

Building a Safer Society



Annual Report 2005

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Foreword

Crime, antisocial behaviour and substance misuse are issues which every community has to face. Fortunately, we live in an island which, by any standards, is still a very safe and pleasant place to live and work. However, for those individuals and neighbourhoods who are unfortunate enough to experience such problems the effects can be devastating and traumatic.

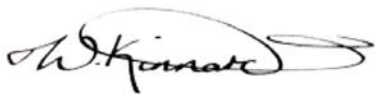
As Minister for Home Affairs, it is my responsibility to ensure that Islanders are free to go about their daily business without fear of victimisation or intimidation. The vast majority of our community are able to achieve this, but for a few their quality of life is blighted by mindless acts perpetrated by members of our community who have little regard for the law and the values of our society. When writing this foreword, I was reminded of the elderly lady who responded to the Jersey Crime Survey. She had no personal experience of crime, and yet was afraid to walk the short distance to her local church in the evening through fear of being attacked. It is deplorable to me that situations such as this exist in Jersey but highlights the delicate balance that has to be made between making the public aware of issues and ensuring that they are not made overly fearful through sensationalism and misinformation.

This report provides a comprehensive review of the many activities that are taking place under the banner of the Building a Safer Society Strategy. It highlights the fact that we take these social problems very seriously and are making a concerted effort to address them. I think the reader will agree that the broad spectrum of initiatives reported upon, ranging from early intervention with supported nursery provision to the assistance provided to offenders in order to help them break the cycle of offending, belies the oft quoted 'fact' that nothing is being done.

However, as the retiring Lieutenant Governor reminded us recently, there is always more that could be done to treat the causes of our social ills. Further resources to pursue the aims of the Strategy would be most welcome; however, the opportunity cost would be high given the harsh budgetary climate which prevails.

The report also dispels the myth that crime is the sole responsibility of the police. Clearly both the States of Jersey Police and the Honorary Police have a key role to play in making our island a safe place to live and work, but sustainable results can only be achieved by tackling the root causes of such behaviour. This is best achieved by ensuring that we all work together in partnership focusing on local issues and developing local solutions. The Community Safety Partnership (formerly Combined Senior Officer Group for Crime and Substance Misuse) is a unique example of how agencies with diverse cultural backgrounds can work together for the good of our community.

Senator W Kinnard



Minister for Home Affairs

Introduction

2005 has been 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 at the beginning of the year providing, for the first time, a framework within which these social issues could be dealt with in a holistic approach. Focusing on three 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 report provides a comprehensive overview of the many initiatives that are being undertaken which contribute to community safety within our island. It is worth noting that many of these are not directly funded by the Strategy but, nevertheless, add considerably to the success of this social policy.

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 twelve months. This group has been operating under a number of different guises since 1996 and it is a fitting testimony to the dedication and determination of Officers that it is still going strong 10 years after its naissance. There is great emphasis currently being placed upon joint-working and cross-cutting policy within government. This report shows that these are not just fanciful words.

I make no apologies for the size of the report. All too often we try to condense information into 'pocket size' publications for fear that no-one will read too weighty a document. In this instance, I believe that it is important that we celebrate success and give credit to all the agencies that have contributed. I recommend that you read the full report. It 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.

Having said that, we must not get complacent. 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 UK. We have been asked to present a paper at the forthcoming British Society of Criminology and have been approached by a number of UK 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.

S. W. AUSTIN VAUTIER



Chief Officer Home Affairs Department

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 three strategic priorities each with their own key objectives.

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

Main Points

- **77% of respondents to the Jersey Crime Survey said their neighbourhood was safe after dark.**
- **Crime reduced by 25% in communities identified as most “at risk”**
- **68% of offenders on Probation Orders either reduce or maintain their level of risk of re-offending**
- **20% of offenders currently linked to detected offences were aged under 18,**
- **94% of the population of young people aged 14-17 did not commit an offence in 2005**
- **191 individuals accessed the Parenting Programme; at least 33% were estimated to have ‘at risk’ children.**

This Strategic priority has six key objectives:

1. Engage with the community

1. Findings from the Jersey Crime Survey show that most people feel safe whilst in their own neighbourhood and their own home.

2. There is a disparity between people's perception of crime in their own neighbourhood and in Jersey as a whole.
3. Largely as a result of work undertaken for BaSS, the States has begun a review of community engagement policy.

2. *Identify hotspots and target offenders:*

1. Crime has reduced by 25% in the communities which were identified as most at risk.
2. Overall crime in Jersey is at a much lower level than the UK in terms of extent and seriousness.

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

1. A Youth Action Team (YAT) was established in 2005 aimed at addressing the needs of young people coming before the Courts or those who are at risk of offending.
2. Although **20%** of offenders currently linked to detected offences were **aged under 18**,
3. **94%** of our young people aged 14-17 **did not commit an offence in 2005**

4. *Involve and support parents and guardians:*

1. Parents can be a huge protective factor in a young person's life or they can also be a key risk.
2. The Parenting Programme starts from the premise that bringing up children is the most important and challenging task that most people embark upon.
3. In 2005, 191 individuals accessed the Parenting Programme, at least 33% were estimated to have 'at risk' children.

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

1. BaSS will provide Victim Support Jersey with funding up until 2009
2. The results of the Jersey Crime Victimization Survey were published. This survey is the largest of its kind ever conducted in Jersey and has provided us with vital information. It will help in the planning of future policy and will be used to inform future research.

6. *Reduce Re-offending:*

1. 68% of offenders on Probation Orders either reduce or maintain their level of risk of offending as measured by the LSI-R score.

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 were down by 3% on 2003/2004 school year**
- **Unauthorised absences were down by 18% on 2003/2004 school year**
- **There were 129 students accessing alternative educational placements in 2005**

This Strategic priority has three key objectives:

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

1. School suspension is one of the risk factors associated with offending behaviour.
2. In Jersey, unlike the UK, we do not permanently exclude children from school's.
3. Whilst there is some evidence that Jersey has slightly higher rates of fixed-term exclusions than comparable benchmarking authorities overall we are significantly lower than the UK totals.

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

1. There are many different reasons why someone can be socially excluded.
 - a. Poverty is one obvious factor.
 - b. Other factors such as employment, race, age and education are equally important.
2. Projects such as that provided by the Children's Service and the Child Care Trust provide support to vulnerable young children in nurseries, enabling them to enter mainstream education with the best possible start.
3. Once in school, the Education Welfare Service, Attendance Officers and the Children's Executive are successfully seeking to reduce risk factors such as unauthorised absences.

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:*

There have been two exciting new developments during 2005.

1. The Community Development Officer (football) was appointed in late December 2005. Whilst this report focuses on activities during 2005, it is worth noting that this project has already had a significant impact during 2006.
2. The other significant development has been the conversion of the old St Mark's School site into 'The Bridge'. Bringing together agencies such as Education, Sport and Culture, Housing, Jersey Child Care Trust and the Youth Action Team, the Bridge will provide a campus style provision for the local community.

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

Main Points

- **Needle sharing amongst Intravenous Drug Users down by 63% since 2000**
- **64% of Drug Treatment Orders (DTOs) were completed during 2005**
- **59% of those who complete a DTO do not re-offend within one year**
- **Customs and Police seized £3.9 million pound worth of drugs in 2005**
- **Number of people convicted for importation of Class A drug increased by 20% over 2004**
- **66% of arrest referral assessments go on to seek further treatment. 50% of those who accessed the scheme were experiencing problems with alcohol, 28% were heroin users and 10% were using cannabis.**

This Strategic priority has seven key objectives:

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

1. Evidence from the 2002 Health Related Behaviour Questionnaire shows that Jersey has a higher proportion of 14-15 yr olds who describe themselves as 'regular smokers' (25%) than in the South West region of the UK (20%).

2. However, fewer Jersey pupils said they had drunk alcohol in the previous week (48% Jersey; 54% UK). The results of the 2006 survey are due out shortly.
3. It will be interesting to see if interventions such as raising the age at which people are allowed to purchase tobacco from 16 yrs -18 yrs and giving the police powers to confiscate alcohol from under 18 yr 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. Jersey has a much higher per capita consumption of alcohol than most countries in Europe including France and the UK.
2. However, the good news is that consumption in Jersey over the past 6 years is coming down whilst it remains fairly intransient in France and has risen significantly in the UK.¹
3. The Alcohol Strategy Steering Group is currently working on a number of initiatives including a review of licensing laws in Jersey.
4. The Court Liaison Officer (CLO) plays a crucial role in reducing the consumption of illegal drugs. All offenders placed on a Drug Treatment Order (DTOs) 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. 64% of orders were completed during 2005. A significantly higher completion rate than the UK. 59% of those who completed their DTO did not re-offend within one year.

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

1. There has been a push in recent years to reduce the incidence of blood borne viruses contracted through intravenous drug use (IDU).
2. It was estimated in 2000 that approximately 90% of IDUs shared needles. By December 2005 this estimate had reduced to 27%.
3. More 'fitpacks'² were issued in 2005 than in any previous year.
4. The number of new cases of drug users with Hepatitis C fell during 2005.

