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International Centre for the Prevention of Crime

Centro Internacional para la Prevención de la Criminalidad

Public nuisances relating to drugs and prostitution: *Practical workbook for local action*

Prepared by

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And

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Guy HENGEN, City of Bordeaux
Sophie NEUFORGE, City of Liege
And their respective teams

2007

With the financial backing
of Belgium's Internal federal public service and the City of Montreal

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It should also be mentioned that this practical workbook for local action could not have been completed without the participation of the other team members of the International Centre for the Prevention of Crime, in particular Chantal Valade and Serges Bruneau. Special thanks also to Daniel Sansfaçon for his contribution to the first two years of the Exchange programme between the cities and the initial drafting of this workbook.

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INTERNATIONAL CENTRE FOR THE PREVENTION OF CRIME

Public nuisances relating to drugs and prostitution: *Practical workbook for local action*

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Exchange programme between the cities of Bordeaux, Liege and Montreal
With the financial backing of Belgium's Internal federal public service and the City of Montreal

Foreword: Partners and participants in the Exchange programme between the cities

The Exchange programme between the cities of Bordeaux, Liege and Montreal was initiated upon the proposal of the City of Liege and Belgium's Ministry of the Interior with the support of the International centre for the prevention of crime (ICPC). It benefited from the financial backing of the Directorate-General for Security and Prevention Policies (DG PSP) of Belgium's Internal Federal Public Service (SPF) and the City of Montreal.

The main purpose of this cross-sectional project is to examine each technical phase of the management of nuisances*[1] in public areas, i.e. the diagnosis, plan of action* and evaluation*. **The work focused on the issue of public nuisances relating to drug addiction and prostitution* phenomena** in public areas. It should be pointed out that, **notwithstanding different political and institutional cultures, these issues affect the quality of life of the local residents* in these three cities in a very similar way.**

The object of the exchanges was defined by the three participating cities as all types of behaviour or situations directly or indirectly connected to drugs* and prostitution, resulting in consequences perceived as negative by local residents and other public area users. This is why this breach* of the peace was qualified as "public nuisances" within the context of this project. Certain countries use the term "nuisances" more than others. This term was selected without any pejorative connotation or moral judgment, but to indicate the inconvenience felt by local residents and public area users.
Focusing this exchange project on public nuisances relating to drugs and prostitution was also an opportunity to examine the conditions for a **better**

[1] Asterisks refer to the glossary of terms on page 233. They are only used the first time they appear in the workbook and/or in the section specifically dedicated to them.

collaboration between stakeholders. The key players in the domain of illicit drugs, i.e. the police, the justice system, healthcare and social-preventive sectors and associations, often worked alongside other partners such as the municipal administration and, less frequently, in partnership or consultation* with these partners. Risk reduction policies in the healthcare sector and consideration of the concept of public nuisance in the criminal sector, as well as the increasing role of the cities and the search for actual partnerships, contributed to the decompartmentalization of the sectors, the creation of common areas and the sharing of information between the different players.

The objective of the city of **Bordeaux**, when it got involved in the project, was to benefit from the exchanges themselves with a view to acquiring a flexible, rapid and efficient method to carry out a diagnosis, a plan of action and its evaluation. The city of **Liege** was appointed by the ministry of the Interior of the Belgian federal government to participate in this programme with a view to helping the ICPC design a tool allowing municipalities to establish their diagnosis, plan of action and evaluation of this plan of action. This tool is aimed at helping municipalities within the framework of the management of drug and prostitution related nuisances as part of the Strategic Security and Prevention Plans. Finally, the city of **Montreal** wanted to produce a reference document, a framework so that local stakeholders could have a rigorous methodology to tackle these issues.

Each year, each participating city hosted a meeting designed to examine the three stages of the approach. In order to take account of the diversity of the partners involved in these issues, each city tried to bring together a variety of participants from the municipality, police forces, justice system, community-based organisations and healthcare and social-preventive sectors.

The list of all the people who contributed to the project over these three years is in appendix 1 of this workbook.

The work carried out by the cities and the debates coordinated by the ICPC resulted in the establishment of a draft methodological workbook which was submitted to the participants with a view to joint finalisation. At the request of the Belgian government's ministry of the Interior, the workbook should be useable by all municipalities. Participants from France and Montreal also wish to distribute the workbook within their own networks.

