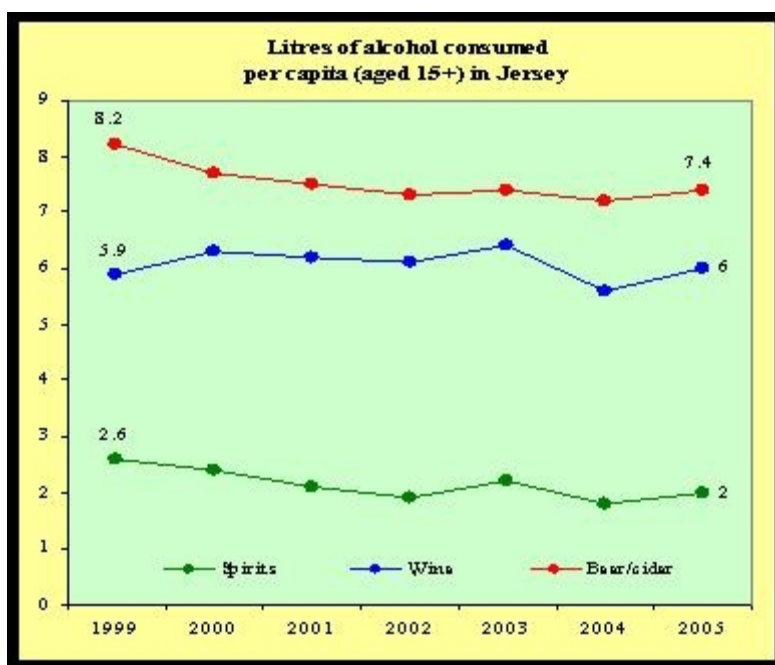
It is commonly acknowledged that Jersey has one of the highest per-capita rates of consumption of alcohol in Europe, if not in the world. The latest figures suggest that Jersey is still significantly higher than the U.K. and France, although the rates for Jersey are less than in 1999.

Alcohol consumption per capita (aged 15+):
Litres of pure alcohol per year

	<u>Jersey*</u>	<u>UK**</u>	<u>France**</u>	<u>EU Average**</u>
1999	16.7	9.7	13.5	N/A
2000	16.3	10.2	13.6	11.3
2001	15.8	10.7	13.6	11.3
2002	15.2	11.1	13.3	11.3
2003	16.1	11.4	12.25	11.3
2004	14.6			
2005	15.4			

Source: * States of Jersey Statistics Unit
 ** World Health Organisation

Whilst the overall rates of consumption have fallen since 1999, the profile of the type of consumption appears to be changing – with beer and spirits on the decrease whilst wine consumption has increased slightly.



The CLO plays a key role in helping to reduce the consumption of psychoactive substances. His role is to see that those offenders sentenced to a DTO comply with the terms of the order. The number of DTOs completed this year has fallen by about 28% from 69 to 50 (Court Liaison Officer Annual Report, Appendix 3).

Of those who completed in 2005, 66% were drug-users. In 2006, 49% were drug-users which may indicate that Orders are more likely to impact on those clients whose offences are drug related as it is easier to monitor drug use. Also those who continue to use drugs are likely to be breached through non compliance, whereas with alcohol related behaviour they may get through the Order but not show an overall improvement in assessments. This may be worthy of further investigation which could impact on those considered most suitable for Treatment Order's and the length of time a Treatment Order should be over.

The numbers of prescriptions are collated by Employment and Social Security for the strategy. The prescriptions

are for Dihydrocodeine 30 mg. tabs and Diazepam 2mg. and 5mg. These are drugs which are often used by injecting drug-users to offset the effects of heroin withdrawal. Likewise these tablets are sometimes sold on to addicts, and can be a useful indicator of the amount of heroin on the streets. The number of prescriptions issued for these drugs has reduced by 8.4% compared to 2005 and by 18% compared to the baseline figure.

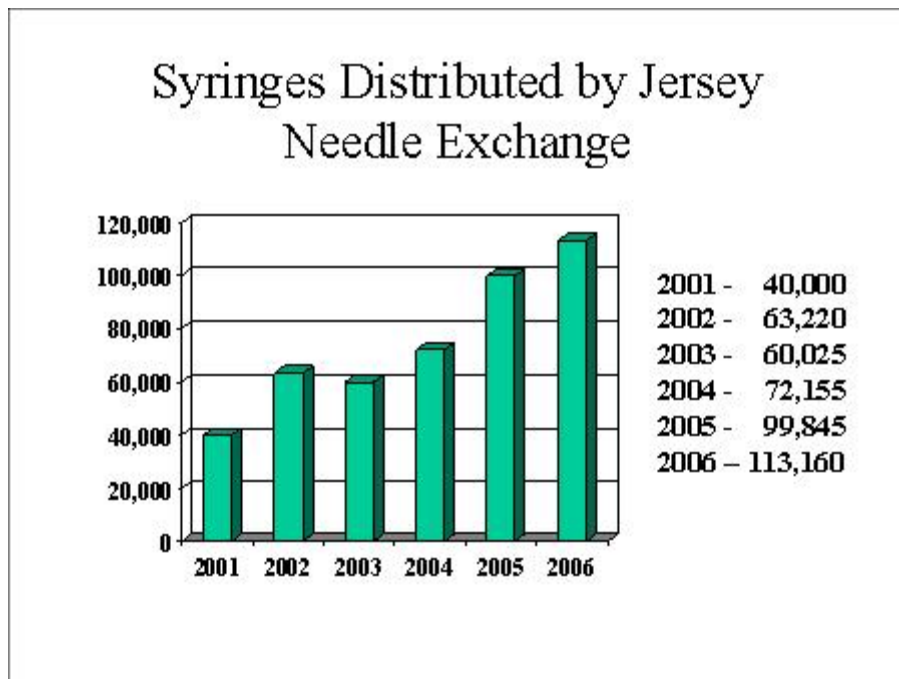
Reduce the inappropriate consumption of psychoactive substances:	per capita consumption of alcohol (litres of pure alcohol)	2005					15.4
		Baseline	16.6				
		2006					
	Number of prescriptions for DF118 and Diazepam	2005	3,688	3,724	3,779	3,380	14,571
		Baseline	16,200				
		2006	3,228	3,268	3,391	3,473	13,360
	Number of Drug Treatment Orders completed	2005	22	18	13	16	69
		Baseline	54 (year)				
		2006	10	11	10	19	50

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

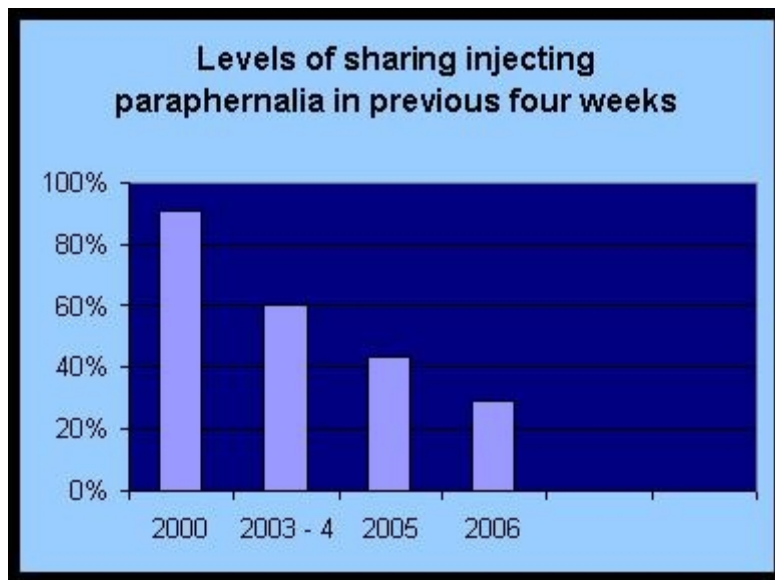
For those in our society who have already developed a problematic substance misuse issue, the strategy aims to minimise any potential and actual harm.