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

1. The most likely source of information for young people about drugs is their parents.
2. The Health Promotion Unit has updated the excellent Parent's Guide to Drugs and is providing sessions on drug awareness to parenting classes.
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 Based on figures from States of Jersey Statistics Unit up to 2004 (see p35)

² Fitpacks" are sterile packs containing syringes, sterile swabs and other paraphernalia that drug users need.

1. A major new policy initiative introduced in 2005 was the Substance Misuse Treatment Pathways. The policy outlines integrated care pathways which define the collaboration necessary between existing services to offer a client/patient-led seamless service which provides a care continuum to meet the needs of the substance misuse population of Jersey.

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

1. A large proportion of offenders in Jersey are substance misusers. Projects such as the Arrest Referral Worker, Court Liaison Officer and the Prison Drug Education Programme all seek to break the cycle of offending by providing access to treatment and support and information on substance misuse.
2. The Arrest Referral Worker is having a real impact with 66% of assessments in 2005 going on to seek further treatment. 50% of those who accessed the scheme were experiencing problems with alcohol, 28% were heroin users and 10% were using cannabis.
3. Data from the Court Liaison Officer shows that 62% of those offenders who completed their Drug Treatment Orders showed a reduction in their substance-related problems.

7. *Ensure drug trafficking laws are rigorously and effectively enforced:*

1. The Customs Drugs Freephone sponsored by Jersey Post has resulted in drugs to the value of £336,000 being seized.
2. The Customs and Police Services were responsible for the seizure of just over £3.9 million of drugs in 2005. These figures include seizures from 3 joint operations which resulted in 1.1 million of drugs being seized and the local principals behind these syndicates being arrested and prosecuted.
3. Overall, 37 people were convicted for importation of Class A drugs during 2005, an increase of 20% over 2004.

Strategic Priorities

Explanation of Tables

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

HOW?	MEASURE		T1	T2	T3		YEAR
<div style="border: 1px solid black; background-color: #cccccc; padding: 2px; width: fit-content; margin-bottom: 5px;">Collated for each school term</div> Personal 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					

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.

Key Objective 1. Engaging with the community:

Main Points

- **Findings from the Jersey Crime Survey show that most people feel safe whilst in their own neighbourhood and their own home.**
- **There is a disparity between people's perception of crime in their own neighbourhood and in Jersey as a whole.**
- **Largely as a result of work undertaken for BaSS, the States has begun a review of community engagement policy**

Over the past twelve months, the Strategy has undertaken a number of initiatives aimed at engaging more fully with our local community. The Jersey Crime Survey was finished early in the year with the initial findings published in November.

Findings from the survey suggest that most people feel safe in Jersey both when walking alone in their neighbourhood and when alone in their own home at night. However, certain groups such as females and the elderly and those living in the urban parishes tend to feel less safe. Further research into areas such as fear of crime and its impact will be carried out in 2006.

Early in 2005 we commissioned a community profiling report on two geographical areas of interest (Grands Vaux and Rouge Bouillon). The findings of the report highlighted some



areas of concern. However, it was clear that there were different levels of understanding and commitment to implementing a full community engagement programme. In October 2005, two workshops were held for senior managers and politicians with the aim of raising levels of understanding and securing strategic and political support. As a result, on behalf of the Corporate Management Board, the Chief Officer Home Affairs is developing a process for community consultation.

In addition to the more project type initiatives that BaSS has implemented over the past twelve months, many agencies have been working hard to involve the public in their core work. For example, Housing have conducted 177 Tenant Involvement Initiatives, such as Resident's Associations, Housing Surgeries, Community/Youth Action Days, Welcome Evenings for new tenants. They have also held

a number of events such as BBQs, Good Neighbour Competitions and Xmas parties. Housing also produce a newsletter for all tenants 3 times a year.

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. This programme was independently evaluated by Highlands College and, consequently, extra mentors are being recruited in 2006.

In addition, the Community Service Scheme for those on probation has provided approximately 9,000 hours of unpaid work for the benefit of our community in the form of work with various charities, parishes, and States departments.

HOW?	MEASURE		Q1	Q2	Q3	Q4	YEAR
Engage with the community	Perceptions of safety in neighbourhood	2005					77%
		Baseline	77% ³				
		2006					
	Tenant Involvement Initiatives	2005	44	48	47	38	177
		Baseline	TBA				
		2006					
	Number of volunteer mentors and tutors working with clients supervised by the Probation Service	2005	15	12	13	8	4
		Baseline	TBA				
		2006					

³ Source : Jersey Crime Survey (2005)

⁴ These figures change every quarter and are dependant on the amount of tutor sessions attended and mentor and tutor availability. Figures for the quarter cannot therefore be seen as accumulative.

Key Objective 2: Identify Hotspots and Target Offenders:

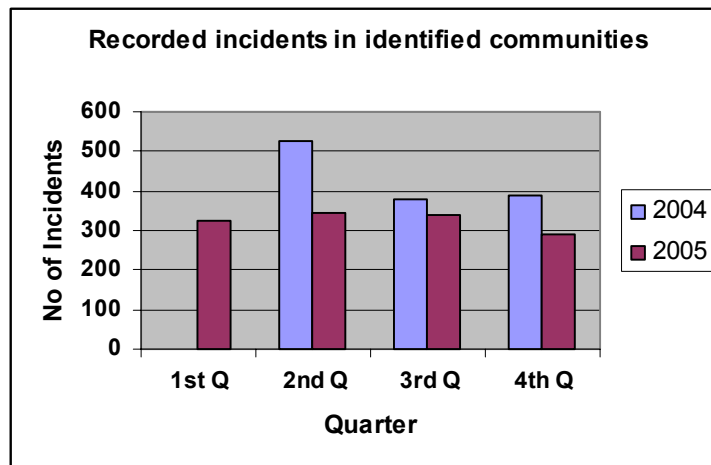
Main Points

- **Crime has reduced by 25% in the communities which were identified as most at risk.**
- **Overall crime in Jersey is at a much lower level than the UK in terms of extent and seriousness.**

In Jersey, as in other jurisdictions, it has been found that some areas suffer higher levels of crime and anti-social behaviour than others. Using the tasking and co-ordinating process from the National Intelligence Policing Model, the States of Jersey Police has been seeking to reduce crime and anti-social behaviour in our worst affected communities.

As Fig1. shows, recorded incidents in identified communities for 2005 were considerably lower than for 2004,

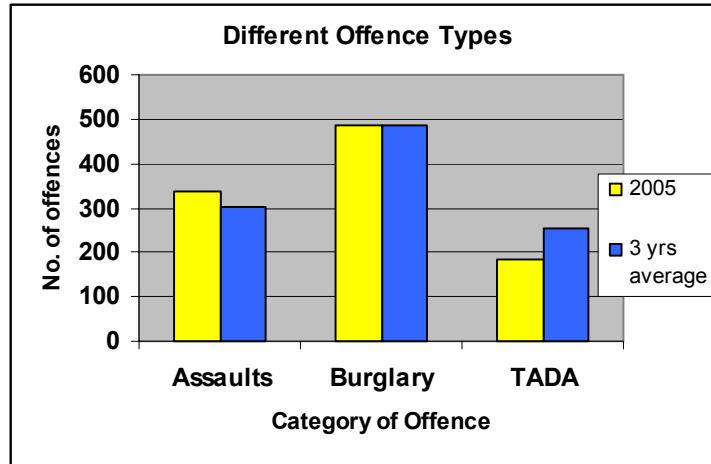
Fig 1.



N.B. no data available for 1st Quarter 2004

They also show that, despite what people may see in the media, crime such as assault and burglary were not significantly higher in 2005 than the previous three year average.

Fig. 2.



It is still very much the case that the proportion of overall crime in Jersey is at a much lower level than in the U.K, in terms of extent and seriousness.

Other initiatives, such as the Housing Anti-Social Behaviour Unit, have been working to identify areas where anti-social behaviour is a problem, by monitoring the complaints received and targeting resources accordingly. During 2005, 799 complaints were made to the unit which resulted in 583 interventions.