Contact

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www.ville.montreal.qc.ca

Internal federal public service, Belgium
Directorate-General for Security and Prevention, Division of integral local Security,
www.vps.fgov.be

Inter-ministerial delegation for Urban affairs, France
Citizenship – Prevention Department
www.ville.gouv.fr

International centre for the prevention of crime
www.crime-prevention-intl.org

About the workbook

This practical workbook for local action is designed for the cities and all stakeholders wishing to develop and get involved in the management of drug and prostitution related nuisances in public areas. This workbook is aimed at stakeholders with several years' experience as well as those for whom this is the first action. This tool offers a **joint methodology applicable and transferable to different cities.** In accordance with the logic of the Exchange programme and in response to the concerns of the three cities and the Belgian ministry of the Interior, this workbook is divided into **three sections**: each section is autonomous and can be combined with the others.

Introduction: the notion of public nuisances

Part one: diagnosis

Part two: plan of action

Part three: evaluation

"**Summaries**" and "**tools**" appear at the end of each section in the form of data sheets. "Summaries" present a summary of the main elements of the approach while "tools" combine concrete and methodological information designed to facilitate its implementation.

Obviously, the difficulties relating to the management of public nuisances vary significantly from one city to the next. The same applies to the resources available to tackle these nuisances. This is why this workbook proposes modular tools aimed at facilitating the design and implementation of local strategies, but which should be adapted to the diversity of local situations.

In addition to the methods, advice and recommendations provided, this workbook presents interesting experiments carried out in the three cities in appendix.

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INTRODUCTION:

The notion of public nuisances

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Several elements make it difficult to interpret and define the concept of public nuisances relating to drug addiction and prostitution, notably the semantic vagueness of the concept, the complexity of the phenomenon and its highly subjective nature. Furthermore, as these public nuisances are not necessarily offences, they have no legal definition.

Subjectivity of the nuisance concept

When looking into nuisances, in the sense of anything disturbing, inconvenient or annoying, one should examine the facts considered as nuisances, who considers them as such, in what context and according to what criteria. In order to answer these questions, the participants of the cities of Bordeaux, Liege and Montreal use two key words: **nuisance perception and visibility**. **What is considered a nuisance largely varies depending on the residents, neighbourhoods and timeframes.** The term "resident", in this workbook, broadly refers to the people living in a neighbourhood but also to those who visit this neighbourhood for working, shopping, leisure purposes etc.

In traditional prostitution areas, which are also residential areas, local residents may not, although this is not always the case, report nuisance problems, due to habit or weariness or because they have developed a form of friendship with the people concerned. Conversely, the residents of a neighbourhood newly confronted with prostitution may react differently. Thus, **the same behaviour in two different neighbourhoods may not lead to the same representations and therefore the same reactions**. In certain cases, a form of normalisation or **tolerance** is observed (which can also be referred to as "familiarisation with these behaviours") while in others, a form of **intolerance** or exasperation prevails. No standard can be established to pre-determine the tolerance threshold of local residents when confronted with the disorders

caused by prostitution or drug-taking activities. The conjunction of the fact, place and time of occurrence can determine the impression of a nuisance.

The **visibility** of certain types of behaviour should also be considered, alongside their perception by local residents. The visibility alone of a certain type of behaviour can inspire a feeling of insecurity in the population. For example, the use of drugs in public, begging, even non aggressive, or a crowd of young people can inconvenience or even cause fear in certain passers-by or residents, even though no "objective" element is identified. The mere fact of seeing people behaving differently is enough to inspire a feeling of fear in other people.

It should also be pointed out that the perception of nuisances can vary depending on the state or function of the people. For example, the same event will not be perceived in the same manner by a local resident, shopkeeper, policeman, elected official, stakeholder from the municipal, community-based or healthcare sector, and their expectations with regard to the action which needs to be undertaken will also be different.

In addition to the subjective perception or visibility of nuisances is the **possibility of an actual loss of enjoyment of public areas**. Local residents stop visiting a public place or facility out of fear.

Nuisances are a grey area due to the shifting nature of the facts considered as nuisances. This explains the conceptual vagueness of this notion. As part of the Exchange programme between the three cities, **a decision was made to distinguish between "public" and "social" nuisances** which imply a stigma attached to certain categories of people.