Main Points	
▪	The number of new cases of Hepatitis C has risen this year.
▪	The number of ‘fitpacks’ issued has increased by 15% since last year.
▪	The amount of needle-sharing between intravenous drug-users has decreased since 1999.
▪	The number of drug-related deaths has risen this year. This is as a result of the misuse of Fentanyl. The Alcohol and Drug Service, Customs and Immigration and the G.P.s are working to address this.

‘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 has reduced. The total number of fitpacks issued in 2005 was 10,330 and in 2006 was 12,064: an increase of 15% and more than 3 times the baseline figure. This means that the total syringes given out in 2005 was 99,845 and in 2006 it was 113,160.



These 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 2006 it was 29%. Therefore, the rise in fitpacks issued and the reduction of prevalence of needle-sharing should mean that the risk of blood-borne viral diseases is being reduced.



On the surface, therefore, the fact that the number of new cases of Hepatitis C in drugusers is slightly higher this year than last appears a worrying development as the number of new cases of Hepatitis C is also an indication of the success of the harm reduction strategy. In the past Hepatitis C was transmitted mainly through blood transfusions or blood products. Now the blood used for transfusion and making blood products is specifically tested for this virus. Most new cases of Hepatitis C now occur in people who use contaminated needles or injection equipment for drug-use. It is particularly easy for people who share contaminated works to contract Hepatitis C. Once contracted, this virus remains within the host indefinitely, so a measure of new cases could be an indication of the prevalence of needle-sharing. In 2005 an infection control nurse was employed specifically for Hepatitis C and she now visits ADS clinics twice weekly to test intravenous drugusers for blood-borne

viruses. An audit of blood-borne viral screening in opiate-user patients referred to ADS from January to December 2006 was carried out by the Hepatitis C nurse; this found that 64% of the clients during that period were screened for Hepatitis C an increase of 12% from 2005. A previous audit of new referrals to the unit over a 6 month period in 2001 and 2005 showed testing in 26% and 52% of patients respectively. The increase in the users being screened is therefore the most likely reason for the increase in the number of cases. It is imperative we continue with this trend by encouraging all past and present intravenous drug-users to be tested and current users to have regular testing.

The statistics from the Ambulance Service on the number of drug-related overdoses has increased from 20 in 2004 (Baseline) to 35 in 2006. This is a significant increase but is slightly less than last year. This increase could be due to a number of factors such as increased willingness of people to call the Ambulance Service, irresponsible mixing of drugs etc. The situation will be monitored very closely in 2007.

The number of Parish Hall referrals to substance misuse programmes has decreased by 36% from 58 to 37 (although they are still almost twice the baseline).

The number of drug-related deaths has risen this year from 2005 when one death occurred due to heroin overdose. In 2006, one death occurred due to heroin and 3 were caused by misuse of Fentanyl. Fentanyl is a very effective analgesia which has brought a fantastic step forward in the management of pain relief. However, the deaths in the last 10 months due to the misuse of Fentanyl have caused great concern. The Alcohol and Drug Service (ADS) and Customs and Immigration Service have met to discuss guidance about how Fentanyl is brought into the Island. The Alcohol and Drug Service (ADS) and representatives from the General Practitioners have been meeting to discuss G.P.s' prescribing habits and guidance for them which may include the advice that they should not prescribe Fentanyl for problematic drug-users. The messages coming from ADS regarding its usage have been centred on first aid as there is no safe way to use Fentanyl. The patches are usually quartered and then the contents injected. The problem with this is that the drug is not distributed evenly throughout the patch – so a person may get a small or a massive dose. Also the nature of the drug is that its effects are cumulative – so those using it for pain control will monitor the amount needed. Abuse of Fentanyl means that this process is not followed. There is little misuse of Fentanyl outside of the Island and this may be a direct result of the effectiveness of Customs and Police in keeping heroin off the streets and the price of heroin in the Island (which is about 6 times higher than in the U.K.).

Promote health-enhancing behaviours and reduce the harm caused by substance misuse	Number of "fitpacks" issued	2005	1,775	2,285	3,099	3,171	10,330
		Baseline	4,000				
		2006	2,412	2,871	3,238	3,543	12,064
	Number of Heroin-related Overdoses from Ambulance	2005	3	10	14	10	37
		Baseline	20				
		2006	8	5	8	14	35
	Prevalence of needle-sharing (Full paraphernalia – 6 monthly)	2005		58%		27%	43%
		Baseline	91%				
		2006		25.7%		33%	29%
	Number of drug-related deaths	2005					1
Baseline		2 p.a.					
2006						4	
Number of	2005	8	6	5	3	22	

	drug-users with Hepatitis C	Baseline	22				
		2006	6	7	7	4	24
	Number of Parish Hall referrals who receive substance misuse programmes	2005	19	18	12	9	58
		Baseline	19				
		2006	10	10	6	11	37

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

Main Points	
<ul style="list-style-type: none"> ▪ Results from the latest HRBQ indicate that teachers have now overtaken parents as the principal source of information on drugs by both primary and secondary school students. ▪ The Health Promotion Unit is working with the Parenting Programme to ensure consistent effective messages about drugs are being given. ▪ Information and support for parents is also provided through the Alcohol and Drug Service and in HM Prison where they receive support from the Prison Drug Education Officer. 	

The number of carers receiving information from ADS includes one-to-one appointments, group attendance and phone calls requesting information even if the carer does not want to have an appointment to come into the Service. All are given ongoing support and counselling. Indeed, support, and counselling around co-dependency issues, often for a number of sessions is a key factor in the work of the counsellors at the ADS – this includes parents of young drug-users and partners/concerned others of drug-users and heavy drinkers. The numbers are up from last year by about 15%.

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

With this in mind the Health Promotion Officer (Drugs) liaises very closely with the parenting class co-ordinator and has been involved with looking at ways to ensure that those parents attending classes receive consistent and effective messages about drugs.

Parents in prison with a drug problem have the option to receive a course on drug education provided by the Prison Drug Counsellor. Individual counselling is provided to all prisoners from all wings, both for those on remand and those convicted. Pre-release programmes are provided to all inmates with a drug or alcohol-related problem during their last 3 months in prison. Pre-release work is allocated 3 hours on a weekly basis. The pre-release counselling is a weekly individual session with individual homework assignments. Sessions have duration of 2 hours.

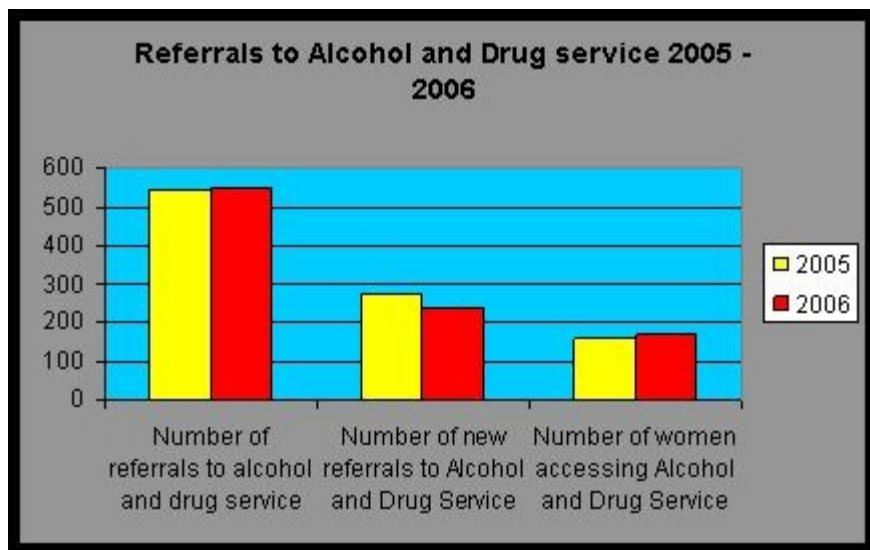
Engage and inform	Number of carers receiving information from the Alcohol &	2005	12	15	12	13	52
		Baseline	52				

parents and families about illegal drugs and alcohol	Drug Service	2006	11	16	17	17	61
	% of parents on parenting programme showing evidence of drug awareness	2005	100%	100%	100%		100%
		Baseline					
		2006					

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

Main Points
<ul style="list-style-type: none"> ▪ The number of referrals to the Alcohol and Drug Service (ADS) has risen slightly this year as has the number of women accessing the service. ▪ The opiate substitute programme continues to provide treatment, support and information to those with problematic drug use, helping to divert them from the criminal justice system into alternative programmes. ▪ The quality of life for those entering treatment is assessed yearly by the ADS. The results of the evaluation carried out in 2006 showed that overall 96% of clients say their life has either improved to some extent or significantly since starting the treatment programme.