HOW?	MEASURE		Q1	Q2	Q3	Q4	YEAR	
Identify Hotspots and Target Offenders	Recorded incidents in identified communities	2005	326	345	338	288	1,297	
		Baseline	n/a	525	380	388	n/a	
		2006						
	Number of Complaints to Anti-Social Behaviour Unit	2005	166	182	256	195	799	
		Baseline	TBA					
		2006						
	Recorded assaults taking place in St Helier pubs, clubs and streets between hours of 8pm and 4am	2005	59	68	98	114	339	
		Baseline	75	72	113	76	336	
		2006						
	Recorded burglaries	2005	92	143	135	118	488	
		Baseline	102	130	128	126	486	
		2006						
	Recorded TADAs (Taking and Driving Away)	2005	40	58	53	31	182	
		Baseline	58	70	77	51	256	
		2006						
	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						

Key Objective 3: Invest in Young People in order to reduce the likelihood of Future Criminality:

Main Points

- **A Youth Action Team (YAT) was established in 2005 aimed at addressing the needs of young people coming before the Courts or those who are at risk of offending.**
- **Although 20% of offenders currently linked to detected offences were aged under 18,**
- **94% of our young people aged 14-17 did not commit an offence in 2005**

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

The States of Jersey Police has recognised the significance of youth offending upon the overall crime levels for Jersey and indeed the figures for the proportion of known offenders who are under 18 would appear to be rising compared to the baseline (see table). However, there are many possible reasons for this rise. Between 2002 and 2006, the population of 14-17 year olds grew by an estimated 14%. If the population of the most prolific offending group is growing, then the proportion of offenders from that age group is likely to grow. Another reason may be the effectiveness of policing. The latter is being driven by the intelligence-led tasking and co-ordinating process and the Pro-Active Investigation Team who are targeting offenders identified to them by intelligence analysts, which means that more prolific offenders are being caught. Therefore, it is likely that both demographics and better policing are having an effect on this statistic.

It is also important to note that from the total population of 14-17 year olds (calculated using an estimated 14-17 year old population for 2005 of 4,160 based on updated 2001 census data) only 5.6% had committed an offence in 2005. Whilst this is a rise compared to the baseline (2002) figures, it still means that the majority of our young people in Jersey do not commit crime. We aim to keep it this way which is why the Strategy places great emphasis on initiatives which intervene at a young age. For example,



Detached Youth Workers make contact with young people who are often seen as vulnerable and may not access other youth provision. This is done through engaging with them in places where they like to meet in order to establish a positive relationship and provide information and support on a range of issues. The Strategy provides funds which

enable the Children’s Service to provide nursery places for vulnerable young children in mainstream nurseries. The Strategy also provides funding to the Children’s Service which provides after school clubs and support for older children.

In April 2005, a senior officer was appointed to oversee the development of the Youth Action Team. By September 2005 a team had been established and working protocols agreed. 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 YAT is now based at The Bridge which has facilities for working with young people and families. The proximity of other professionals in the centre has already proved to be of great benefit and allows the potential for joint working with, for example, the Parenting Team to ensure that solutions to youth offending are undertaken in partnership.

The YAT will work towards the prevention of anti-social behaviour and youth crime with the help of the community and this has been illustrated by the support given to the Motocross Project by a wide range of individuals and organisations. This is hopefully one of many initiatives the team will introduce to divert young people from offending behaviour. At the other end of the spectrum, the YAT has been able to offer the Youth Court the option of Bail Support for high risk offenders and early evidence suggests this is reducing the number of young offenders placed on remand.

HOW?	MEASURE		Q1	Q2	Q3	Q4	Year	
Invest in Young People in order to reduce the likelihood of Future Criminality	No. of School Suspensions (this indicator is measured over school terms)	2004/2005 (T)	109	176	135		420	
		Baseline	435(Full Year)					
		2005/2006	142					
	Proportion of probationers under 18 who are assessed according to risk/need and provided with a work plan that addresses their criminogenic factors	2005	N/A	100%	100%	100%	100%	
		Baseline	N/A					
		2006						
	Proportion of known offenders who are aged under 18	2005	31%	31%	32%	31%	31%	
		Baseline	25% ⁵					
		2006						
	Proportion of 14-17 yr old population who are known to have committed an offence	2005	1.4%	3.2%	5.1%	5.6%	5.6%	
		Baseline	4.10% ⁶					
		2006						

⁵ Baseline is from 2002

⁶ Baseline is full year 2002

Key Objective 4: Involve and support parents and guardians:

Main Points

- **Parents can be a huge protective factor in a young person's life or they can also be a key risk.**
- **The Parenting Programme starts from the premise that bringing up children is the most important and challenging task that most people embark upon.**
- **In 2005, 191 individuals accessed the Parenting Programme, at least 33% were estimated to have 'at risk' children.**

The Strategy recognises that if we are to make a lasting impact upon the level and consequences of crime, anti-social behaviour and substance misuse then we need to get to the root of the problem. Research has shown that parenting is one of the key protective factors in young peoples' lives, but it has also been identified as one of the key potential risk factors. In other words, harsh or erratic discipline, poor supervision and conflict at home are risk factors increasing the chance of offending or anti-social behaviour, whilst positive and consistent discipline, constructive supervision and warm and supportive parent-child relationships, reduce those chances.



The Parenting Education and Support programme starts from the premise that bringing up children is the most important and challenging task that most people embark upon. Their principle aim is to build confidence, self-esteem and inspiration in parents. Demand for these programmes constantly outstrips supply and has resulted in a number of extra courses being provided in 2005.

JELLY (Jersey Early Learning and Literacy Years) Clubs are run in partnership between the Children's Executive, the Jersey Library Service and the Department for Education, Sport and Culture. They provide a facility, for pre-school children from 4 months to 4 years old along with their parents or carers, which aims to help children become more confident and prepared for school.

HOW?	MEASURE		Q1	Q2	Q3	Q4	Year	
Involve and support parents and guardians	No. of parents with 'at risk' children accessing parenting programme	2005 (T)	54	63	128		191	
		Baseline	TBA					
		2006						
	No. of 'at risk' children in mainstream nurseries	2005	6	7	8	3	10	
		Baseline	11 ⁷					
		2006						
	No. of parents with 'at risk' children accessing JELLY Clubs	2005 (T)	78	82	165		325	
		Baseline	TBA					
		2006						

⁷ Baseline is 2004

Key Objective 5: Minimise the harm through support to victims:

Main Points

- **BaSS will provide Victim Support Jersey with funding up until 2009**
- **The results of the Jersey Crime Victimization Survey were published. This survey is the largest of its kind ever conducted in Jersey and has provided us with vital information. It will help in the planning of future policy and will be used to inform future research.**
- **There has been an increase in the number of repeat domestic violence assaults reported to the police in 2005**

Our main aim in this strategy is to prevent crimes happening in the first place, hence the focus on early intervention and prevention. However, it is inevitable that a minority of people in the community will become a victim of criminal or anti-social behaviour. With this in mind, our job is to ensure that measures are in place which minimise the harm that victims suffer.

Clearly, the States of Jersey Police and the Honorary Police have key roles to play in this Key Objective. They are often the first point of contact for victims and as such carry a huge responsibility for ensuring that victims' needs are met in relation to the case. Victim satisfaction surveys carried out by the States of Jersey Police show a very high level of satisfaction with the service from attending police officers.

The Police and other agencies work very closely with the two main voluntary agencies involved in caring for victims.

Jersey Women's Refuge provides a comprehensive range of services to female victims of domestic abuse and their children. There has been an increase in the number of repeat domestic violence assaults reported to the police in 2005 and evidence from Jersey Women's Refuge suggests that the number of Thai, Polish and Portuguese women accessing their services is increasing.

Victim Support Jersey provides services for victims of crime and sexual abuse. It does not deal with domestic abuse against females as this is covered by Jersey Women's Refuge. 2005 saw a slight increase in the number of victims accessing the service. The Victim Support Scheme was evaluated during 2005 and it was found that whilst the proportion of

victims accessing the service was relatively small (approximately 2.5% of all victims⁸) those that did, found the service to be of great benefit.

“They made me believe in myself again. Absolutely. At the time of the crime I lost a huge part of me, a part which I never thought to get back”.

Victim interviewed during the evaluation.

“I personally found I moved on very quickly. Just, I think, knowing that someone else was there even if I did not need to use them”.

Victim interviewed during the evaluation.

During 2005 the results of the first Jersey Crime Victimization Survey were published. Results from the survey were compared with other surveys of this type such as the British Crime Survey (BCS) and the International Crime Victimization Survey (ICVS). The results show that, overall, Jersey has below average rates of victimisation in most comparable types of crime; Jersey has significantly higher reporting rates than those countries measured by the BCS and ICVS; 97% of respondents felt safe in their own homes at night and the vast majority (70%) of respondents felt that crime levels had either stayed the same or reduced in their own neighbourhoods over the past two years. The survey has raised a number of interesting questions such as the disparity between people’s perception of level of crime in their neighbourhood compared to Jersey as a whole. The full report can be accessed on www.gov.je/HomeAffairs/Building+a+Safer+Society.htm.

HOW?	MEASURE		Q1	Q2	Q3	Q4	YEAR
Minimise the harm through support to victims	No. of repeat domestic violence assaults	2005	8	24	19	20	71
		Baseline	6	19	12	12	58
		2006					
	% of victims expressing a high level of satisfaction with the service from attending Police officers	2005	81%	84%	77%	83%	81%
		Baseline	77%				
		2006					
	No. of victims accessing Victim Support	2005	54	65	75	67	261
		Baseline	251 ⁹				
		2006					
	Proportion of Victims expressing satisfaction with restorative justice initiatives	2005	100%	100%	100%	100%	100%
		Baseline	TBA				
		2006					

⁸ Approximately 5% of victims of recorded crime access the service. As 49% of crimes go unreported according to the Jersey Crime Survey 2005 this means that approximately 2.5% of all victims access the service.

