



Crime Reduction & Community Safety Group

Tilley Awards 2008 Application form

Please ensure that you have read the guidance before completing this form. **By making an application to the awards, entrants are agreeing to abide by the conditions laid out in the guidance.** Please complete the following form in full, within the stated word limit and ensuring the file size is no more than 1MB. Failure to do so will result in your entry being rejected from the competition.

Completed application forms should be e-mailed to tilleyawards08@homeoffice.gsi.gov.uk.

All entries must be received by noon on **Friday 25th April 2008**. No entries will be accepted after this time/date. Any queries on the application process should be directed to Alex Blackwell on 0207 035 4811.

Section A: Application basics

1. Title of the project: STRAIGHTLINE

2. Key issue that the project is addressing e.g. Alcohol related violence:
Alcohol Misuse programme for young people identified drinking alcohol on the streets.

Author contact details

3. Name of application author: PC Shelley Watson (Problem Solving Co-ordinator)

4. Organisation submitting the application: Safer Hartlepool Partnership

5. Full postal address: PC Shelley Watson.
Problem Solving Co-ordinator
Safer Hartlepool Partnership Office
8 Church Street
Hartlepool
TS24 7DJ

6. Email address:shelley.watson@cleveland.pnn.police.uk

7. Telephone number:01429-405583 or mobile 07711038903

Secondary project contact details

8. Name of secondary contact involved in the project: Sharon Robson (Drug Prevention Co-ordinator)

9. Secondary contact email address:Sharon.robson2@nhs.net

10. Secondary contact telephone number:01429-285782

Endorsing representative contact details

11. Name of endorsing senior representative from lead organisation: Superintendent Andy Summerbell, BCU Commander

12. Endorsing representative's email address: Andrew.summerbell@cleveland.pnn.police.uk

13. For all entries from England & Wales please state which Government Office or Welsh Assembly Government your organisation is covered by e.g. GO East Midlands: North East

14. Please mark this box with an X to indicate that all organisations involved in the project have been notified of this entry (this is to prevent duplicate entries of the same project):

Section B: Summary of application - *In no more than 400 words use this space to provide a summary of your project under the stated headings (see guidance for more information).*

Scanning:

In May 2004 concerns were raised at the Safer Hartlepool Partnership, Anti Social Behaviour Task Group in relation to the amount of young people drinking alcohol on the streets of Hartlepool.

Under-age drinking within the 10 to 17 year old age range was affecting a number of areas across the borough, although it was predominantly in areas where young people had little access to amenities. Such behaviour was impacting on crime and the fear of crime for local communities and was stretched further than simply 'nuisance factor', as the behaviour of young people under the influence of alcohol was resulting in intimidation of other members of the community and increasing crime, violence and vandalism in neighbourhoods. Such activities were also leaving the young people vulnerable to being victims of crime themselves.

Analysis:

Although there was little written evidence available in Hartlepool, anecdotal information stated that a number of young people regularly drink alcohol (sometimes to excess). More recent evidence has proven that the number of teenagers receiving medical treatment after drinking binges has risen by nearly 15% in the last year (Alcohol Concern, 2007), and it has also been found that that teenagers admitted to hospital for treatment have increased to nearly 1000 more than the previous year. Information gathered from a local specialist liver disease unit states that the increased availability of alcohol has lead to more young people drinking.

Response:

From the original meetings the Straight-Line programme was developed. It is an alcohol awareness programme aimed at young people aged 10-17 years. Originally the young people involved in the programme had been identified by police, consuming alcohol in public places and at risk of anti social behaviour. The programme has further developed to take into account referrals from other agencies that have identified any young person in need of some intervention with regards to alcohol. During the pilot many issues were highlighted in the development of the programme, which needed to be addressed and amendments were made for future success of the project.

Assessment:

As a result of the pilot and the initial evaluation, the programme has developed and progress continues to be made. From the initial referrals made by the Police the project now accepts referrals from other agencies including Accident and Emergency Departments and Education.

State number of words: 380

Section C: Description of project - Describe the project in no more than 4,000 words. Please refer to the full guidance for more information on what the description should cover, in particular section 11.