The practical workbook only tackles public nuisances relating to drugs and prostitution and does not address all the issues relating to drug addiction and

prostitution (healthcare, fight against human trafficking etc.). However, local action targeted at nuisances should not exclude more global strategies in terms of public health, criminal policy or social development. Furthermore, the nuisance approach makes it possible to identify action requirements in related domains and these results must be communicated to those concerned.

A vague concept with regard to laws, codes and regulations

In the three cities, **nuisances sometimes refer to behaviour which may or may not fall under criminal law.** For example, selling drugs, in public or otherwise, is a criminal offence in all three countries concerned and can also be considered a nuisance. Conversely, the legislations relative to consumption vary depending on the country. In **Canada** as in **Belgium**, consumption is not prohibited but possession is, regardless of the substance. In **Montreal** as in Belgium, public consumption is generally not prosecuted but, in certain cases, is considered a nuisance. In **France**, public and private consumption constitutes an offence.

In terms of prostitution in public places, as all three countries have signed the 1949 international Convention, they cannot directly incriminate the act of prostitution itself. However, a number of prostitution-related acts, such as soliciting (active but also passive soliciting as is the case in **France** since 2003) or exhibitionism, are prohibited by criminal law. Potential customers' active search, notably while in their car, is one of the most significant sources of prostitution-related nuisances in public places, especially in residential areas, as is the case in **Montreal**, because this search is indiscriminate and therefore affects women and men living in the area who are not involved in prostitution. While the city of **Liege** adopted a municipal regulation in January 2003 legalising prostitution salons, in accordance with the law, soliciting remains prohibited.

SUMMARY:

Key elements of the public nuisance notion

1. There is no “ready-made” definition of public nuisances relating to drugs and prostitution. The notion of nuisance is a variable and complex concept, directly linked to the perceptions of local residents and, in certain cases, emphasised by visibility. Visibility alone of a type of behaviour can cause a feeling of fear in local residents.

2. A behaviour (or the consequences of this behaviour) is defined as a nuisance when it is perceived as such by local residents.

3. The perception of behaviour associated with nuisances varies according to the time and the residents. Furthermore, the scale of concerns varies from one neighbourhood to the next, for different reasons such as the neighbourhood’s history and the residents’ fears.

4. At the time the diagnosis is established, the specific nature of the local reality must therefore be taken into account.

5. Most nuisances do not constitute offences or are not subject to judicial or administrative control by virtue of their reduced gravity or because they are not a priority for the authorities.

6. To be considered a nuisance, a behaviour must affect other people either directly (for example threats, harassment, intimidation) or indirectly (for example, needles left lying around).

PART ONE

Diagnosis

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Introduction

The decision to carry out a diagnosis of nuisances relating to drugs and prostitution is made by a public authority (the Mayor in Liege, the Local Council for Security and Crime Prevention in Bordeaux, for example). It is **determined by a number of indicators** highlighting a public nuisance problem. For example, an emergency situation indicated by the institutions in charge of security, or health, in this city sector, or a number of events reported to the public authority which, added together, demand action. The public authority needs to check the veracity of these facts, notably when reported in the form of local residents' complaints, and measure their quantitative and social significance. The diagnosis then becomes a major tool to carry out this verification and establish the foundations of the action aimed at solving these problems.

a. The benefits of the public nuisance diagnosis

The diagnosis is a knowledge-related and decision-making support tool as well as a consultation tool.

► Knowledge-related and decision-making support tool

The diagnosis is not dissimilar to a compass: it **helps guide the decision to act**. It provides a healthy perspective in relation to local residents' recriminations. As pointed out in the previous section on the conceptual aspects, public nuisances are highly subjective and, by trying to identify nuisances, their representations, causes and background, the diagnosis clarifies the facts and **objectifies nuisances**. It provides **balance between everyone's perceptions and the raw data provided by statistics and other knowledge-related tools, by cross-referencing the different types of data**

available: profile of the neighbourhood, statistical sources* and local residents' surveys.

The diagnosis is the **opportunity to consult with stakeholders: local residents, prostitutes or drug addicts, institutional stakeholders etc.** Local residents will be consulted for the completion of the diagnosis and will participate in a common examination of the data during the presentation of the results. This approach makes it possible to validate, inform, raise awareness of and play down certain situations. **The diagnosis is also a consultation tool for vulnerable population categories**, notably in the case at hand, i.e. the persons involved in prostitution or drug abuse. While some of these people are part of the problem, it should not be forgotten that they also contribute to finding a solution and that their voice should be heard.