⁹ Baseline is 2004 figures

Key Objective 6: Reduce Re-offending:

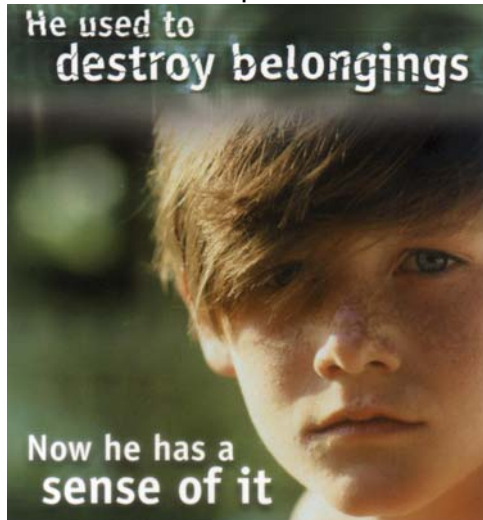
Main Points

- **68% of offenders on Probation Orders either reduce or maintain their level of risk of offending as measured by the LSI-R score.**

Much of the work mentioned elsewhere in the report seeks to address problems such as substance misuse, low literacy levels etc. which contribute significantly to the risk of offenders re-offending. If an offender receives a Probation Order, then there is a fair chance that they will reduce their risk of re-offending significantly.

Whilst in many cases a custodial sentence cannot be avoided, it is nevertheless the case that custody often results in offenders losing their employment, accommodation and contact with family and friends. The development of alternatives to custody, such as Probation and Community Service, have been beneficial in assisting offender rehabilitation. Since 2001, a close working relationship has been built up with the Prison to the extent that there is now a Prison Probation Officer.

There is much more scope for prisoner rehabilitation in order to reduce recidivism rates. Currently, 50% of adults and 70% of young offenders will be reconvicted within 12 months. The fact that the present total annual running cost budget for the Jersey Probation and



After-Care Service (approximately £1 million) is similar to the amount of money that was spent on accommodating prisoners in the UK in 2004 graphically illustrates the level of under-resourcing in this vital area. Despite the limitations on funding, and the lack of legislation in relation to post-custodial supervision, all prisoners are offered voluntary contact with the Probation and After-Care Service on release. The Service is experienced at helping offenders to gain access to accommodation and employment opportunities as well as services more directly related to their offending. There are a range of services available to ex-offenders but, without professional assistance, they are not always able to access them.

Pillar 8 of the Draft Criminal Justice Policy – Dealing With Offenders, outlines a different framework within which custodial sentences could be served where greater emphasis is given to rehabilitation. The Home Affairs Department is aiming to introduce a system of discretionary supervised release in 2007.

There will be a cost to introducing such a system; however, depending upon the future prison population, these costs could be offset by the savings that will accrue from fewer prisoners needing to be transferred to prisons in England and Wales and, of those that are, most at no cost owing to their demonstrable links with England or Wales. An additional 3 Prison Officers will be needed for sentence planning during the custodial part of the sentence. Thereafter, an additional 3.5 Probation staff will be required to take on the heavier supervisory role throughout the prisoners' sentence and continuing whilst on licence. Better value for money should be achieved in terms of lower re-offending rates.

As mentioned above there is a link between poor educational ability and high rates of recidivism. As the Prison HMI report has highlighted, educational provision at the Prison is largely unresourced but there is a determination to improve the position so that a range of educational services, including basic skills, national vocational courses, distance learning and careers guidance, can be implemented.

HOW?	MEASURE		Q1	Q2	Q3	Q4	YEAR
Reduce Re-offending	Proportion of offenders supervised on Probation Orders who reduce and/or maintain their level of risk of re-offending as evidenced by LSI-R ¹⁰ score.	2005	54%	65%	64.7%	68%	68%
		Baseline	54%				
		2006					

¹⁰ A validated tool that measures the risk of re-offending

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

Key Objective 1: Invest in Personal, Social and Health Education and Information in Order to Promote Self Esteem and Responsible, Healthy Citizens.

Main Points

- **School suspension is one of the risk factors associated with offending behaviour.**
- **In Jersey, unlike the UK, we do not permanently exclude children from school's.**
- **Whilst there is some evidence that Jersey has slightly higher rates of fixed-term exclusions than comparable benchmarking authorities overall we are significantly lower than the UK totals.**

As mentioned previously, much of the emphasis of the Building a Safer Society Strategy is about building resilience in young people to risk factors such as poor parenting, negative peer pressure and poor school attainment.

Research on resilience has shown it to be associated with certain individual factors and personal strengths, as well as a number of environmental factors that take into account family, school, neighbourhood, and the larger community. Emphasizing resilience means addressing the interplay of risk and protective factors. Risk factors are problematic elements and situations that increase the likelihood of young people becoming involved in criminal and anti-social behaviour and substance misuse. School suspension is one such risk factor which is carefully monitored in Jersey. Jersey, unlike the UK, does not have pupils who are permanently excluded from school. With this in mind if we compare rates of fixed term exclusions as a % of student population in Jersey in 2005 (3.82%) we find that it is considerably lower than the UK total of 4.49% in 2004.. However, when comparing Jersey with Education Sport and Culture benchmarking authorities we find that Jersey has a slightly higher rate, for example in Buckinghamshire the rate is 2.90%, in Sutton the rate is 3.62% and in North Yorkshire it is 3.50%.

With this in mind, the Health Promotion Unit has been working with schools to help them to achieve “The National Healthy Schools Standard”. Healthy schools programmes are based in education and health partnerships, and provide support to schools on becoming healthier places for staff and pupils to work and learn. Support for schools focuses on planning and delivering effective health-related work and building partnerships with the whole school community. There is a particular focus on developing policy, planning, practice and personal skills.



At the moment there are 4 schools who are piloting the Healthy School Programme in Jersey. The programme includes four key themes: Personal Social & Health Education (PSHE), Emotional Health and Wellbeing, Healthy Eating and Physical Activity.

As well as the Healthy Schools Programme, the Health Promotion Unit is helping teachers train towards a Certificate in PSHE. This is a twelve month Continuing Professional Development programme for teachers to raise the profile of PSHE in schools and improve its quality and effectiveness. At the moment no schools hold the certification but there are 6 teachers who are working towards it.

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. PSHE includes three elements:

1. Acquisition of accessible, relevant and age-appropriate information.
2. Clarification and development of attitudes and values that support self-esteem and are positive to health and wellbeing.
3. Development of personal and social skills to enable emotional development and interaction with others, as well as making positive health choices and actively participating in society.

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 establishment of the Children’s Executive (a multi-disciplinary management body designed to oversee the development and implementation of services for children and young people with Social, Emotional and Behavioural Difficulties) following the Kathy Bull report into the provision for SEBD in Jersey, will mean that best outcomes for many of our young people will be facilitated by an approach working across many departments. One such initiative is the introduction of Multi-Agency Support Teams established in 2 secondary schools. MAST brings together social workers, educational psychologists, education welfare officers, teachers and school counsellors in order to address the needs of those children identified with SEBD. Initial feedback from those schools involved has been very positive and other schools are keen to adopt the MAST structure. The results of an evaluation of the two pilot programmes is due in the early part of 2006.

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 ¹¹					
		2006	142					
	Number of Schools Piloting Healthy Schools standard		2005	0	4	4	4	4
		Baseline	0					
		2006						
			2005	0	6	6	6	6
	Number of Teachers Working Towards PHSE certification	Baseline	0					
		2006						

¹¹ Baseline 2003/2004 school year

Key Objective 2: Provide an Integrated Approach to Tackling Social Exclusion

Main Points

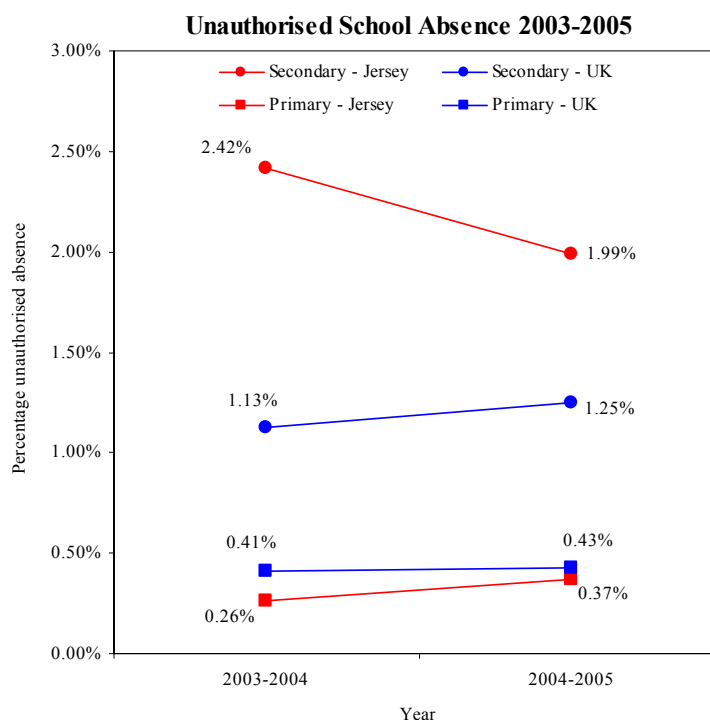
- **There are many different reasons why someone can be socially excluded.**
 - **Poverty is one obvious factor.**
 - **Other factors such as employment, race, age and education are equally important.**
- **Projects such as that provided by the Children's Service and the Child Care Trust provide support to vulnerable young children in nurseries, enabling them to enter mainstream education with the best possible start.**
- **Once in school, the Education Welfare Service, Attendance Officers and the Children's Executive are successfully seeking to reduce risk factors such as unauthorised absences.**