The number of referrals to ADS has risen slightly during 2006 from 544 in 2005 to 550 with the majority being alcohol-related and 20% (110) for opiates. However the number of new referrals appears to be falling, last year there were 273 whilst this year there have been 235 (30 for opiates) a decrease of 14%. Also the ratio of new referrals appears to be falling, in 2005, approximately 50% of all referrals were new whilst this year only 43% are new.

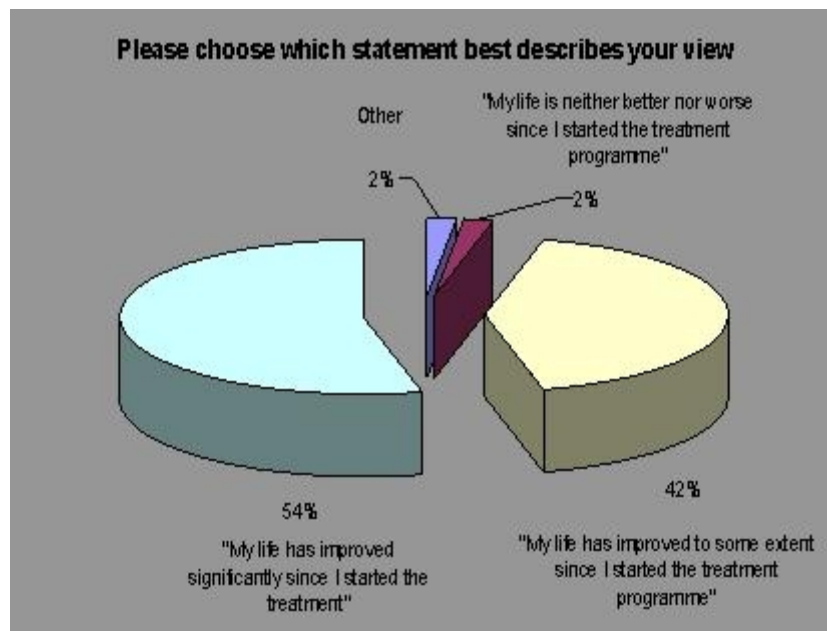


The number of women accessing ADS has risen this year from 160 in 2005 to 170.

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 number of people having successfully completed the opiate substitute programme has fallen compared to last year. In 2005, 124 people completed the programme compared to 88 this year, a decrease of 29%. It should be

remembered, however, that the numbers do tend to fluctuate depending on a number of factors – it may just be that there was plentiful supplies of heroin and people did not present for treatment, that other drugs were available or that people were 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.



The quality of life for those entering treatment is assessed yearly by the ADS. The results of the evaluation carried out in 2006 showed that overall 96% of clients say their life has either improved to some extent or significantly since starting the treatment programme.

Continually review evidence-based interventions in order to extend the range and availability of treatment opportunities for problematic drug-users	Number of referrals to Alcohol and Drug Service	2005	125	150	132	137	544
		Baseline	568 (Yearly)				
		2006	130	193	124	103	550
	Number of new referrals to Alcohol and Drug Service	2005	66	72	69	66	273
		Baseline	289				
		2006	58	73	46	58	235
	Number of women accessing Alcohol and Drug Service	2005	43	48	38	31	160
		Baseline	160				
		2006	45	59	29	37	170
	Number of people having successfully completed the opiate substitute programme	2005	30	21	35	38	124
		Baseline	124				
		2006	28	11	28	21	88

% of drug-users who have entered treatment and shown an increase in quality of life (Yearly)	2005						75%
	Baseline	75%					
	2006						96%

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

Main Points
<ul style="list-style-type: none"> ▪ 97% of Treatment Orders recommended by the Court Liaison Officer were upheld by the magistrates this year. ▪ The majority of those complete their orders with a resultant lowering in their risk of re-offending and improvement in their general wellbeing. ▪ The Arrest Referral Worker continues to have an impact with the number of clients who seek further treatment rising since last year.

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 by about 13% from 84% in 2005 to 97% this year.

Also, the percentage completing their orders has increased from 64.25% in 2005 to 73% in 2006, (correlating this with the numbers completing treatment which is reducing may mean that fewer people are being recommended for treatment but that those that are, are more likely to complete). The majority of offenders get through their orders with a resultant lowering of the risk of re-offending in half of them and an improvement in their CHRISTO [9] (social skills, health, attendance, attitude, and drug/alcohol use) scores in nearly 60% of clients.

The goals for the CLO in 2007 are to increase the contact time and use sport and other activities to engage clients. This will, however, depend on whether they are employed and may be influenced by their CHRISTO score. A number of initiatives are already in place, for example; weekly five-a-side football that started at the end of last year. Each Tuesday morning a group (including the CLO) meet with the Community Development Officer (Football) at Fort Regent where they train and have a game of five-a-side football. The CLO also plans to use golf (some young people have already been taken to the driving range), badminton and other sports.

The CLO has also met with the Occupational Therapists (OT) at Mental Health to formulate a programme for offenders on Orders. The programme will include budgeting, cooking, computer skills, internet, using the library, problem solving, etc. Unfortunately the OTs do not have manpower but they may have resources the CLO can use. The CLO has also applied to DTCF for funding for a support worker to help run these groups.

Whilst Treatment Orders can work, drug-testing alone is not particularly effective. Whilst helping people stop negative behaviours it is important to build in positive behaviours to replace them, as well as increase overall health, self-esteem and help people feel less marginalised.

The Arrest Referral Scheme works on the premise that offenders are often at their most receptive to change when first brought into custody. In 2005, 66% of those assessed have sought further treatment for their problems and the number of clients from the Arrest Referral Worker who access treatment has risen from 51 in 2005 to 74 in 2006.