Scanning:

Introduction

The Straight-Line programme evolved from meetings held with the Anti-Social Behaviour Unit and partner agencies to discuss issues around young people's anti-social behaviour and underage drinking. The concerns identified were that many youngsters gathering in groups were drinking alcohol, in areas of the town presenting both risks to themselves, neighbourhoods and the environment

Background Information

Alcohol consumption has been a popular form of human behaviour and these drinks are used as an accompaniment to social activity in most countries of the world. People generally consume alcohol because they enjoy the effects of taste and pleasure.

Young people tend to drink alcohol as a result of peer pressure and to prove that they are 'grown up'. It is now more easily affordable for young people to obtain larger quantities of alcohol.

Recent evidence has proven that the number of teenagers receiving medical treatment after drinking binges has risen by nearly 15% in the last year (Alcohol Concern, 2007). It has been found that teenagers admitted to hospital for treatment have increased nearly to 1000 more than the previous year. Information gathered from a local specialist liver disease unit states that the increased availability of alcohol has lead to more young people drinking.

Analysis:

Breaking the information down into the categories of victim, offender and location the following information was available;

Offender

Police Data

Police provided figures in relation to young people stopped in possession of, or drinking alcohol. In a dip test of the available data of 580 young people identified from 1st January 2004 to 1st July 2005 145 were female and 435 were male.

In a further dip test of 50 identified young people considered to be in a vulnerable age group the following was discovered;

AGE	FEMALE	MALE
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13	4	25
12	4	11
11	2	9
10	2	3

The young people were not territorial and were being identified in locations a long way from their home addresses. The same young people could be stopped in three separate locations within the town in any given evening, these locations being a significant distance apart.

Of the five senior schools in the town there was not one whose students were predominant in relation to the problem and teachers in some of the schools were concerned about a small amount of youths who were showing signs of having consumed alcohol during the lunch breaks.

Incidents of Anti-Social Behaviour reported to the police were at the time recorded under the codes D1,D2 and D9;

<u>2001/2002</u> <u>(Baseline)</u> <u>D1+D2+D9 Incidents</u>	<u>2003/2004</u> <u>D1+D2+D9 Incidents</u>	<u>2004/2005</u> <u>(half year) D1+D2+D9 incidents</u>
9882	9716	4992

These revealed that in the half year period between 2004 and 2005 the incidents were indicating a rise on the previous years.

Youth Offending Service Data (YOS)

Referrals from the YOS to the local substance misuse team (HYPED) indicated that young offenders had moved away from opiates (i.e. heroin) as their main drug use to alcohol and cannabis.

Alcohol Harm Reduction Strategy for England (2004)

Stated that “ young people under the age of 16 are drinking twice as much today as they did 10 years ago, and report getting drunk earlier than their European peers. A number of issues surround alcohol misuse by young people, from specific health effects to alcohol- related crime, it is vital that young people are educated to make responsible choices about their drinking behaviour”.

Apart from HYPED and the CAMH`'s Team (Children and Adolescent Mental Health) there was nowhere to refer the young people onto for advice or in extreme cases support for themselves and their families.

Victim

Using the same data in relation to recorded disorder incidents it could be argued that even for accounting for repeat callers to the police, hundreds of people were being affected by youths drinking alcohol and causing crime and anti-social behaviour.

Regular complaints were being received by neighbourhood police officers from Shopkeepers suffering from harassment by youths. This invariably occurred when youths were refused the sale of alcohol. Members of the public when questioned, admitted to being intimidated by young people who hung around shop doorways asking them to buy alcohol on their behalf.

Consultation

Following the Safer Hartlepool Partnership's Audit of crime, disorder and drugs 2004 a consultation was held during August and September 2004. Respondents were asked to identify their top three priorities (from a list of 10) for anti-social behaviour. 61% of respondents identified under-age drinking, which was second to drug litter and nuisance (64%).

Location

The most predominant locations in respect of the young people gathering to drink were identified as areas surrounding late night retail outlets situated within housing estates. This was closely followed by access routes to the shops and public parks.

The shops were characteristically situated with fast food outlets and invariably set under protective canopies with good lighting.