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

The Children's Service runs a project to provide provision for vulnerable young children to access mainstream nurseries. This is based on research which suggests that the most vulnerable children benefit from early nursery provision. The number of children funded by the strategy was 10 in 2005 and 11 in 2004. Whilst the difference is not significant, the number of children placed in mainstream nurseries in the 4th quarter of last year has fallen (see table) and probably reflects the introduction of free nursery provision from 31/2 years by the Education Department. If this is the case we would expect to see a significant lowering in the uptake of this provision next year.

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.

Although levels of pupil absence are linked to a wide range of factors beyond the control of schools, the introduction of Attendance Officers has been one factor which has contributed to the reduction of unauthorised absence in secondary schools in Jersey from 2.42% in 2004 to 1.99% in 2005. However, whilst in the UK maintained secondary schools, the percentage of half days missed due to unauthorised absence increased from 1.13% in 2003/04 to a provisional 1.25% in 2004/05, the overall rate in Jersey is still much higher than in the UK. In primary schools the reverse applies and although the rate has risen by 0.11% from last year it still compares favourably with the UK where the overall rate for unauthorised absences in primary schools was 0.43 per cent in 2004/05 - (from DfES, 2005).



In order try to reduce the difference in rates between primary and secondary schools, the Education Welfare Office provides particular education welfare support at transition from primary to secondary school for students likely to experience difficulties.

The number of referrals to the Education Welfare Service fluctuated throughout the year in 2004/2005. We do not have sufficient data to ascertain whether the low referral in the second term is a trend and so it will be interesting to track this through 2005/2006. However, the number of referrals in the 1st term of 2005/2006 is significantly lower (21) than the same term in the previous year (57) – a decrease of 37%. 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 an indirect consequence of the multi-agency protocols being put into place by the Children’s Executive – again it is too early to be sure.

In 2004, a workshop was developed to meet the needs of probation clients with physical or learning difficulties who required a more structured/sheltered programme.

Probation also employs a Portuguese speaking offender worker whose aim is to enable offenders to participate in offending programme work in their own language – the role also includes translating in the preparation of court reports, assisting the Community Service Team to supervise Portuguese speaking offenders and preparing tagging reports.

HOW?	MEASURE		Q1	Q2	Q3	Q4	YEAR
Provide an Integrated Approach to Tackling Social Exclusion	Number of children funded by BaSS in mainstream nurseries.	2005	6	7	8	3	10 ¹²
		Baseline	11				
		2006					
	Number of referrals to Education Welfare Services	2004/2005 (T)	57	19	41		117
		Baseline	TBA				
		2005/2006					
	% 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					
	% unauthorised primary school absence (Annual)	2004/2005					0.37%
		Baseline	0.26% ¹³				
		2005/2006					
	% unauthorised secondary school absence (Annual)	2004/2005					1.99%
		Baseline	2.42% ¹⁴				
		2005/2006					

¹² Some children are counted in more than one quarter.

¹³ Baseline is 2003/2004

¹⁴ Baseline is 2003/2004

Key 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.

Main Points

There have been two exciting new developments during 2005.

- **The Community Development Officer (football) was appointed in late December 2005. Whilst this report focuses on activities during 2005, it is worth noting that this project has already had a significant impact during 2006.**
- **The conversion of the old St Mark's School site into 'The Bridge'. Bringing together agencies such as Education, Sport and Culture, Housing, Jersey Child Care Trust and the Youth Action Team, the Bridge will provide a campus style provision for the local community.**

At the heart of the strategy is a commitment to individuals and communities that enrich our island. It is therefore essential that the strategy endeavours to support projects that afford opportunities to improve the quality of life for all Jersey citizens.

The Education, Sport and Culture Department has made a commitment to a culture of lifelong learning, recognising that it is essential to the Island's economy, community and people and that social exclusion can often be mitigated by ensuring access to learning and development opportunities for all.



A Positive Futures Community Development Officer (funded by the strategy) has been recruited 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.

Likewise, alternative educational placements are available for those young people whose needs are not met by mainstream schooling. The curriculum is varied and is aimed to meet the individual needs of those attending. At the moment 25 of the students are from Year 11, and 3 are attempting higher GSCE at Maths, 14 intermediate level and 8 foundation level. There is a commitment to involving the students in community projects.

A 'Quiet Place' is an early intervention programme established in six primary schools. The programme is devised to help individual children feel good about themselves and so enhance their learning potential. Through the work undertaken, it addresses elements of

Emotional Intelligence and is designed to meet the needs of children in danger of exclusion from school and to prevent the development of socially unacceptable behaviour or later mental health problems. It aims to provide on-going support and training for school



staff and families within the context of the local community. Each child's programme has targeted outcomes based on a theme with data gathered from parents, teacher and children. It consists of three sessions a week with a total of two and a half hours for six weeks and the engagement of the parents is a vital part of the programme.

The conversion of St. Marks School into 'The Bridge' which is a one stop shop for families and young people commenced during the latter part of the year. Many agencies are represented in one building, including

voluntary agencies, with the aim of working together to provide families and young people with opportunities to access services which allow for a healthy and safe lifestyle which in turn enables all to achieve and participate in the community. Education, Sport and Culture has seconded a senior officer for a period of 3 years in order to help set up the centre. This secondment is part funded by BaSS.

As mentioned before, the Jersey Probation and After-Care Service works in partnership with Highlands College to provide a Basic Skills Programme for those on probation orders and these are provided by volunteer tutors.

In partnership with Education, Sport and Culture, Probation also provides Active Cards to offenders with the aim of providing ease of access to healthy pursuits. 20 have been made available this year; however, monitoring the uptake has revealed that only 33% of clients are using the card.

HOW?	MEASURE		Q1	Q2	Q3	Q4	YEAR
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	Number of registered places for after school care	2005 (T)	562	562	N/A		
		Baseline	982 / 400				
		2006					
	Number of students accessing alternative educational placements	2004/2005 (T)	41	44	44		129
		Baseline	TBA				
		2005/2006					
	Number of Active cards provided to offenders in partnership with ESC	2005	20	20	20	20	20 ¹⁵
		Baseline	20				
		2006					
	Number on probation accessing basic Skills programme (twice yearly figure)	2005	7		6		
		Baseline	7				
		2006					
	Number of Holiday places	2005 (T)	952	1312	N/A		
		Baseline	TBA				
		2006					

¹⁵ A maximum of 20 Active Cards are available in total. Therefore the quarterly figures show that all available cards were used in each quarter.

Strategic Priority 3: Reduce the harm caused by Drugs, Alcohol and Solvents:

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

Main Points

- **Evidence from the 2002 Health Related Behaviour Questionnaire shows that Jersey has a higher proportion of 14-15 yr olds who describe themselves as 'regular smokers' (25%) than in the South West region of the UK (20%).**
- **However, fewer Jersey pupils said they had drunk alcohol in the previous week (48% Jersey; 54% UK). The results of the 2006 survey are due out shortly.**
- **It will be interesting to see if interventions such as raising the age at which people are allowed to purchase tobacco from 16 yrs -18 yrs and giving the police powers to confiscate alcohol from under 18 yr olds have had any immediate effect.**
- **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.**

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.

Since 1996, the Strategy has funded a Health Related Behaviour Questionnaire. Held every two years (now moved to a four-year cycle) the survey conducted in schools, asked year 6 (10-11 yrs old); year 8 (12-13 yrs old) and year 10 (14-15 yrs old) questions about health related issues including knowledge and use of illegal drugs, alcohol and tobacco. Results from the 2002 survey show some interesting trends. For example, the survey was

able to chart the development of health-related attitudes and behaviours of the 1998 year 6 group through to 2002.

% of pupils who said they...