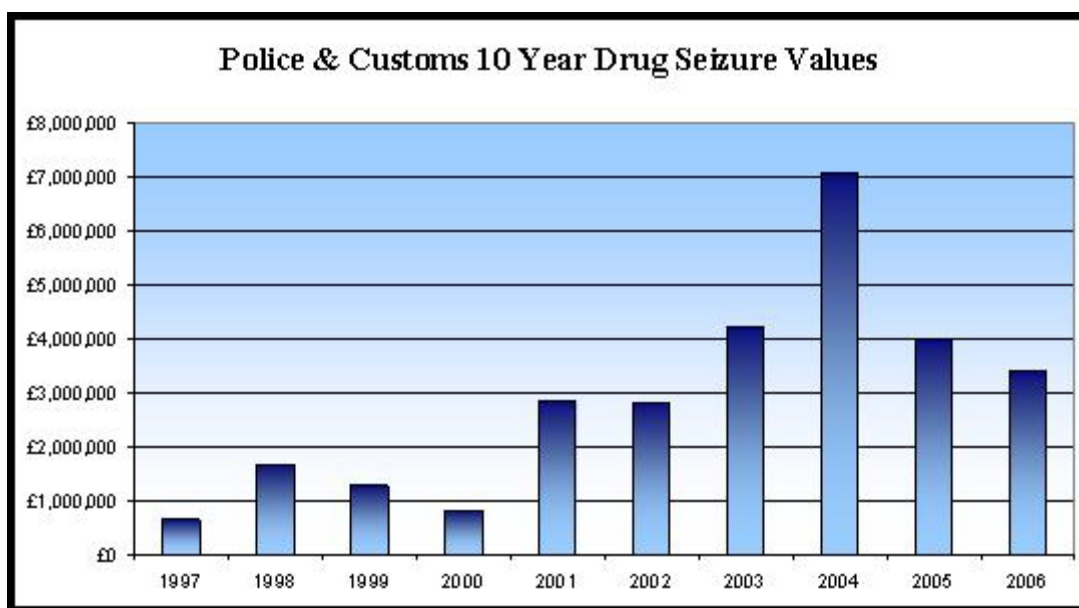
Where appropriate, provide offenders within the criminal justice process with access to alternative and effective programmes	% of Treatment Orders recommended by the Court Liaison Officer upheld by the Courts	2005	100%	83%	78%	75%	84%
		Baseline	84%				
		2006	100%	86%	100%	100%	97%
	% of clients successfully completing their Treatment Orders	2005	50%	78%	50%	79%	64.25%
		Baseline	50%				
		2006	71%	69%	77%	76%	73%
	Number of ARW clients in treatment	2005	12	12	14	13	51
		Baseline	65				
		2006	18	33	13	10	74
	% of clients who have completed their Treatment Order who show a reduction in their LSI-R score	2005	66%	62%	64%	82%	69%
		Baseline	69%				
		2006	56%	50%	44%	55%	51%
	% of clients who have completed Treatment Orders and shown a reduction in their substance related problems as evidenced by the Christo Inventory Score	2005	66%	62%	45%	77%	62%
		Baseline	62%				
		2006	67%	50%	55%	62%	59%

Ensure drug trafficking laws are rigorously and effectively enforced:

Main Points

- **The enforcement agencies continue to place considerable emphasis on catching the key players in the drugs market, which has led to £1.3 million of drug-related criminal assets being seized.**
- **The Customs and Police Services were responsible for the seizure of just over £3.4 million of drugs in 2006 with heroin figures totalling £2.6 million.**
- **In recent years the trend has been for the majority of heroin to be imported via the U.K. 2006 saw a change in this trend with the majority of heroin seized being sourced from Portugal.**

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



In total £3.4 million of drugs was seized by the enforcement agencies in Jersey in 2006 with heroin figures totalling £2.6 million.

It would seem that heroin continues to be the Class A drug of choice in the Island and the street price of the drug in Jersey continues to be significantly higher than in the U.K. As a result the potential profits to be made from the drug are that much higher compared to other drugs.

It should be noted that it is difficult to compare the values with previous years because research in 2006 indicated that the street price of heroin can vary from anything between £250 and £1,000 per gram depending on current availability.

In recent years the trend has been for the majority of heroin to be imported via the U.K. 2006 saw a change in this trend with the majority of heroin seized being sourced from Portugal.

The average purity of heroin imported into the Island in 2006 was 37% which is a slight reduction on the 2005 figure. The purity of the heroin relates to the percentage of pure heroin found in the seizure. The significance of these figures is that they provide an indication of the strength of the heroin that is in the Island at any given time – the purer the seizure the more danger to the heroin-users (although the harm related is also dependant upon what other substances the heroin is mixed with). The purity of the drugs may also affect the street prices which in turn

may give us an indication of the amount of heroin on the streets. It is always interesting to be aware of the purity of heroin seizures, but it should be noted that it is not a figure over which the enforcement agencies in Jersey can have any control or influence.

The enforcement agencies continue to place considerable emphasis on catching the key players in the drugs market. In 2006 this led to the courts issuing £1.3 million-worth of confiscation orders against convicted drug criminals.

The number of convictions shown for Class A drugs is less than 2005. It is worth noting, however, that the process of investigation through to the successful prosecution of offenders often spans many months. This year's target offenders may not suffer the judicial consequences of their actions within the year of their arrest. Throughout this time work will be undertaken by the enforcement agencies to secure the evidence that ultimately results in the successful prosecution of offenders.

Ensure drug trafficking laws are rigorously and effectively enforced:	Purity of seized drugs	2005	28.0%	38%	49.50%	46.00%	39.00%
		Baseline	41.0%	43.5%	50.0%	33.0%	45.0%
		2006	34%	40%	35%	39.50%	37%
	Amount of drug related criminal assets recovered	2005	£54K	£51K	£50K	£143K	£298K
		Baseline	£78K	£78K	£20K	£34K	£210K
		2006					£1.1m
	Kgs. of Heroin Seized (Police and Customs)	2005	0.778	0.17	1.215	0.313	2.476
		Baseline	0.306	0.475	0.144	5.675	6.6
		2006	0.31	0.016	0.088	1.812	2.226
	Value of drugs Seized	2006	650K	550k	296K	867K	2.363m
		Baseline					
		2007					
	Number of convictions for importation of class A drugs	2005	16	11	7	3	37
		Baseline	9	8	6	8	31
		2006	10	4	3	10	27

Resources

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 2 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 perhaps more importantly that the data is 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 6 week timescale REM includes literature reviews, participant observation, stakeholder consultation and user participation. The programme has been running for just over 2 years and we have evaluated 6 projects so far ranging from a Court Liaison Project which deals with offenders with substance misuse issues to a pre-school project which provides support to vulnerable young children and their parents within mainstream nursery provision.

Results have been encouraging with practitioners, partners and clients welcoming the recognition that is being gained as part of the process. Recommendations have led to some changes in practice and an increased awareness of how projects are contributing to the community safety agenda in Jersey. Copies of the evaluations can be obtained from the Executive Officer: i.rogan@gov.je

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

Budget

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

2006 Budget

Small Scale Research	Home Affairs	£	16,000
Community Grants Panel	Home Affairs	£	-
Restorative Justice	Home Affairs	£	25,309
Portuguese Offender Worker	Home Affairs	£	23,113
Basic Skills Project	Home Affairs	£	8,400
Jersey Victim Support	Home Affairs	£	31,000
Executive Support*	Home Affairs	£	56,916
Mainstream Nurseries	Home Affairs	£	22,050
Daycare Support	Home Affairs	£	36,750
Positive Futures	Home Affairs	£	55,650
Domestic Violence Programme	Home Affairs	£	34,000
		£	309,188

Specialist Alcohol Worker	Health & Social Services	£	47,250
Minden Base	Health & Social Services	£	20,333
Detached Youth Worker	Health & Social Services	£	47,022
DAISY	Health & Social Services	£	17,500
The 'Bridge'	Health & Social Services	£	41,330
		£	173,435

Prison Drug Education	DTCF	£	40,000
Health Promotion Officer (drugs)	DTCF	£	57,750
Arrest Referral Worker	DTCF	£	42,945
Drug/Alcohol Counsellor	DTCF	£	57,750
Methadone Programme	DTCF	£	205,000
Court Liaison Officer	DTCF	£	49,279
Executive Support*	DTCF	£	56,324
Customs Publicity	DTCF	£	5,000
		£	514,048

Appendices



Le Geyt Road, St. Saviour, Jersey JE2 7NT
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The Bridge

First Annual Report

31st December 2006

1. Introduction

The concept of the Bridge was an outcome of the Bull Report addressing the needs of young people with Social Emotional and Behavioural difficulties. This report identified the need for early intervention and prevention work cross-agency to break cycles of negative behaviour and give support to families. “Investing in our Future” the Early Years report in 2005 also identified the need to support families with young children.

The establishment of “The Corporate Parent” representing the departments of Education, Sport and Culture, Health and Social Services, Home Affairs and Probation and After-Care, ensured that agencies worked together to address need.