The park areas offered secluded locations for the consumption of alcohol where the young people would mostly remain unchallenged

Response

Pilot Programme

Programme

From all the information gathered it was identified that an intervention programme needed to be

developed. The aim was to develop a three, once weekly session, (see Lesson Plans Sessions 1,2 and 3 appendix 1,2 and 3) with identified young people. These sessions would contain a mixture of tasks that would deliver information to promote a healthier lifestyle, as well as targeting issues around anti social behaviour. These sessions and all assessments would be delivered by a nurse Advisor to the Youth Offending Team and the Drug Prevention Co-ordinator from

Some of these tasks included:

- Blood Alcohol Concentration (BAC) Time line
- University Challenge (quiz)
- Role Play

Group work

It was decided initially to run each session for 1 hour between 4pm – 5pm to ensure that this did not interfere with the school day. It also had to accommodate the younger age group of 10-13 year olds during the winter months. For the 14 -16 year age group the sessions were extended to allow for more in depth explanations.

Venue

To enable the pilot programme/group work to commence, B76 (Barnados) was offered for use and this was thought to be a suitable venue with easy access in the centre of the town.

Referral Process

It was decided that the referral process for the Pilot would be carried out by the police. Where an officer identified a young person drinking alcohol or a young person was in a group where alcohol was present, the details of the individual were submitted to the Partnership Anti Social Behaviour Unit. Staff in the unit would submit the referral form to the STRAIGHTLINE team who would then arrange an assessment. (see appendix 4 process referral)

Home Visits

Those conducting the home visits were required to complete an assessment of the young person's drinking habits. Each visit was allocated approx. 30 minutes and it was necessary to work 2-3 evenings per week and up to 3-4 hours per evening to cover all the referrals made to the team.

The Pilot Project was launched in September 2004 and was to last for a period of 6 months concluding in May 2005.

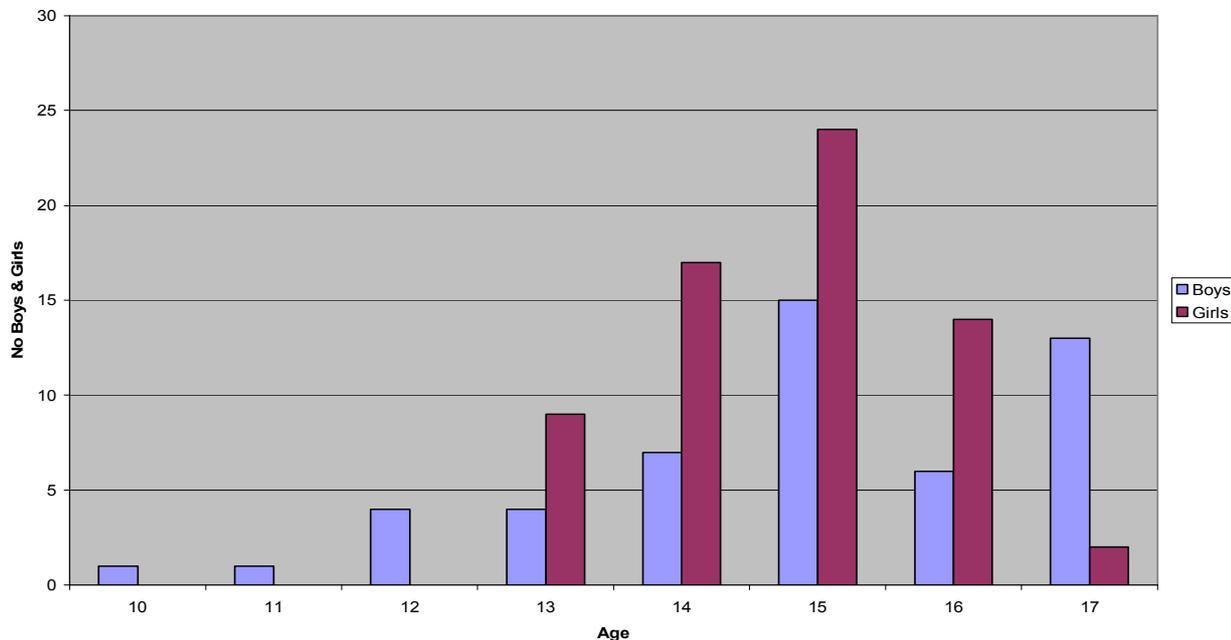
Pilot Evaluation.