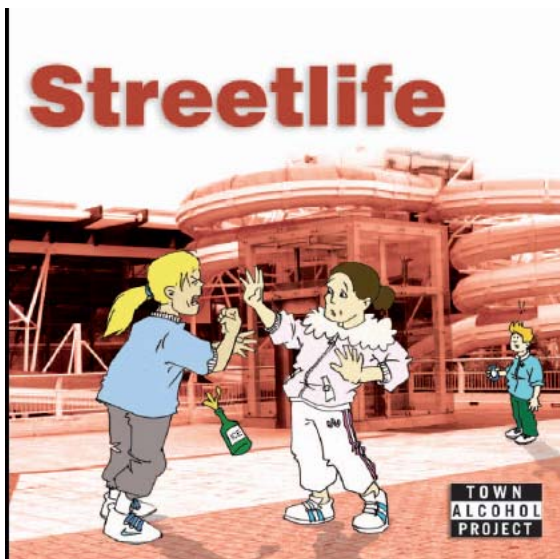
	Year 6 1998 10-11 yrs old	Year 8 2000 12-13 yrs old	Year 10 2002 14-15 yrs old
Have never smoked -	78%	51%	31%
Smoke regularly -	2%	8%	25%
Bought cigarettes last week -	2%	9%	20%
Drank alcohol last week -	14%	27%	48%
Bought alcohol last week -	2%	7%	19%

Clearly, it is of concern that, by the age of 15, a quarter of young people taking part in the survey describe themselves as regular smokers. Similar surveys conducted in the south-west region of the UK found that 20% of pupils described themselves as regular smokers. Furthermore, there is no indication that the percentage of young people who smoke has decreased.

Recent interventions introduced as part of the Tobacco Strategy, such as raising of the age at which people are legally allowed to purchase tobacco from 16 years of age to 18 years of age and introducing new regulations regarding the siting of and use of cigarette vending machines, should have a positive impact. 63% of yr 10 males and 53% of yr 10 females said they had purchased cigarettes from a shop.

Health Promotion are also running a series of initiatives in some secondary schools, with the help of teachers and school nurses, offering pupils help and support to quit smoking.

The number of yr 10 pupils who said they had drunk alcohol the previous week was lower than for the UK (48% Jersey; 54% UK). The most popular alcoholic drinks for those who

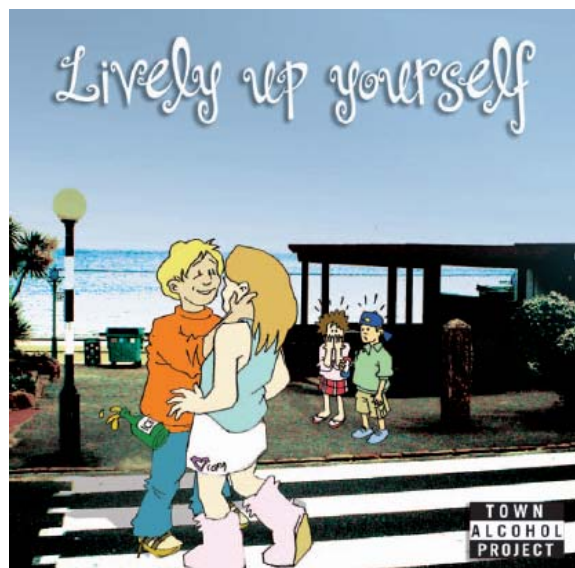


said they had consumed alcohol in the previous week were beer or lager and pre-mixed spirits for males and spirits and pre-mixed spirits for females. Typically, the home is the major source of alcohol for young people and the majority report that their parents usually know when they have consumed alcohol. However, of concern is the evidence that 11% of year 10 pupils said that in the previous seven days they had purchased alcohol from a supermarket or off-licence, 5% from a pub or bar and 4% from a club or disco. A full review of the licensing laws will be conducted 2006/07 on behalf of the Alcohol Strategy by a group consisting of members of the alcohol industry, the police and representatives from BaSS. The Liquor (Restrictions on Consumption) (Jersey) Law

2005 introduced new powers of confiscation to the police and a new offence of purchasing of alcohol by adults for inappropriate underage consumption.

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. Recently, we have 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.

The Alcohol and Drug Service enables young problematic drug users to access treatment and support. 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. GP or Teacher). The figures provided are for the following drugs: mainly alcohol, cannabis and opiates with a small number for ecstasy, amphetamine, cocaine, magic mushrooms, LSD or cocaine or a mixture of these. It is, however, quite common for those 25 and under presenting to the Service to be experimenting with, and experiencing problems with, more than one substance. The rise in referrals for the year is not necessarily an indication of a rise in drug misuse as the Arrest Referral Project has only been running for approximately a year, and again, extrapolations cannot be made as yet.



The Town Alcohol Project has been proactively working with young people in order to minimise the harm associated with alcohol misuse. They have focused on raising awareness, conducting 12 events in partnership with youth workers; developing peer education, with 5 volunteers having been recruited and trained and developing resources such as the information cards illustrated above which are due to be made available during 2006.

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.

HOW?	MEASURE		Q1	Q2	Q3	Q4	Year
Invest in children and young people in order to reduce the likelihood of future substance misuse	% of PHSE Curriculum in secondary schools focusing on substance misuse	2005					
		Baseline	13.75%¹⁶				
		2006					
	Number of problematic drug users 25yrs and under accessing treatment and support	2005	35	36	46	38	155
		Baseline	TBA				
		2006					
	% youths on Probation Orders who receive substance misuse education	2005	100%	100%	100%	100%	100%
		Baseline	100%				
		2006					

¹⁶ 13.75% relates to the proportion of PHSE curriculum devoted to substance misuse issues.

Key Objective 2: Reduce the inappropriate consumption of psychoactive substances:

Main Points

- **Jersey has a much higher per capita consumption of alcohol than most countries in Europe including France and the UK.**
- **However, the good news is that consumption in Jersey over the past 6 years is coming down whilst it remains fairly intransigent in France and has risen significantly in the UK.**
- **The Alcohol Strategy Steering Group is currently working on a number of initiatives including a review of licensing laws in Jersey.**
- **The Court Liaison Officer (CLO) plays a crucial role in reducing the consumption of illegal drugs. All offenders placed on a Drug Treatment Order (DTOs) 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. 64% of orders were completed during 2005. A significantly higher completion rate than the UK. 59% of those who completed their DTO did not re-offend within one year.**

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 we have suggest that Jersey is still significantly higher than the UK and France.

Alcohol consumption per capita (aged 15+):

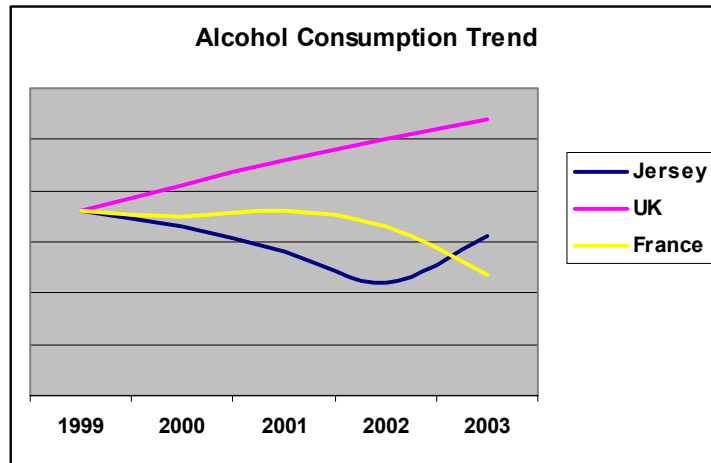
Litres of pure alcohol per year

	<u>Jersey*</u>	<u>UK**</u>	<u>France**</u>	<u>EU Average**</u>
1999	16.6	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	14.5 (Preliminary)	N/A	N/A	N/A

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

Fig 3. shows Jersey has maintained a downward trend (except in 2003), whereas the UK has been on an upward trend since 1999 and France remained fairly static until 2003.

Fig 3.



The Alcohol Strategy Steering Group comprising members from Alcohol and Drug Service, Home Affairs, States of Jersey Police, Customs and Excise, Statistics Unit and the States Analyst Department continue to develop ways of implementing the strategy and have met with members of the alcohol industry on a number of occasions in order to progress issues such as alcohol taxation.

At the time of writing, the Advisory Council on the Misuse of Drugs had not met to discuss the re-classification of Cannabis. The Community Safety Partnership has submitted a paper to the Advisory Council advising that, with new evidence of long-term health problems associated with cannabis use, reclassifying cannabis could send out mixed messages.

As well as focusing on legal and illegal drugs the Strategy also monitors the use of prescription drugs, particularly those which are used on the streets. Dihydrocodeine and diazepam are of particular interest. If the trend continues, then it appears as if prescriptions for these drugs will be slightly down on 2004. A better indicator of trends however is often the amount of tablets prescribed rather than the prescriptions written and this will be monitored during 2006.

The Court Liaison Officer plays a key role in helping to reduce the consumption of psychoactive substances. It is his job to see that those offenders sentenced to a Drug Treatment Order (DTO) comply with the terms of the order. During 2005 there were 75 DTOs due to be completed of which 64% (48) were actually completed. This is a much higher completion rate than is the norm in the UK.