The Bridge was seen as an extension of this work and allowed the bringing together of statutory and non statutory agencies.

2. Provision of Services

2.1 Role of the Bridge

“Building communities where children and young people are valued and parents supported.”

The services provided are aimed at a “One Stop Shop” for families and young people, offered in a relaxed and welcoming environment, where the community will wish to engage.

By services working together, comprehensive support can be provided in an effective and efficient matter ensuring value for money.

2.2 Purpose

The Bridge works at three different levels:

- Agency Networking
 - All agencies have found a significant benefit in ease of access to other services required by their clients. This has allowed for a quick response and users feeling supported.
- Community Involvement
 - Support and activities for:
 - young people of the area
 - parents/carers
 - more mature members of the community
- Cross-agency support
 - Agencies working collaboratively to provide prevention/ intervention services for families and young people.

3. Progress and Challenge

3.1 Agencies

By the end of 2006 all agencies with the exception of the Youth Service had moved in and provided services from the Bridge. The agencies being:

Jersey Child Care Trust
Parenting Support Services
Health Visitors

Autism Jersey
Housing – (States Tenant Officers and Compliance Team)
Highlands training base
Midwives team
Youth Action Team
Speech and Language Therapy work from the Bridge one day a week.

In addition a number of agencies have committed to providing services as required.

- Community Savings and Loan
- Brook

3.2 Community

Café:

After a false start the Café is now established. It is hoped that this will attract community involvement as well as provide finance to support some of the Bridge activities.

The Café run by Jersey Employment Trust will give opportunities for work experience and supports the ethos of the centre.

Youth Clubs:

Independent funding has been gained to establish three Youth Clubs for:

- 8 to 11 year-olds
- 12 to 14 year-olds
- 15+

In addition 30 days outdoor and adventurous activities will be provided during school holidays.

A lead youth worker has been appointed and 7 volunteers are registered. The Clubs are due to start in February 2007.

3.3 Training:

Highlands College have provided a range of appropriate tailored training at The Bridge. A number of new courses have been developed to support the needs of the Centre.

- Housing Tenants Association training
- Self-Confidence – therapy work with a group of parents allowing them to take some control of their lives.

3.4 Data:

The centre has collected information from each agency for its first year to identify usage.

Individual Meetings	Group Meetings	Training events	Cross-Agency cases
5,083	562	408	156

Room Usage – number of sessions			
Board Room	307	Training Room	249
IT Area	121	Hall	125

Play station	101	Crèche	99
Violet Room	98	Pink Room	70
Purple Room	30	Blue Room	59
Gold Room	54	Cream Room	24
Total Room Usage: 1,337 sessions			

3.5 Successes:

The Strategic Board, made up of managers of all agencies involved in the Bridge have developed a 3 year plan, to give a clear direction to the centre and identify their commitment to these services. Over the year a number of developments have taken place, for example:

- A babysitting register has been established for children on the Autistic continuum by Jersey Child Care Trust, which compliments the basic register.
- Jersey Child Care Trust has received an average of 20 visits per week from parents and professionals compared to 2 per week previously.
- Parenting have established a new program for the Hard to Reach which involved other agencies – Speech and Language and Health visitors – at the beginning of September 8 parents were attending, by December this had risen to 29.
- Forty-three people have registered at the Bridge for Highlands courses who have not accessed Life Long learning previously.
- Parenting referrals to work with individual parents at Level 3 and 4 has increased to 139 – a number of referrals coming from agencies in the Bridge who previously had not made any.
- A nursery place was found by Jersey Child Care Trust for a child whose older sibling attended YAT.
- Housing Tenants Association training provided by Highlands was so successful that additional courses are being arranged.
- Four parents attending the Growing Together sessions have become volunteers within the crèche, and are looking for additional training – which the Bridge hopes to provide in 2007.
- Growing Together has grown from 7 parents in the summer to 30 parents attending in December many of these as self-referrals or brought along by a user.

In addition the building is being used by a range of outside agencies and room booking are increasing. There has been very positive feedback, both from outside agencies but also by staff working in the Bridge as to the ethos.

- From a staff member: “This is the best place I have worked, it is so calm and welcoming – a really pleasant environment, I love coming to work”.
- From an outside agency: “An excellent venue with excellent support from the Bridge team”.
- From users: “I don’t know what I would do without the Bridge”;
 “I hate the holidays when the courses and meeting are not on”;
 “The Bridge has saved my sanity, I feel so much better”;
 “It is such a great place to come, I love it”.

3.6 Challenges:

In the first year the centre has achieved a great deal and the need for such a centre has become evident through the increasing demands being made upon it.

The area which has not been developed to its potential is the Play Station and Crèche, and this is due to the provision being used by a range of agencies with no common practice. This has led to frustrations and inconsistency for the users. It is hoped that with the appointment of an Early Years Practitioner high quality learning experiences will become established, and the crèche facility for the users to access additional courses will be put in place. It is hoped that the temporary 6 month post identified will be filled by the end of February 2007.

The targeted support planned for families who are below the threshold of Children's Service is also an area yet to be addressed due to lack of appropriate staff.

4. Finance

The Bridge is self-funding; each agency pays an annual service level agreement which supports the running costs of the building, 20 hours caretaking and 20 hours reception/administration cover. The reception is in the main run by volunteers for the balance of time the building is open, with support from agencies in the Bridge as required.

Additional income is raised through the Café and the renting out of facilities. This funding is used to provide support for users of the Bridge, for example to pay Highlands College for tutors to deliver appropriate training as many users are unable to self-fund. The post of Head of Centre is a 3 year secondment funded jointly by Education, Sport and Culture and Building a Safer Society.

5. Friends of The Bridge

In order to establish the Youth Clubs and support developments across the Centre a registered charity has been established called "Friends of the Bridge."

The aim of the charity is to support the developments and raise the profile of the centre and so meet the needs of the community. The Charity has raised £63,000.00 during 2006.

6. Summary

The end of the first year has seen the objectives from the 2006 Business Plan achieved in the main. The objective that has not been achieved is the establishment of the Child/Family Centre; this has been due to funding issues.

All the comments from users of the Bridge about the provisions of the centre and its ethos have been positive. No negative comments have been recorded. This needs to be maintained as it becomes increasingly busy.

Additional agencies such as Community bank, Child Protection and Health clinics have been eager to join the centre and have requested office space, however the centre is full.

For 2007 clear targets need to be agreed, the 3 year plan put into action, and the profile of the Bridge continued to be developed.



COMMUNITY DEVELOPMENT

Annual Report 2006



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FOREWORD

'Sport embraces much more than traditional team games and competition. Sport means all sorts of physical activity which, through casual or organised participation, aims at expressing or improving physical fitness, mental well-being and forming social relationships' (European Council 2005)

A majority of young people in Jersey have the opportunity to access the excellent sporting facilities that are readily available. With participation levels higher than the U.K., and more than 50% participating in strenuous exercise 3 or more times each week, young people can enjoy the benefits of Jersey sport. However, in Jersey there still remain identified groups who struggle to access sport and its benefits. Whether it is financial restrictions, negative peer pressure or lack of parental support, there are some young people frustrated at being unable to participate at any level of sport outside of school.

Whilst overall crime levels remain comparatively low against the U.K., public perception remains negative with 64% of people believing youth crime is a 'major' problem in Jersey. In my opinion, negative media coverage is one reason that certainly justifies this exaggerated perception; however it cannot be ignored that 41% of all detected crimes in 2005 were committed by under-18s. It is for these reasons that in 2006, Community Development established a number of innovative sporting projects to target appropriate groups as well as build a positive profile to improve public perception.