It was essential to review and evaluate the original pilot if the program was to continue to develop and this was completed and published in July 2005.

Over the six month period there was a total of 117 referrals made to the team. Of these 52 were male and 65 were

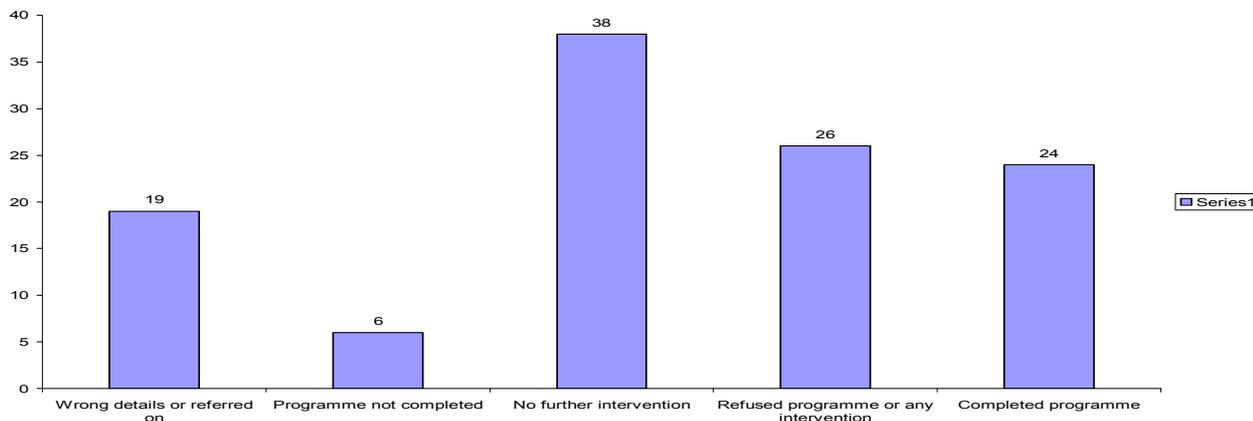
female with the ages ranging from 10 to 17 years of age. The following statistics were highlighted (see bar chart, Number of referrals/gender). The outcomes of these referrals can be reviewed in second bar chart below.

NUMBER OF REFERRALS/GENDER



OUTCOME OF REFERRALS

Number of referrals



During the Pilot a questionnaire was devised and a sample group of the young people were chosen to help evaluate the group sessions. Of those who completed all three sessions the comments ranged from “interesting”, to “informative”, to “good”. They found that the information delivered was very helpful confirming they had gained knowledge, helped with science homework and had given them “something to think about”.

Of the parents surveyed many admitted that they were aware that their child was drinking alcohol but not the amount

that they were consuming. All parents were shocked to receive the initial contact letter from the police and were supportive of the intervention programme offered to them.

It was also noted by parents, that with some young people it had had such an impact, that they had changed their circle of friends.

Of the information collected, the evaluation suggested the need for the intervention programme to continue to develop. However it was established that to facilitate the continuation of the programme a full time worker and administrator should be employed. In August 2006 funding for was secured through a bid to LPSA (Local Public Service Agreement).

The project was now in a position to develop further.