A Home Office study published on 25 September 2003 looked at 2 year reconviction rates for 174 offenders placed on DTTOs (Drug Testing and Treatment Orders) in three pilot areas (Croydon, Liverpool and Gloucestershire) between October 1998 - March 2000. Nearly a third of offenders completed their orders, enabling this particularly hard-to-

reach/treat group, with entrenched patterns of drug misuse and offending, to lead more stable and crime-free lives.

The study concluded the following:

- Offenders who completed DTTOs committed less crime two years after the start of their orders than in any of the five years prior to sentence.
- There were statistically significant differences in reconviction rates between those whose orders were revoked (91%) and those who completed their orders (53%).

The study confirms the positive impact that drug treatment can achieve in reducing drug-related crime but also points to the need to improve retention and completion rates.

HOW?	MEASURE		Q1	Q2	Q3	Q4	Year
Reduce the inappropriate consumption of psychoactive substances:	per capita consumption of pure alcohol (litres)	2005					
		Baseline	16.6 ¹⁷				
		2006					
	Number of prescriptions for Dihydrocodeine and Diazepam	2005	3688	3724	3779	18	
		Baseline	16200 ¹⁹				
		2006					
	Number of Drug Treatment Orders completed	2005	6	14	13	15	48
		Baseline	54 (year) ²⁰				
		2006					

¹⁷ Baseline 1999 figure

¹⁸ This statistic is collated three months in arrears.

¹⁹ Baseline 2004 figures

²⁰ Baseline 2004 figure

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

Main Points

- **There has been a push in recent years to reduce the incidence of blood borne viruses contracted through intravenous drug use (IDU).**
- **It was estimated in 2000 that approximately 90% of IDUs shared needles. By December 2005 this estimate had reduced to 27%.**
- **More ‘fitpacks’⁽²¹⁾ were issued in 2005 than in any previous year.**
- **The number of new cases of drug users with Hepatitis C fell during 2005.**

For those in our society who have already developed a problematic substance misuse issue, the strategy aims to minimise any potential and actual harm, **to both those affected and society as a whole**. Harms associated with substance misuse include death through overdose, HIV, Hepatitis and other blood borne viruses and mental health problems.

There has been a push in recent years to reduce the incidence of blood borne viruses contracted through intravenous drug use (IDU). The Alcohol and Drug Service has actively targeted IDUs, seeking to reduce the use of non-sterile paraphernalia and the sharing of needles.

“Fitpacks” are sterile packs containing syringes, sterile swabs, a safe chamber for disposal 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 during 2005 which could mean that the



²¹ Fitpacks” are sterile packs containing syringes, sterile swabs and other paraphernalia that drug users need.

likelihood of needle sharing in the population of drug addicts has reduced. The total number of fitpacks issued in 2005 was 10,330. This means that the total syringes given out in 2005 was 99,845 - this is the largest amount that has been given out in a year. In 2004 the figure was 72,155 which again was the largest amount up to that time (an increase of 27,690 syringes). In 2000, the Imperial College Report found that 40,000 syringes were given out and from this they estimated that only 1:4 addicts were using a clean syringe every day. Since then numbers have more than doubled but it still means that there are probably about 1:2 addicts using a clean syringe every day.

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, Imperial College estimated that the prevalence of needle sharing was 91%. In the first half of 2005, the incidence was 58% and by the end of the year it had reduced to 27%. Therefore, the rise in fitpacks issued and the reduction of prevalence of needle sharing means that the risk of infectious diseases from this source is being reduced.

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 equipment to contract Hepatitis C. Once contracted, this virus remains within the host indefinitely, so a measure of new cases is an indication of the prevalence of needle sharing.

The statistics from the Ambulance Service on the number of heroin-related overdoses has increased from 20 in 2004 to 37 in 2005. 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 2006.

HOW?	MEASURE		Q1	Q2	Q3	Q4	Year
Promote health-enhancing behaviours and reduce the harm caused by substance misuse	Number of "fitpacks" issued	2005	1775	2285	3099	3171	10330
		Baseline	4000²²				
		2006					
	Number of heroin related overdoses from A/E and Ambulance	2005	3	10	14	10	37
		Baseline	20²³				
		2006					
	Prevalence of needle sharing (Full paraphernalia)	2005		58%		27%	
		Baseline	91%²⁴				
		2006					
	Number of drug related deaths	2005	0	0	0	0	
		Baseline	2 p.a.				
		2006					
	Number of drug users with Hepatitis C	2005	6	6	5	4	21
		Baseline	TBA				
2006							
Number of Parish Hall referrals who receive substance misuse programmes	2005	19	18	12	9	58	
	Baseline	TBA					
	2006						

²² Baseline from Imperial College Report 2000

²³ Baseline is 2004 figure

²⁴ Baseline is from Imperial College Report 2000

Key Objective 4: Engage and inform parents and families about illegal drugs and alcohol:

Main Points

- **The most likely source of information for young people about drugs is their parents.**
- **The Health Promotion Unit has updated the excellent Parent's Guide to Drugs and is providing sessions on drug awareness to parenting classes.**
- **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.**

Results from the Health Related Behaviour Questionnaire indicate that young people showed that parents were the most likely source of information about drugs (66% of Males and 65% of females in year 6 said their parents had talked to them about drugs). With this in mind it is important that we engage and inform parents in order to ensure the correct messages are getting out.

In 2005, the award-winning Parent's Guide to Drugs was re-printed and re-issued by the Health Promotion Unit. The Health Promotion Officer for Drugs also provides sessions on drug awareness for the parenting classes. In order to monitor the outcomes of the sessions, parents are asked to complete a questionnaire. The results show that, in 2005, all agreed the sessions gave a balanced view of drugs; all agreed they'd learned something new about drugs; and all agreed they felt better equipped as parents to discuss drugs. A true measure of success is that 66% of the participants strongly agreed with the statement 'I learned something new about drugs' and 41% strongly agreed with the statement 'I feel better equipped as a parent to discuss drugs'.

The Alcohol and Drug Service provides information and support to carers of drug addicts with 52 receiving this service in 2005.

HM Prison La Moye employs one drug worker funded by the Strategy who provided drug education to 121 prisoners with children.

HOW?	MEASURE		Q1	Q2	Q3	Q4	Year
Engage and inform parents and families about illegal drugs and alcohol	Number of carers receiving information from the Alcohol & Drug Service	2005	12	15	12	13	52
		Baseline	TBA				
		2006					
	% of parents on parenting programme showing evidence of drug awareness	2005	100%	100%	100%	100%	100%
		Baseline	TBA				
		2006					
	Number of incarcerated parents receiving drug education	2005	42	32	25	22	121
		Baseline	TBA				
		2006					

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

Main Points

- **A major new policy initiative introduced in 2005 was the Substance Misuse Treatment Pathways. The policy offers substance misusers the opportunity to access care from the point of referral through assessment, treatment, education, support therapies to aftercare and follow up.**

The Alcohol and Drug Service saw 548 referrals during 2005 with the vast majority, 247, alcohol-related.

Referral Type	Number of Referrals
Alcohol	247
Opiates	160
Other Drugs	56
Carers	27
Drug Awareness	58
TOTAL	<u>548</u>

Of these, 273 were new referrals. 132 new referrals were for alcohol-related problems whilst 52 were for opiate misuse.

The care pathway policy offers substance misusers the opportunity to access care from the point of referral through assessment, treatment, education, support therapies to aftercare and follow up

The philosophy behind the policy is that all sufferers of substance misuse are capable of achieving harm reduction or abstinence from their drug of choice for varying periods of time.

With professional help, guidance and supportive interventions, substance misusers can be motivated to accept the responsibility to co-operate with the agencies involved; to minimise or arrest their substance use; and develop better quality lifestyles.

A Substance Misuse Joint Steering Group has been set up to monitor the progress of the policy. The treatment pathway is based upon a 4 tier system which ranges from Tier 1 concerned with general health social care and criminal justice services through to Tier 4

which includes detoxification and residential rehabilitation programmes and other harm reduction services.

Close collaboration between health, treatment and social care agencies will be vital to ensure that client/patient care is needs-led, co-ordinated and seamless between tiers.

Last year also saw the introduction of Jersey's first Alcohol Liaison Nurse (ALN). The role is specifically designed to identify and assess patients admitted to the General Hospital who are found to be drinking above the recommended weekly limit and to provide them with brief interventions and alcohol education. For patients with complex alcohol problems, the ALN provides a link with the Alcohol and Drug Service and liaises closely with other agencies.

The Service began to receive referrals from October 2005. By December 2005 they had received 55 referrals with approximately 67% being assessed. When patients were assessed, the most common reason for going to the Hospital was feeling 'unwell' (24%); having a fall (17%) or collapsing (15%) were also common reasons. Interestingly, 63% of referrals were aged over 40 with none at all under the age of 20. It is early days for this intervention but the signs are already promising.