This report will illustrate the achievements of Community Development for 2006 as well as provide an insight into how sport assisted in delivering key objectives within the Building a Safer Society Strategy, Education, Sport and Culture Business Plan and the States Strategic Plan. As this is the first time sport has been used to tackle a wider agenda in Jersey, networking partners were vital in achieving common goals. Such partnerships ensured appropriate target groups were engaged and projects were successful, however complacency must be avoided if change is to be implemented with more effect in the future. Cross-agency working and communication can be improved in 2007 to ensure a co-ordinated approach to providing opportunities for young people and the communities they live in. By working together we can all play a part in making Jersey safer.

David Kennedy
Community Development Officer

BACKGROUND

'Building a Safer Society' (BaSS) is a strategy aimed at minimising the harm caused by crime, anti-social behaviour and substance misuse. This strategy was developed by the Home Affairs and Health and Social Services Departments, and replaces the previous Crime and Community Safety Strategy and Substance Misuse Strategy. To assist in the implementation of the strategic priorities of BaSS, the post of Community Development Officer (Football) was developed and appointed by Education, Sport and Culture in January 2006. This role aims to use football and other sports to engage with the community, reduce the likelihood of criminal and anti-social behaviour, and to serve as the main link between the sports development team and other networking partners. The Community Development Officer is identified as a contributor to the following strategic objectives:

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

- Objective 1.* Engaging with the Community.
- Objective 3.* Invest in young people to reduce the likelihood of future criminal and anti-social behaviour.
- Objective 4.* Involve and support parents and guardians.
- Objective 6.* Reduce re-offending.

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

- Objective 1.* Invest in personal, social and health education and information in order to promote self-esteem and responsible, healthy citizens.
- Objective 2.* Provide an integrated approach to social exclusion.
- Objective 3.* To develop, provide and promote continuous opportunities for all members of the community, particularly those perceived to be at risk, to access healthy and interesting pursuits.

Priority 3. To reduce the harm caused by the misuse of drugs, alcohol and solvents.

- Objective 1.* Invest in children and young people in order to reduce the likelihood of future substance misuse

The BaSS strategy has short, medium and long-term objectives. Evidence from similar strategies around the world has shown that by investing in preventative future problematic behaviour, dividends will still be seen in 10–15 years' time. By funding 24 projects, the strategy aims to have a co-ordinated approach to tackling anti-social issues in Jersey as well as effective monitoring and evaluation.

ESC Ref. – Education, Sport and Culture Business Plan Reference

SSP Ref. – States Strategic Plan Reference

BaSS Pr. – Building a Safer Society Priorities

CDO – Community Development Officer

EDUCATION PROGRAMMES

<i>Project</i>	<i>BaSS Pr.</i>	<i>ESC Ref.</i>	<i>SSP Ref.</i>
After-Schools Clubs	1.3/2.1/2.1/2.3	S&L2 Obj.10 S&L3 Obj.10	3.6.1/3.11/5.2.1

Based on good practice from the U.K., after-schools clubs have been proven to have a positive impact on reducing truancy, raising academic attainment and improving attitudes in the classroom. Schools involved were selected by their location where police have identified the surrounding area as a 'hotspot' at certain times. In partnership with

the FA Out of School Hours Learning (OSHL), one-hour sessions were delivered to pupils from the following schools –

<u>School</u>	<u>No. of sessions</u>	<u>Weekly attendance</u>	<u>No. of Contacts</u>
Grands Vaux Primary	19	25	475
Samarès Primary	19	16	304
St. Saviour Primary	19	34	646
Rouge Bouillon	12	18	216
D’Auvergne Primary	7	12	84
Grainville Secondary	12	24	288
TOTAL	88	129	2,013

Effectiveness of the sessions was monitored by teachers who looked for improved behaviour and attitude in class. Four out of the 6 teachers informed this had definitely been the case.

<i>Project</i>	<i>BaSS Pr.</i>	<i>ESC Ref.</i>	<i>SSP Ref.</i>
Mentoring Scheme	1.3/1.6/2.3	LLL8 Obj.7 S&L3 Obj.10	3.6.1 5.1.1

This achievement-based project was aimed at students who have found themselves ‘detached’ from their academic studies and lack motivation. This involved Year 11 students from Grainville Secondary School ‘shadowing’ a mentor coach as football is delivered to Year 5 pupils at St. Saviour’s Primary School. After an 8 week introduction to coaching, students deliver a small part of the session then receive feedback from the mentor. Overall the scheme is 16 hours long, after which the students gain a Full Credit towards the ASDAN Silver Award.

<u>No. of Students</u>	<u>No. of hours completed</u>	<u>No. of participants</u>
2	5	24

Monitoring the project is recorded by the student’s ASDAN portfolio in which criteria such as problem-solving, communication and improving learning must be met. Students are also asked to provide evaluation sheets to the mentor after each session regarding observations within the content and delivery.

COMMUNITY PROJECTS

<i>Project</i>	<i>BaSS Pr.</i>	<i>ESC Ref.</i>	<i>SSP Ref.</i>
Estates Football	1.3/1.6/2.3	LLL8; Obj.7 S&L3; Obj.10	3.6.1 5.1.1

Jersey has a number of highly populated housing estates, particularly in the St. Helier and surrounding areas. According to States statistics, it is in some of these areas that higher percentages of single parent and lower income families exist. These same areas are also regularly identified by police as ‘hotspots’ due to the levels of crime that exist at certain times of the year.

With areas identified meetings were held with the local community, in particular the Residents Associations to establish evening football. Local knowledge was important as appropriate age groups and target groups were better identified by locals who regularly interacted with the youths.

By using local volunteers to assist in the delivery of the sessions, the projects not only provided for the younger participants, but the whole community benefited from the relationships built between the youths and adults.

<u>Area</u>	<u>No. of sessions</u>	<u>Weekly attendance</u>	<u>Contacts</u>
-------------	------------------------	--------------------------	-----------------

La Pouquelaye	4	16	64
Le Geyt	19	16	304
First Tower	30	26	780
Le Squez	19	25	475
St. Brelade	6	25	150
TOTAL	78	108	1,773

Outcomes of the ‘estates football’ were monitored by local residents and participants and have included –

1. One project (La Pouquelaye) is now run weekly by the residents after the 4 week pilot project.
2. Improved relationships between local youngsters and other residents at Le Geyt.
3. Crimestoppers Awards for First Tower and Clos Gosset.
4. The formation of teams to enter future competitions at First Tower, Le Squez and St. Brelade.

<i>Project</i>	<i>BaSS Pr.</i>	<i>ESC Ref.</i>	<i>SSP Ref.</i>
Free Holiday Football	1.1/1.3/1.4/2.1 2.3	LLL8; Obj.7 S&L2&3;Obj.10	3.6.1/3.11 5.1.1/5.2.1

A free football holiday course was delivered at Springfield Stadium for youths aged 11–14 years. Outcomes from the course meant opportunities were provided for families who are unable to send their children to holiday courses (due to cost) as well as getting children active. Springfield stadium was selected as this was adjacent to several highly populated areas of St. Helier.

<u>No. of sessions</u>	<u>No. of participants per day</u>	<u>Contacts</u>
3	90	270

<i>Project</i>	<i>BaSS Pr.</i>	<i>ESC Ref.</i>	<i>SSP Ref.</i>
Prince’s Trust Football Competitions	1.1/1.3/1.6/2.1 2.3	LLL8; Obj.7 S&L2&3;Obj.10	3.6.1 / 3.11 5.1.1 / 5.2.1

2006 saw the Prince’s Trust introduced to Jersey. Run in Partnership with the Youth Service, the project was aimed at young people aged 16–25 years who may be unemployed, referred from the parish hall, or whose self esteem may be low. By introducing the participants in a number of community projects over 12 weeks, skills such as team-building, communication, computer literacy and organisation were gained. Overall the Princes Trust had 2 groups in 2006, each with 12 participants. Group One started in March and Group Two in October.