The diagnosis is also a pre-requisite for establishing a plan of action. By listing, describing and measuring the facts, by letting local residents and key players express themselves, the diagnosis is an accurate depiction of a situation. Subsequently, it is a way to establish priorities and jointly determine a plan of action. These actions relate to the facts listed as well as to the population's feelings.

Finally, the diagnosis acts as a **basis for evaluation**. As the evaluation process is tackled in the third section of the workbook, we shall simply mention that the data collected as part of the diagnosis constitutes a time 0 based on which subsequent comparisons can be carried out on the impacts* of the actions undertaken, on the partnership, on the inhabitants' shifting perceptions etc.

► A consultation tool

The diagnosis also provides a **consultation opportunity**. Establishing a diagnosis requires the cross-referencing of several sources and therefore the participation of various institutions and associations likely to provide information. Above all, a common interpretation of the data collected is required. In this respect, the diagnosis **is a tool capable of giving actual meaning to the notion of partnership** as it requires pooling and discussion by each of the partners. One of the marginal benefits of the diagnosis is the mobilisation of the different players around this issue and the creation or reinforcement of the local partnership.

Finally, the decision to act on public nuisances is often made as part of an emergency situation which needs to be addressed quickly but provides the opportunity of a consultation to examine the required treatment in the longer term. Responsiveness is often essential in this domain in order to prevent the deterioration of the feeling of security. Subsequently, the partners or the public authority switch from a reactive (short-term action to resolve the emergency situation) to a pro-active approach by initiating a medium (prevent the situation from deteriorating once the emergency is dealt with) to long-term action policy (sustainable improvement of the situation).

Benefits of the diagnosis:

Knowledge-related and decision-making support tool:

- Identify and measure the extent of the nuisances with which local authorities are confronted.
- Facilitate causal identification.
- Understand the issues to improve targeting and orient the plan of action.
- Establish a basis for evaluation

Consultation tool:

- Help with the common interpretation of issues and problems.
- Facilitate or reinforce partnerships based on the management of public nuisance problems
- Initiate a discussion on medium and long-term actions, beyond the reactive mobilisation to address emergency situations

b. Local security diagnosis* and public nuisance diagnosis

The local security diagnosis (DLS) and diagnosis of public nuisances relating to drugs and prostitution are based on a similar methodology. While comparative analyses[2] have shown variations relating, among other things, to the extension of the data used between countries as well as within the same country, the stages largely remain the same. In certain countries such as Belgium and France, local security diagnoses have been carried out for a relatively long time, at least as part of local prevention and security policies. Various methodological tools are available for these general diagnoses.

[2] Alvarez J., Besozzi C., & Sansfaçon D. (2006). *Local security diagnoses, a comparative study to improve understanding and action. Completion of a security diagnosis, International Centre for security prevention.*

The methodology proposed in this workbook is based on this general methodology, taking account of the specific nature of drug and prostitution related public nuisances. The methodology adopted should subsequently be defined according to each territory and according to the resources available to everyone. Each territory has specific aspects: size, type of territory, social and demographic composition, socio-economic characteristics, historical and cultural aspects etc. **The resources available** refer to **budgetary** (the budget allocated to the project), **technical** (information collection systems, computer resources, mapping system etc.) and **human resources** (prevention or security experts, coordinators or supervisors, functional partnerships etc.). **When planning their approach, stakeholders should take into account these three types of resources**.

1st stage: Define the scope of action

The exchanges between the three cities revealed that the root of some difficulties was not so much the completion of a diagnosis as the identification of public nuisances relating to drugs and prostitution, as traditional tools do not necessarily target these nuisances. The list of public nuisances proposed on the next page is only provided for information purposes.

In addition, these specific public nuisances are often managed as part of more global policies. The diagnosis of these nuisances should therefore be carried out by taking into account existing social, educational, public health or even public security systems to address the very nature of drug addiction and prostitution. These systems are elements to be considered when describing the territory, as they will also be considered when establishing the plans of action resulting from the diagnosis.

Furthermore, these systems aim at tackling the very causes and consequences of drug addiction and prostitution phenomena while the purpose of this workbook is to provide cities with a tool to act on the nuisances relating to these phenomena. Thus, the objective of the public nuisance diagnosis is not to identify risk factors for drug abuse or prostitution but to analyse the behaviour resulting from these activities, such as the gathering of drug users near dealing areas.