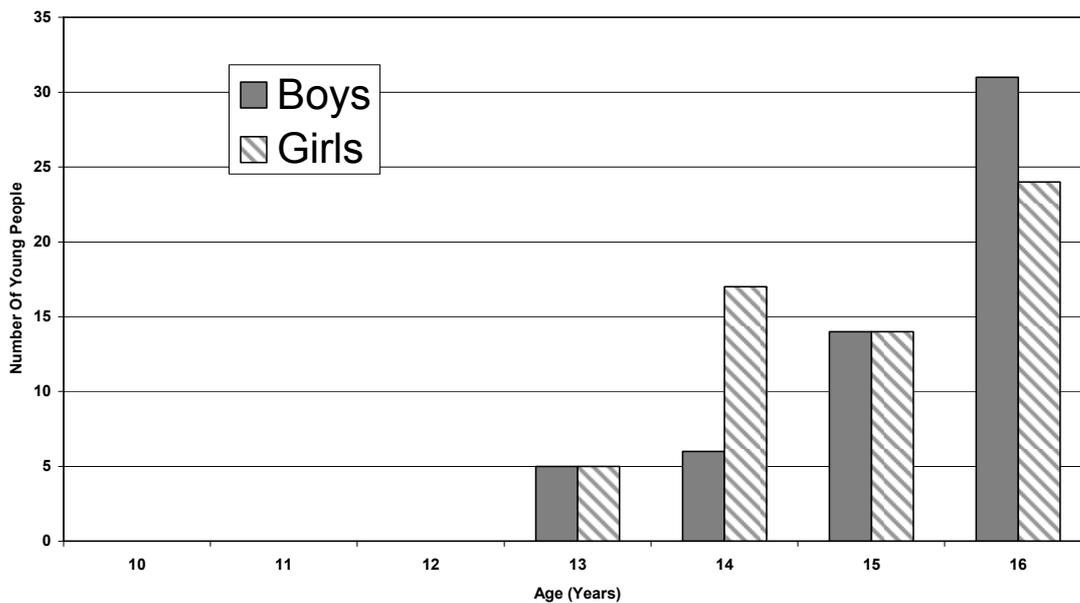
Assessment:

The project has continued to develop and a recent evaluation of 2006 and 2007 shows the following (taken from a sample from 1st July 2006 to 30th June 2007).

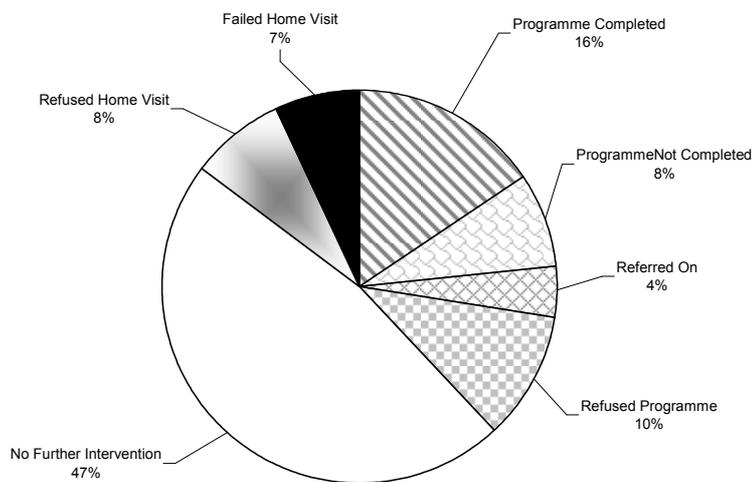
Referrals

Statistical data identifies 116 referrals were received. Of the 116 referrals received, 56 were Boys and 60 were Girls. The total is broken down further into age groups, (see bar chart) and the outcomes of these referrals can be reviewed in the pie chart.

**Hartlepool Straight-Line Project (2006-2007)
Age & Numbers Of Young People Drinking Alcohol**



Hartlepool Straight-Line Project (2006-2007) Referral Outcome



Programme Completed

Age	10yrs	11yrs	12yrs	13yrs	14yrs	15yrs	16yrs
Boys				1	1	2	1
Girls				0	3	4	6
Total				1	4	6	7

Programme Not Completed

Age	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs
Boys					0	0	4
Girls					1	2	2
Total					1	2	6

Referred On

Age	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs
Boys						0	3
Girls						2	0
Total						2	3

Refused Programme

Age	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs
Boys				1		1	8
Girls				0		1	1
Total				1		2	9

No Further Intervention

Age	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs
Boys				3	3	8	11
Girls				4	11	3	12
Total				7	14	11	23

Refused Home Visit

Age	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs
Boys					1	3	2
Girls					2	1	0
Total					3	4	2

Failed Home Visit

Age	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs
Boys				0	1	0	2
Girls				1	0	1	3
Total				1	1	1	5

Completed Programme

There were 39 young people identified suitable for the programme which in comparison to the evaluations completed in the pilot study is an increase of 5%. Two young people who completed the programme were re-referred by police. As the young people had already attended the Straight-Line group work their details were returned the Anti-Social Behaviour Unit where they would be considered for alternative intervention which could be an Acceptable Behaviour Agreement with alcohol focused conditions.