For their final project, groups were required to organise a football tournament for youths whose opportunities for activity may be limited. In partnership with Community Development 2 tournaments were delivered at Fort Regent. For their preparation groups had to raise funds, advertise, organise teams and purchase medals and trophies.

	<u>Age groups targeted</u>	<u>No. of participants</u>
Group 1	14-17	80
Group 2	14-16	77

Of the 24 participants of the Princes Trust 2006, 14 have gone on to gain full or parttime employment. Two others are working as volunteers.



<i>Project</i>	<i>BaSS Pr.</i>	<i>ESC Ref.</i>	<i>SSP Ref.</i>
Toxic Childhood	1.1/1.4/2.1 2.3	LLL8; Obj.7 S&L2&3;Obj.10	3.6.1/3.11 5.1.1/5.2.1

Toxic Childhood was a project aimed at parents who find the cost of mainstream holiday courses too expensive, and whose children are happier watching TV rather than participate in physical activity. In partnership with Parental Support Services, opportunities for free places on ESC holiday courses were provided.

For parents to access the offer of free places each had to sign up for a 6 week course in Effective Parenting. This course was delivered by Patricia Tumelty of Parental Support and focussed on effective communication between parent and child.

<u>Holiday Course</u>	<u>No. of free places provided</u>	<u>No. of parents attending course</u>
ESC Football at Springfield	8	6

CRIME PREVENTION PROJECTS

<i>Project</i>	<i>BaSS Pr.</i>	<i>ESC Ref.</i>	<i>SSP Ref.</i>
Beach Football	1.1/1.3/1.6/2.1 2.2 / 2.3	LLL8; Obj.7 S&L2&3;Obj.10	3.6.1/3.11 5.1.1/5.2.1

Patterns of youth behaviour in recent years have changed. Previously, organised leisure activities (youth clubs, etc.) were very popular; however studies would suggest more casual activities such as 'hanging around' with friends is now more popular. This is certainly evident in the St. Helier area during the school summer holidays especially on Friday and Saturday nights. With the addition of foreign students who are in Jersey for a 4 week placement, large groups of young people are regularly found at Liberation Square, People's Park and the Havre des Pas area. Although levels of youth crime remain low compared to the U.K., a number of isolated incidents are still common.

In partnership with Street-based Youth Work, the Beach Football project was set up on Friday evenings at West Park beach and People's Park. By engaging target groups in physical activities it was hoped young people would have the opportunity to express themselves positively, mix with other groups and have fun.

<u>Facility</u>	<u>Week</u>	<u>No. of participants</u>
West Park beach	1	70
West Park beach	2	100
West Park beach	3	45
West Park beach	4	50
People's Park	5	50

This project provided the opportunity to monitor some challenging issues amongst young people in Jersey, in particular self-esteem and relationship-building. Week 1 showed large groups of friends taking part; however there were still a number of individuals who lacked the confidence to take part and felt intimidated by the larger crowds. Through intervention by the Street-Based Youth Workers, these individuals were gradually introduced to the project, resulting in added self-belief and self-esteem. By Week 3 all groups mixed well and were making new friends as the project was attracting young people from all over the Island.

Due to the attraction and success of the project, the Street-Based Youth Workers are still regularly asked by young people when the Beach Football will be returning. Some groups went on to form their own teams and have entered other Community Development competitions such as Late Night Leagues and the Prince's Trust tournaments.

In preparation for Beach Football 2007 it has been agreed that several other sports will be delivered. This should provide an added attraction for young people as well as the new inflatable football parks which were recently purchased from additional BaSS funding.

<i>Project</i>	<i>BaSS Pr.</i>	<i>ESC Ref.</i>	<i>SSP Ref.</i>
Late Night Football	1.1/1.3/2.1	LLL8; Obj.7	3.6.1/3.11
Leagues	2.3	S&L2&3;Obj.10	5.1.1/5.2.1

For several years the pattern of anti-social behaviour by young people in St. Brelade has been monitored by the Police and Youth Services. This pattern has shown that before and during the summer months, incidents are focused mainly around the St. Brelade's Bay area, and in the autumn and winter, mainly the Les Quennevais Sports Centre. It is these conclusions that led to the introduction of the Late Night Leagues project, delivered at the Sports Centre on Friday evenings in November and December.

Targeted at youths aged 14–17 years, the project was developed to reduce the levels of anti-social behaviour in the Les Quennevais area, in particular, vandalism to the Sports Centre. Young people from different areas of Jersey were transported to the venue by free buses to hopefully enhance the impact of the project in other communities.

<u>Week</u>	<u>No. of teams</u>	<u>No. of participants</u>	<u>Approx. No. of spectators</u>
1	8	60	25
2	11	84	30
3	11	84	40
4	11	84	40
TOTAL	41	312	175

The project resulted in fewer problems between the Centre staff and young people for the 4 weeks. Also, levels of vandalism to the facility ceased during this period.

It must be added that on arrival at the venue on Week 1, there were clear indications of young people and their misuse of alcohol. When challenging staff on their exclusion from the project, they were informed they would be allowed to take part the following week if there were no signs of this behaviour. Having accepted these guidelines all concerned took part in the project for the following 3 weeks.



<i>Project</i>	<i>BaSS Pr.</i>	<i>ESC Ref.</i>	<i>SSP Ref.</i>
Coaching sessions with Probation Service	1.1/1.3/2.1 2.3/3.1	LLL8; Obj.7 S&L2&3;Obj.10	3.6.1/3.11 5.1.1/5.2.1

People who have used drugs for many years, particularly heroin, have often become detached from mainstream society and their lifestyle reinforces their drug use. They tend to associate with other drug-users and often have fairly lengthy criminal records meaning that in a competitive job market they will have difficulty finding work. The positives for giving up such a lifestyle may seem pointless as it provides them with social support, a meaningful existence and often financial support.

Treatment Orders aim to engage these individuals into treatment by using the law. Traditionally, drug-testing has been a major part of such Orders but has little impact on its own and should be used in conjunction with other interventions that enhance and reinforce positive changes they make in their lives.

Increasing positive social activities such as football can help give them contacts with people who are not immersed in the drug scene. For young men it provides an appropriate outlet for frustration whilst improving all round fitness levels, and encouraging the individuals to take more interest in their overall health.

Sessions with trained coaches who act as good role models and praise efforts, helps improve self-esteem, as does belonging to a team and working toward a collective goal.

The aim of the project is to help individuals get to the point where they feel confident enough, both socially and skill-wise, to join mainstream teams and carry on playing and maybe become involved in coaching, after their Order has finished.

<u>Week</u>	<u>Venue</u>	<u>No. of participants (on Orders)</u>
1	Fort Regent	5
2	Fort Regent	8
3	Fort Regent	6
4	Fort Regent	6
<i>TOTAL</i>		27

The project will be monitored by the Probation Service by the number of individuals who gain employment and integrate back into society without the need for heroin and other drugs.

Despite the project only starting in November, this has proved extremely popular with all the participants. It is hoped that the Probation Service will be able to establish a team as a result of the sessions, with local businesses and other agencies providing opposition. A grant application to the Drug Trafficking Confiscation Fund has been submitted in order to finance the project.