Keep in mind…

Due to the specific nature of its subject, the diagnosis of drug and prostitution related nuisances naturally focuses on perceptions, inconveniences and complaints, related most of the time to incivilities*. It should however **be noted that not all incivilities are due to drug addiction and prostitution.**

In order to initiate the discussion on a concerted and local definition of the concept of public nuisances, the main public nuisances relating to drugs and prostitution are presented herewith for information purposes, as selected within the context of the meetings which preceded the drafting of this workbook. This is not a comprehensive list: **temporal variations of the nuisances and specific local characteristics should be taken into account by each local stakeholder.**

Behaviour directly linked with drug and prostitution related nuisances can be as follows:

- **Drug and/or alcohol consumption in public**
  This public consumption can generate concerns and therefore be perceived as a nuisance due to the most common representations and consequences: public drunkenness, crowds gathering, assembly of people, noise and disturbances, presence of dogs, discarded needles, damage caused under the influence of drugs or alcohol etc.
- **Visible drug dealing activity**
  The sale of small amounts of drugs or the fact of being offered illicit drugs can cause concern or fear for local residents and constitute a nuisance. In addition, certain drug and/or alcohol users beg to support their consumption, near drug dealing areas. This type of begging is sometimes aggressive.

- **Discarded needles or condoms**
  One of the most visible signs of drug and prostitution related public nuisances is probably the discovery of used needles or condoms in public places.
- **The gathering together of prostitutes and their clients**
  Prostitution is generally concentrated in a fairly specific territory. Certain elements related to these gatherings can generate nuisances: gatherings, noise, condoms, the soliciting of male and female residents by prostitutes or their clients etc.

2nd stage: Plan the approach

2.1. Mobilise the partners

The presence of a local committee is inherent in the security co-production approach.

Efficient and effective diagnosis performance is based on the creation of a local consultation process. In some cases, this process is already established before the diagnosis is initiated.

When this process does not exist, a **local committee should be set up, uniting the key players likely to be involved in the domain of drug and prostitution related public nuisances**: municipal authorities, relevant municipal services, health services, police, the justice system, community organisations, social security organisations etc. The following sectors may, in some cases, also join these committees: landlords of social housing*, transport organisations, shopkeepers etc. The committee should **appoint a person in charge who acts as a coordinator, the "project initiator"**. Different people act in this capacity in the three cities: "local prevention coordinator" in Bordeaux, "public nuisance manager" and/or "Coordinator of drug addiction actions" in Liege, social and community development officer in Montreal.

When in session, local committee members should consult to **adopt and share a common vision** of what they perceive as drug and prostitution related public nuisances. This workbook's introduction can help with the local committee's proceedings and discussions.

This local committee will be present throughout the project and **its members will contribute during each stage of the project:** communication of the data produced by their organisation, content definition and implementation of the plan of action and, as part of the evaluation process, verification that the objectives have been met and, when required, adjustment of the plan of action. Their role is not only to guide the coordinator but to help realise the entire process.

The local committee should then decide upon the realisation method for the diagnosis of drug and prostitution related public nuisances, select its principal elements and define a schedule.

2.2. Choose a realisation method for the public nuisance diagnosis

To put it simply, the diagnosis can be carried out internally by people appointed by the local committee or as part of a service offer advertised externally. However, these realisation methods can also be combined by entrusting external players with only part of the tasks.

Since diagnosis realisation is closely linked with a consultation approach and in order to develop a **"diagnosis culture"** and common vision within the local committee, most of the participants in the Exchange programme between the cities have opted for the internal method, while stressing the need for this method to be as independent and unbiased as possible.

Internal realisation:

The nuisances relating to prostitution and drug phenomena involve, as mentioned above, a number of players in the realisation of the diagnosis. The person in charge of collecting and collating data should be appointed by the local committee so that this person has the **legitimacy and authority** required to successfully complete his tasks. Their role is to search for all relevant data, propose new investigation methods if necessary (for example, local residents' consultation) and organise this information based on guidelines defined by the local committee. They also provide the local committee with data analysis proposals but it is the committee's responsibility to interpret this data.