Referred On

Following assessment five young people were identified to be of greater risk of harmful use of alcohol. These young people were referred on to other organisations for help and support.

Refused Programme or Any Intervention

Of the young people identified as requiring the Straight-Line programme 12 refused the intervention offered. As the Straight-Line programme is voluntary, there is little enforcement available to ensure the young person attends the group work. The number of people attending however has vastly improved in comparison to the pilot study showing a 46 % increase in the uptake of the programme. This is mainly due to the timely way the referral is dealt with and the choice of venue.

No Further Intervention

After the assessments, it was clear that a large number of young people did not require any intervention for alcohol awareness. However it identified a small percentage of young people that may have been eligible to receive the programme. It was felt that the young person was less than truthful when completing the assessment because the parent was present. It can also be acknowledged that the parent's belief is that their offspring could not be involved in the consumption of alcohol. Obtaining copies of the AS13 allows us to inform the parent what the police officer actually observed. By having this confirmation the youngster usually admits it was him/her.

Wrong Details

The number of incidents involving false details being given to police has reduced due to the Anti-Social Behaviour Unit (ASBU) carrying out education checks which provides up to date information. This is completed prior to any referrals being forwarded to the Straight-Line programme.

Home Visits

Home visits are necessary to carry out an assessment which highlights the young person's drinking habits, what level of intervention is necessary and determine if any other assistance is needed. At times home visits were terminated due to parents not being present. This has been since rectified by rewording the appointment letter to stipulate that the parent also needs to be present at the home visit.

On occasions, other issues have been identified during the home visit which parents have asked for advice and

support. During the pilot stage this topic had been mentioned where there was a possibility of completing further assessment documentation for either the Hartlepool Intervention Programme (HIP) or Common Assessment Framework (CAF) but it was considered to monitor this situation for the foreseeable future.

Refused Home Visit

The parents of nine young people refused the initial contact of the home visit. The reasons for these refusals being that the parents had dealt with the matter, they did not consider it an issue that should be taken seriously or they thought their child was being victimised since they were merely part of a group and not actually drinking.

Group work

In the pilot programme the groupwork ran for three sessions for one-hour between 4pm – 5pm to ensure that this did not interfere with the school day. This method encountered problems for attendance and it was decided to run all sessions concurrently in one afternoon during school holidays. Amalgamating the session has overcome these problems, however still does not guarantee 100% attendance. It is thought in some cases that young people do not attend as there is little enforcement for non attendance.

Most of the young people are initially embarrassed within the group work but do eventually join in the activities. The beer goggles are proving to be the most enlightening activity since this demonstrates the dangers of excessive use of alcohol. A number of young people have been alarmed of the effects that alcohol has on their general wellbeing when given the health information.

Future Development of Programme.

Parents are being encouraged to refer their child if they are concerned about any involvement the child may have with alcohol. This hopefully will prevent other agencies identifying the problem and enable a timely intervention. A recent article published in the local press was received well with the public. This provided information with regards to the intervention programme and contact details of the Project Worker should parents wish to seek advice.

In order to produce viable figures for the group work large numbers of home visits need to be carried out. As identified in the evaluation a substantial amount of time was used in carrying out these home visits and extra support needs to be given to continue this work.

Evaluation of Group work

Evaluation of the group work is an ongoing process. The comments received on the pilot scheme questionnaire have been actioned. We are currently looking at methods of presenting the information and activities so that they become more user friendly and have a greater impact on the young person. We are continually sourcing new and

relevant information/activities; however the “Beer Goggles” are still proving to have the most visual impact.

Recommendations

For the programme to continue to be successful there are a number of recommendations that need to be considered.