HOW?	MEASURE		Q1	Q2	Q3	Q4	Year
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 ²⁵				
		2006					
	Number of new referrals to Alcohol and Drug Service	2005	66	72	69	66	273
		Baseline	289 ²⁶				
		2006					
	Number of women accessing Alcohol and Drug Service	2005	43	48	38	31	160
		Baseline	TBA				
		2006					
	Number of people having successfully completed the opiate substitute programme	2005	30	21	35	38	124
		Baseline	TBA				
		2006					
	% of drug users who have entered treatment and shown an increase in quality of life (Annual Statistic)	2005					75%
		Baseline					
		2006					

²⁵ Baseline 2004 figure

²⁶ Baseline 2004 figure

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

Main Points

- **A large proportion of offenders in Jersey are substance misusers. Projects such as the Arrest Referral Worker, Court Liaison Officer and the Prison Drug Education Programme all seek to break the cycle of offending by providing access to treatment and support and information on substance misuse.**
- **The Arrest Referral Worker is having a real impact with 66% of assessments in 2005 going on to seek further treatment. 50% of those who accessed the scheme were experiencing problems with alcohol, 28% were heroin users and 10% were using cannabis.**
- **Data from the Court Liaison Officer shows that 62% of those offenders who completed their Drug Treatment Orders showed a reduction in their substance-related problems.**

It will come as no surprise that a high proportion of offenders in Jersey are involved in some sort of substance misuse whether it is alcohol, heroin, cannabis or some other substance. It will also come as no surprise that a fair proportion of offenders have had dealings with the criminal justice process on a number of occasions. Our aim within BaSS is to try to break the cycle of offending. Our philosophy starts from the premise that it is better to stop offending before it happens. However, as that is not always possible then the next best thing is to try and stop it happening again.

The Arrest Referral Scheme works on the premise that offenders are often at their most receptive to change when first brought into custody. Since the scheme first began in 2004 195 detainees have sought referral from Police custody for interventions from the Arrest Referral Worker (ARW). In 2005, 66% of those assessed have sought further treatment for their problems.

Participation with the Arrest Referral Scheme only operates on a voluntary basis and can be accessed at Police or Customs Custody at certain times throughout the custody process. The current window of opportunity for the ARW to gain direct access to the detainees is early mornings. The ARW approaches all detainees in person and offers them the option of speaking to her. The results show that 50% of those who accessed the Arrest Referral Scheme were experiencing problems with alcohol use; 28% were heroin users; 10% were arrested for cannabis and the remaining 12% were using other drugs such as ecstasy, cocaine and benzodiazepines.

In 2004, only 7% of those assessed were first time offenders and it was identified that there was a need for the ARW to try and engage more first-time offenders as there is evidence that where treatment services can engage with first-time offenders there is a much greater likelihood of keeping them in treatment resulting in improved lifestyle and reduced likelihood of future offending. In 2005, a concerted effort to engage first-time offenders has a nearly four-fold increase in the numbers seen.

The work of the Court Liaison Officer has been mentioned previously but it is worth pointing out that, of the 64% of offenders who completed their Treatment Orders in 2005, 69% showed a reduction in their risk of re-offending as measured by the LSI and 62% showed a decrease in their CHRISTO²⁷ scores.

Analysis conducted in 2005 shows that, of those who completed their orders in 2004, the re-conviction rate after one year was 41%.

HOW?	MEASURE		Q1	Q2	Q3	Q4	Year
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	100% ²⁸				
		2006					
	% of clients completing their Treatment Orders	2005	50%	78%	50%	79%	64.25%
		Baseline	50% ²⁹				
		2006					
	Number of ARW clients in treatment	2005	12	12	14	13	51
		Baseline	65 ³⁰				
		2006					
	% of clients who have completed their Treatment Order who show a reduction in their LSI-R score	2005	66%	62%	64%	82%	69%
		Baseline	TBA				
		2006					
	% 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	TBA				
		2006					

²⁷ CHRISTO – an assessment tool that measures the level of substance misuse difficulty experience by a client.

²⁸ Baseline 2004

²⁹ Baseline 2004

³⁰ Baseline 2004

Key Objective 7: Ensure drug trafficking laws are rigorously and effectively enforced:

Main Points

- **The Customs Drugs Freephone sponsored by Jersey Post has resulted in drugs to the value of £336,000 being seized.**
- **The Customs and Police Services were responsible for the seizure of just over £3.9 million of drugs in 2005. These figures include seizures from 3 joint operations which resulted in 1.1 million of drugs being seized and the local principals behind these syndicates being arrested and prosecuted.**
- **Overall, 37 people were convicted for importation of Class A drugs during 2005, an increase of 20% over 2004.**

It is not the case that adopting a harm reduction approach to substance misuse means 'going soft' on those who profit from the trade in drugs. Jersey has one of the most punitive sentencing policies for drug traffickers anywhere in the world. The effectiveness of that policy is being discussed as part of the criminal justice policy; however, from the BaSS perspective, it shows that you can have an effective harm reduction strategy which includes a rigorous enforcement element.

The sentencing policy of the Island's courts for drug couriers continued to be advertised in the UK media throughout the year. This advertising was extended to the Portuguese media for the first time when, as a result of the arrest and prosecution of 2 Madeirans attempting to import commercial quantities of heroin/ecstasy/cocaine, the sentencing policy was also advertised in the Journal da Madeira, the largest newspaper in Madeira.

In April 2005, the Customs and Immigration Service obtained sponsorship from Jersey Post to advertise the Customs Drugs Freephone. Since that time a number of initiatives have taken place which has seen the freephone number advertised on Jersey Post delivery vehicles, in public telephone boxes, in night clubs, on banners around the Island. The results of this advertising have been very encouraging with the quality of intelligence received from freephone calls being of significant value. The street value of drugs seized as a result of these calls totalled £336,000.

During the course of 2005, the customs and police service were responsible for the seizure of just over £3.9 million of drugs, these figures include 3 joint operations which resulted in the seizure of £1.1 million of drugs with significant quantities of heroin, ecstasy, cannabis being seized and the local principals behind these syndicates being arrested and prosecuted.

HOW?	MEASURE		Q1	Q2	Q3	Q4	YEAR
Ensure drug trafficking laws are rigorously and effectively enforced: ³¹	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					
	Amount of drug-related criminal assets recovered	2005	£54K	£51K	£50K	£143K	£298K
		Baseline	£78K	£78K	£20K	£34K	£210K
		2006					
	Kgs of Heroin Seized	2005	0.778	0.17	1.215	0.313	2.476
		Baseline	0.306	0.475	0.144	5.675	6.6
		2006					
	Number of convictions for importation of class A drugs	2005	16	11	7	3	37
		Baseline	9	8	6	8	31
		2006					

³¹ All baseline figures are 2004 data

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 two main functions of this role. Firstly, the MEO is responsible for collating and analysing the statistics which are provided by members of the Community Safety Partnership on a quarterly basis. This data forms the basis upon which reports such as this are written. It is therefore extremely important that the data is accurate and 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 six week time-scale REM includes literature reviews, participant observation, stake-holder consultation and user participation. The programme has been running for just over 12 months and we have evaluated four projects so far ranging from a Court Liaison Project which deals with offenders with substance misuse issues to a pre-school project which provides support to vulnerable young children and their parents within mainstream nursery provision.

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

There has been much interest in this approach to evaluation with several Universities who currently conduct evaluations in community safety in the UK enquiring into the possibility of

using REM. A paper will be presented by the Executive Officer and Monitoring and Evaluation Officer at this year's British Society of Criminology Conference in Glasgow.

Budget

Funding for Building a Safer Society is provided through revenue budgets of Home Affairs Department and Health and Social Services Department and through the Drug Trafficking Confiscation Fund.

2005 Budget

Small Scale Research	Home Affairs	£	14,617
Community Grants Panel	Home Affairs	£	26,000
Restorative Justice	Home Affairs	£	24,125
Portuguese Offender Worker	Home Affairs	£	22,012
Basic Skills Project	Home Affairs	£	8,000
Jersey Victim Support	Home Affairs	£	30,000
Executive Support*	Home Affairs	£	56,115
Mainstream Nurseries	Home Affairs	£	21,000
Daycare Support	Home Affairs	£	35,000
Positive Futures	Home Affairs	£	53,000
		£	289,869
Specialist Alcohol Worker	Health & Social Services	£	45,000
PHSE Coordinator	Health & Social Services	£	55,600
Minden Base	Health & Social Services	£	19,365
Detached Youth Worker	Health & Social Services	£	44,783
		£	164,748
Prison Drug Education	DTCF	£	40,000
Health Promotion Officer (drugs)	DTCF	£	55,000
Arrest Referral Worker	DTCF	£	40,900
Drug/Alcohol Counsellor	DTCF	£	55,000
Methadone Programme	DTCF	£	205,000
Court Liaison Officer	DTCF	£	40,710
Executive Support*	DTCF	£	62,500
Customs Publicity	DTCF	£	10,000
		£	509,110

The PHSE Co-ordinator project was withdrawn by the Education, Sport and Culture representatives and together with the reprioritisation of other funds resulted in the following projects being funded during 2005:

Hampton Trust Domestic Violence Programme	£8,700
DAISY Offender Database	£54,000
The 'Bridge' Managers post	£30,000
Prison Health Promotion Officer	£30,000