External realisation:

The diagnosis being a relatively technical and time-consuming operation, it can also be carried out by consultants or academic researchers. This approach is not without merit: it involves professionals with tried and trusted expertise in the matter, constitutes a time-saving and methodological support for the stakeholders and guarantees greater objectivity in the data collection process, as the operator is not directly involved in the local security field. However, there are also disadvantages: it is often more costly and, above all, does not guarantee that the partners will have orientations and conclusions of the diagnosis. **Researchers or external consultants should only be used to support the group of partners, not to replace them.**

Provided the local committee remains in control of the project, there is no ideal realisation method. The partners' coalition should be confident in its own skills and field knowledge and, for example, only subcontract technical tasks. The partners can also carry out the diagnosis themselves while opting for a sort of methodological supervision by an external consultant.

Finally, the determination of the diagnosis realisation method should be based on very pragmatic elements relating to the size of the territory concerned, the resources allocated to the project, the number of partners involved, their availability etc.

Remember
Whether the diagnosis is carried out internally or externally, the operator, i.e. the person responsible for carrying out the diagnosis, should act as a coordinator and integrator. We strongly advise against the operator carrying out the diagnosis on their own.

2.3. Determine diagnosis elements

In order to target the data required to establish the diagnosis, three elements were selected amongst the variety of existing models: **territorial profile**, **depiction of nuisances** and suggestions for **tentative actions and scenarios**.

The territorial profile is aimed at putting nuisances into perspective, providing a description of the local reality and of the drug addicts or prostitutes concerned by the diagnosis and providing information on the sector's existing resources and projects targeting these people. It is subdivided into three elements:

- a **general profile of the sector**,
- a **profile of drug addiction and prostitution** in the sector
- a **profile of the resources, services and projects** in terms of drug addiction and prostitution in the sector.

These three aspects of territorial profile represent the introductory part of the diagnosis and are necessary to understand the local conditions and specific characteristics of public nuisances occurring in this territory.

The heart of the diagnosis will be the **description of public nuisances relating to drugs and drug addiction**. It includes the results of the analysis and cross-referencing of the data collected.

Finally, based on the analysis of the data collected to establish the territorial profiles and description of public nuisances, initial conclusions, **tentative actions and scenarios** can be derived in order to launch discussions and proceedings on the plan of action (which is tackled in part two of this workbook).

2.4. Set a diagnosis schedule

Those in charge of establishing the diagnosis must set deadlines for each realisation stage. When determining a timeframe, they should remember that **certain nuisances are sometimes short-lived**. They must find a balance in order to act within a reasonable timeframe. In light of local differences in terms of human, material and financial resources allocated to the realisation of the diagnosis, each city should set its own deadlines. The time devoted to the different stages will therefore vary from one city to the next.

The turnaround for a public nuisance diagnosis is roughly the same as that of a local security diagnosis, i.e. six months to one year. However, as public nuisances are sometimes short-lived and directly affect the population's sensitivity, responsiveness is sometimes of the essence and a quicker diagnosis is needed, with a turnaround of three to six months.

Furthermore, the time needed to collect data should not be underestimated: when it comes to public nuisances relating to drugs and prostitution, data can be more difficult to obtain. Data collection and result presentation periods should also be taken into account. Depending on the time of year and specific local characteristics (holidays, weather etc.), the participation of the people consulted or local stakeholders can vary in terms of quantity and quality.

The local committee should focus on setting a realistic schedule, discussed with all political and technical stakeholders[3].

[3] Timeframe examples are available in the abovementioned reference by Alvarez J., Besozzi C., & Sansfaçon D. (2006). (see p. 26)

3^e stage: Determine the territorial profile

The three aspects of territorial profile – general profile, profile of drug addiction and prostitution and profile of the resources – will introduce the description of public nuisances and support the analysis via data cross-referencing. They are also used as a reference when devising the plan of action.

3.1. Carry out the general profile of the sector

The objective of the general profile of the sector is to introduce the sector where the diagnosis was carried out (city, municipality, neighbourhood, quadrangle, streets etc.) and provide contextual elements to territorialize the nuisances targeted by the diagnosis. Depending on the size of the sector, it may not be necessary to examine all these aspects in greater detail.