- To work with ASBU to identify further actions that can be taken when young people have already completed Straight-Line group work and are involved in alcohol related incidents again.
- Consideration for group work to be carried out on a Saturday if time scale between planned group works is considered too long or client numbers too great.
- To work with ASBU to find ways to encourage attendance for group work. Since it is believed that information is being passed about that non attendance at group work is overlooked.
- Referrals could be opened to all relevant agencies; this would give support to all young people and their superiors throughout the town.
- Should consideration be given to the status of voluntary involvement to statutory procedures? This would help combat the numbers identified where the intervention would have been favourable but was refused.
- The statistics of this small analysis show 14-16 year olds to be heavily involved in alcohol consumption, therefore the 12-14 year olds need to be receiving more information on alcohol misuse and anti-social behaviour. This could be targeted through the school curriculum and through the Schools Liaison Police Officer.
- Continue networking with other agencies to encourage higher referral rates.

Looking at the wider picture in respect of reported incidents of anti-social behaviour through out the district of Hartlepool from January 2007 to January 2008 using the following closure codes;

AS3 – BEGGING AND VAGRANCY

AS4 – HOAX

AS5 – INAPPROPRIATE SALE/MISUSE/POSSESSION OF FIREWORKS

AS7 – NOISE (not neighbours)

AS9 – ROWDY NUISANCE – ENVIRONMENTAL

AS10 – ROWDY NUISANCE – NEIGHBOURS

AS11 – ROWDY NUISANCE – ROWDY & INCONSIDERATE

AS12 – SUBSTANCE MISUSE (non crime)

AS13 – STREET DRINKING

AS14 – TRESPASS

AS15 – VEHICLE NUISANCE.

It should be noted that these codes were introduced under the National Standard for Incident recording on 31st March 2006. and it is therefore not possible to make accurate comparisons with incidents recorded prior to this date. The figures show that reported incidents have fallen to 7,356 incidents.

From the identified points, work has already started to ensure the future success of the project. Full training has been delivered to all Neighbourhood Police Officers and police Community Support Officers in respect of the programme and the referral process. The STRAIGHTLINE worker has also accompanied police on the regular Friday and Saturday evening Anti-Social Behaviour Patrols.

The secured funding until 2009 will ensure that the Safer Hartlepool Partnership can continue to tailor and adjust the project for maximum effectiveness.

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State number of words used: 3,076 words.

Section D: Endorsement by Senior Representative - Please insert letter from endorsing representative, this will not count towards your word or 1MB size limit restrictions.

On behalf of Cleveland Police and the Safer Hartlepool Partnership (Hartlepool's Crime and Disorder Reduction Partnership) I wholeheartedly endorse this application for the Tilley 08 awards.

This multi-agency interaction with young people in the Town has helped many to address the issues related to alcohol and adverse behaviour and health impacts. The outcomes speak for themselves and I hope the project can continue in order to deliver further success.

The public continue to have concerns regarding young people and the misuse of alcohol. It is hoped that project such as Straightline can assist young people and redress the fears of other generations.

Andy Summerbell

Checklist for Applicants:

1. Have you read the process and application form guidance?
2. Have you completed all four sections of the application form in full including the endorsement from a senior representative?
3. Have you checked that your entry addresses all aspects of the judging criteria?
4. Have you advised all partner agencies that you are submitting an entry for your project?
5. Have you adhered to the formatting requirements within the guidance?
6. Have you checked whether there are any reasons why your project should **not** be publicised to other police forces, partner agencies and the general public e.g. civil or criminal proceedings pending in relation to your project?
7. Have you inserted your project name as a footer note on the application form? Go to View-Header and Footer to add it.
8. Have you saved your application form as a word document and entitled your message '**Tilley 08 entry (followed by project name in brackets)**' before emailing it?

Once you are satisfied that you have completed your application form in full please email it to Tilleyawards08@homeoffice.gsi.gov.uk. One hard copy must also be posted to Alex Blackwell at Home Office, Effective Practice & Communication Team, 4th Floor, Fry Building (SE Quarter), 2 Marsham Street, London, SW1P 4DF and be received by 25th April 2008.