STAFF DEVELOPMENT

Staff Development is an integral part of delivering a quality service to young people in Jersey. Throughout 2006 a number of courses and seminars were attended by Community Development staff. Here are the details –

<u>Month</u>	<u>Course</u>	<u>Agency</u>	<u>Attended by</u>
Jan.	Positive Activities	Youth Justice Board	CDO
Feb.	Generic Tutor Training	FA	CDO
April	Dealing with Challenging Behaviour	D'Hautrée House	CDO Simon Moiani Paul Brannan
May	Level 1 CCF	FA	Paul Brannan
July	Engaging Youngsters in Positive Activities	Youth Justice Board	CDO Simon Moiani
Aug.	Tutor Familiarity Course	FA	CDO
Oct.	Equality Course	FA	CDO

VOLUNTEER DEVELOPMENT

Sustainability in the development of communities relies heavily on the role and support of the local volunteer. Successful projects from the U.K. suggest that the best role models have, in fact, come from the local volunteer rather than the paid professional. In order to develop volunteers appropriately and ensure skills can be learned, opportunities for training must be offered. 2006 saw local volunteers gain the following –

<u>Name</u>	<u>Community Represented</u>	<u>Qualification</u>
Johnny Pearce	Clos Gosset	FA Level 1 CCF
Andrew McKnight	Cinq Chênes	FA Level 1 CCF
Marco Orlandini	Oak Tree Gardens	FA Level 1 CCF

Recruiting volunteers for community work (particularly with young people) continues to be a difficult issue faced by most agencies. Some people are apprehensive of the commitment, responsibility or necessary skills required for this type of work, whilst others see it as the responsibility for the States of Jersey to provide the appropriate resources. Regardless of the reasons, breaking down such barriers must be a priority for 2007 with more avenues explored to recruit volunteers.

PARTNERSHIPS ACHIEVED IN 2006

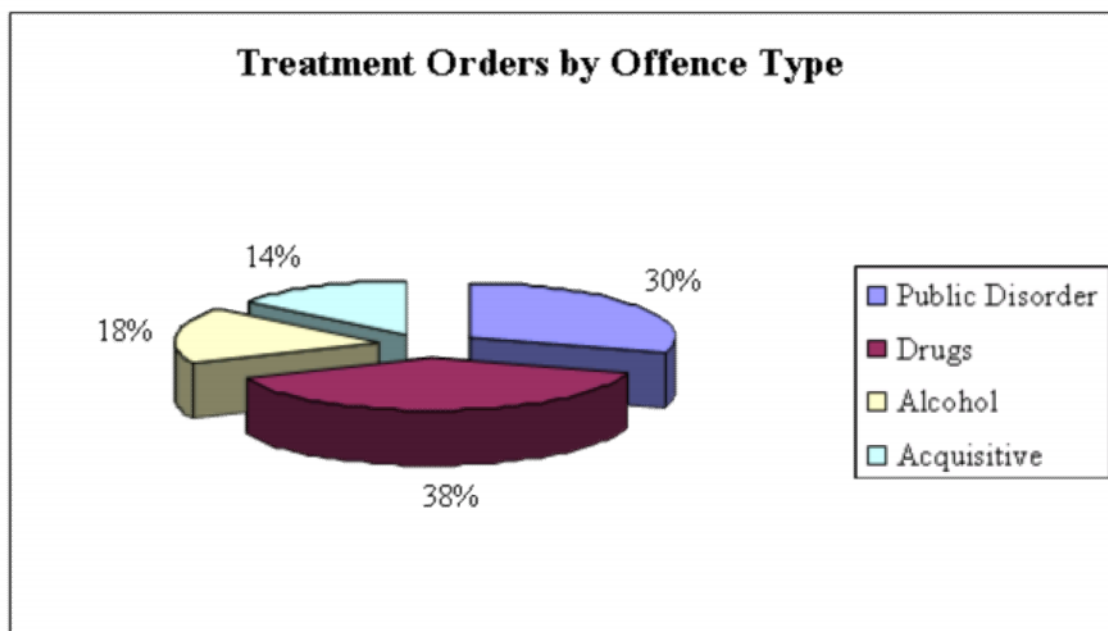
<u>Agency</u>	<u>Department</u>
<i>Housing</i>	Compliance Officers – Tenants' Participation
<i>Youth Services</i>	Street-Based Youth Work – Building-Based Youth Work – Prince's Trust

<i>Police</i>	Youth Affairs – Community Police Officers – Statistics Officer
<i>FA</i>	Jersey FA Football Development
<i>Probation Services</i>	Court Officer – Youth Liaise Worker
<i>Youth Action Team</i>	Police Liaise Officer
<i>States of Guernsey</i>	Community Development Officer
<i>The Bridge</i>	Parental Support – Jersey Child Care Trust
<i>Highlands College</i>	Student Support – Careers Officer
<i>Community Relations Trust</i>	Planning Committee
<i>Sports Development</i>	All Sports Development Officers

Court Liaison Officer – Annual Report 2006

During the year a total of 74 reports have been requested from the Court Liaison Officer, 65 for the Magistrate’s Court and 9 from Youth Court. Nineteen Treatment Orders were recommended and of these 18 (95%) were followed by the Magistrates. A further 38 Treatment Orders were commenced that had been recommended by the Director of the Alcohol and Drug Service, making a total of 57 Orders commenced during the year. In the previous 3 years there were 66, 54 and 57.

Orders are recommended for 4 main offence types, public disorder (usually alcohol-related, including assault), alcohol-related such as drunk and disorderly and drink-driving, acquisitive crime such as shoplifting where drug-use has been the motivating factor, and drug-related, such as possession. The majority of Orders commenced since 2002 have been for drug-related offences with the second largest category being acquisitive offences. In 2006 Orders were imposed in the following proportions.



During the year a total of 68 Orders were due to be completed and of those 50 (74%) were successfully completed. Twenty-six of the 38, (69%), who were due to complete their Orders for drug-related offences did, whilst 24 of the 29, (83%), of those for alcohol-related offences did.



According to departmental records for those that completed their Orders in 2005, the one year re-conviction rate is 40%, the same figure for those who completed in 2004.

Further analysis of those who re-offended show that the Level of Service Inventory (LSI) which is an Internationally recognised and validated tool for assessing risk of re-offending used by the Probation Service confirms that those who had an initial score of 23 or greater re-offended at a 48% rate. Only 30% of those with a score below 23 re-offended. These figures mirror those of clients who completed their orders in 2003 and 2004. As in previous years those who did re-offend were on average younger than those who did not.

Of those completing their Orders 52% showed a reduction in their risk of re-offending as measured by the LSI.

Of those that completed their Orders 59% showed a decrease in their CHRISTO scores pre- and post-Order. CHRISTO is a recognised assessment consisting of 10 items reflecting clients' problems with social functioning, general health, sexual/injecting risk behaviour, psychological functioning, occupation, criminal involvement, drug /alcohol use, ongoing support, compliance and working relationships. A decrease in score indicates less problem severity in the areas assessed.

In 2007 the aim is to increase the amount of contact those on Treatment Orders have with agencies to help structure their week and introduce therapeutic and health activities. To this end a weekly five-a-side football group has been established where suitable clients attend the Fort Regent and attend a session which is supervised by David Kennedy, Football Community Development Officer. It is intended to run this throughout the year with, and use other sports such as golf to engage this client group.

It is also hoped to set up a life skills group with the assistance of the Mental Health Occupational Therapy Department and their facilities, which will aim to increase skills in areas such as communication, computer skills, problem-solving, stress management and goal setting.

Mark Saralis

Court Liaison Officer

10th January 2007

- [1] *Based on figures from States of Jersey Statistics Unit up to 2005.*
- [2] *RAMAS is a policy drafted to develop new services for offenders subject to Community Service. A senior management team from Police, Prison and Health has been set up to develop cross-agency protocols for managing clients who pose risk. RAMAS highlights people who are at highest risk to others and themselves and involves the client and his/her family.*
- [3] *Taking and Driving Away.*
- [4] *Based on amalgamated figures for 2004–05 for over-17s as victims of domestic-related assault in a dwelling compared to over-17s assaulted by strangers in a street.*
- [5] *Baseline is Sept. 03 – July 04 data.*
- [7] *Baseline is Sept 04- July 05 data.*
- [8] *Problematic is defined here as anyone whose drug-use necessitates them accessing intervention from the Alcohol and Drug Service whether this be referral from the criminal justice system, from the individual, or from another professional (i.e. G.P. or Teacher).*
- [9] *CHRISTO – an assessment tool that measures the level of substance misuse difficulty experienced by a client.*