Four types of elements make up the general profile of the sector:

- **socio-demographic elements:** size of the sector (overall population), breakdown according to age, gender and origin categories, family structure (number of children, parenthood situation), etc.;

- **socio-economic elements**: employment and employability structure in the neighbourhood (proportion of unemployed and retired people, endogenous or exogenous employment), income structure and level in the neighbourhood, schooling level, unemployment rate, proportion of immigrant population etc.;

- **urban planning elements**: recent evolutions in the neighbourhood's occupancy, housing profile (obsolescence, vacancy rate), neighbourhood migration rate, profile of shops and public services, service infrastructures

(schools, leisure etc.), presence of wasteland, urban renovation projects etc.;

- **elements concerning crime in general**: overall rate of crimes reported to the police, broken down into major categories (assets, people), police staff, victimisation and feeling of insecurity if available.

3.2. Create a profile of drug addiction and prostitution

The objective is to improve knowledge of the local reality in terms of drug addiction and prostitution.

The information to be collected relates to **psychotropic substances such as**:

- the number of users in the neighbourhood and the substances used,
- the type of substances available,
- recent evolutions in the different types of products available,
- various problems that the relevant drug addicts are confronted with,
- users' socio-demographic characteristics,
- drug-related offences recorded (possession, sale),
- presence and characteristics of an "open scene",
- presence of closed places of injection or, depending on the country, of substitute product distribution.

As well as **alcohol**:

- number of bars and other drinking establishments,
- alcohol-related offences recorded.

And **prostitution**

- number of people involved in the various forms of prostitution,
- socio-demographic origin and characteristics,

- history of prostitution in the neighbourhood.

3.3. Create a profile of resources, services and projects

The objective of this profile is to improve knowledge of the players, resources, available services and existing projects in the sector relating to drug addiction and prostitution.

This mostly relates to five types of players: municipalities, the police, social and health services, private security and associations.

Municipalities:

- Services in charge of maintenance and urban planning (infrastructure cleaning and maintenance, local urban policy etc.);
- Municipal police (in France): surveillance and policing services under the authority of the municipality (enforcement of regulations on traffic, cleanliness, public domain etc.);
- Crime prevention structures or systems: centres for young people or sensitive populations, prevention-related events, street worker, mediator etc.

Police:

- unit specifically in charge of prostitution or drug addiction,
- number of staff,
- scope of this unit,
- community policemen allocated to this neighbourhood and proportion of their time devoted to drug addiction, prostitution and public nuisance issues.

Social and health services:

Existing resources and services in terms of drug addiction and prostitution:

- specialised care units,
- needle exchange, injection and maintenance centres or systems,
- permanent or temporary social and health centres (caravans, kiosks);
- care structure for drug addicts etc.

Associations:

Organisations or associations working with prostitutes or drug addicts or organisations working in other domains to which a preventative action may also apply (for example leisure associations).

Private security:

- Security services or surveillance systems designed to address nuisance phenomena such as degradations, put in place by landlords of social housing, education institutions, shopkeepers etc.
- Service of specialised agents appointed by these organisations to tackle drug and prostitution related issues.

4th stage: Identify drug and prostitution related public nuisances

Several sources of information are available to those in charge of describing public nuisances relating to drugs and prostitution; the **pooling of the information collected** will give the diagnosis a comprehensive image and a more accurate description of the situation of the sector examined.

The sources of information and related work methods will be presented in this section. The explanations relative to data cross-referencing appear at stage 5, under “Data analysis”.

Information sources:

4.1. Statistical information and information provided by the partners (police, justice, health sector, associations, education system etc.).

4.2. Consultations:

- **a. Questionnaire surveys**
- **b. Exchange groups**
- **c. Interviews**
- **d. Consultation with prostitutes or drug addicts**

4.3. Ethnographic observations and exploratory walks.

4.4. Monitoring of media coverage of public nuisances

4.5 Research reports

4.1. Collect quantitative data* generated by the partners

Quantitative data on behaviour and situations described as “nuisances” by stakeholders represents a valuable source of information. It quantifies and measures types of behaviour which sometimes appear difficult to measure. However, not all nuisances can be listed and accounted for.

A large number of quantitative data appears as statistics*, i.e. quantitative data collected regularly according to a pre-determined methodological and institutional framework and which are published on a varying scale.

The use of quantitative data… usage precautions

- Quantitative data measures previously identified phenomena. The emergence of new types of behaviour can only be measured via qualitative sources of information or the cross-referencing of data from varied sources. For example, data on the number of used needles collected and their location provides no information with regard to the time spent on site by drug addicts.

- A lot of quantitative data has no direct connection with drug and prostitution related public nuisances, in which case it will be **useful to put nuisances into perspective and its use will be relevant in the description of profiles**: profile of the sector, profile of drug addiction and prostitution and profiles of resources, services and projects. For further details of these profiles, please refer to diagnosis elements.

4.1.1 Collection of quantitative data*

Access to data depends on the legal framework, politicians and the quality of the relationships between partners. This is why the realisation of the diagnosis should be based on the constitution of a dedicated and available local committee.

To cover all the domains directly linked with public nuisances, all relevant information categories should be identified. A “Model for the identification of existing statistical sources of information” is available in Appendix, which proposes a classification of the information and provides several examples for the cities of Bordeaux, Liege and Montreal.

For each type of data, the following should be specified:

- **nature**: the person in charge of carrying out the diagnosis will check whether this data relates to statistics directly linked with public nuisances relating to drugs and prostitution (number of needles collected, number of arrests for soliciting etc.), data putting these nuisances into perspective (quantitative information on the cleanliness of the sector, on the feeling of security, the crime rate in the sector, the level of poverty etc.) or data providing information on prostitutes or drug addicts and the resources of the sector (number of organisations caring for this population, nature of the substances used, needle exchange programme, drug replacement programme etc.).

- **periodicity**: monthly, quarterly or yearly. Official statistics are often published with a one year and sometimes even two-year delay. Depending on the partners involved and the agreements, it may be possible to obtain privileged access to the data before its official publication. The periodicity of the statistics and other quantitative data is relevant information which should be part of the diagnosis in order to facilitate its eventual update.

- **geographical variations**: local, regional, provincial, national data. While national data is often less accurate, it is still however of interest, notably when no local information is available or for comparison purposes with other territories. It is also pertinent to mention in the diagnosis whether these statistics are available for several geographical entities.

- **gender distinction**: analyses the breakdown of the problems and risk factors by gender.

- **age distinction**: analyses whether certain issues significantly affect minors or another specific age group.

Furthermore, we advise that **the statistical collection should begin with drug and prostitution related public nuisances with a consensus within the working committee. As the diagnosis realisation progresses, and with help from data cross-referencing, it will be possible to identify other nuisances.**

4.1.2 Relevant quantitative data categories

a. Information from police and judicial services

► **Police statistics (national and local) and other information**

Nuisance-related behaviour, in most cases, does not constitute offences under the law. **Police statistics, except in certain specific cases, do not directly relate to nuisances but to associated criminal behaviour.**

For example, in the three cities, the public element of drug consumption, a behaviour considered a “nuisance”, does not constitute a specific criminal act. However, any act of consuming illicit substances, regardless of the circumstances, constitutes an offence. Statistics do not make it possible to identify the **public element** of this consumption. Only empirical research into the statement of offences can reveal this characteristic.

Police statistics, even though they reflect the level of police activity more so than the scope of the phenomena, should of course be integrated into the diagnosis. **At the time the diagnosis is being drafted, these interpretation elements must be outlined.**

In addition to official statistics, police services may have **more specific information generated by specific projects**. For example, in Montreal, the Cyclops project allows local residents to provide input into a prostitution related database, more specifically information on customers driving around the neighbourhood.

► **Judicial statistics**

As the phenomena examined herewith are likely to become a judicial issue, the involvement and decisions of the justice system should be analysed. One should focus on the monitoring and application of judicial measures, for example personalised supervision, geographic bans or limitations, restriction guidelines etc.

b. Sources of information from the municipality

Several municipal services are directly involved in the management of drug and prostitution related public nuisances. As each city has its own administrative rules and services, general guidelines are proposed, which do not indicate the proper names of these services but define their functions.

► **Complaints offices**

These offices receive and process citizens' complaints on different subjects, including certain public nuisances. **The person in charge of realising the diagnosis should distinguish, to the extent permitted by the data, the nuisances relating to prostitution and drug addiction from other nuisances. If it is impossible to establish this distinction, the information on citizens' complaints will be used in the general profile of the sector.** The same applies to citizens' petitions communicated to elected officials.

► **Aid programmes**

When relevant, the idea is to search for available information on the nature of aid programmes designed for drug addicts or prostitutes and on the use of these programmes by prostitutes or drug addicts etc.

► Urban planning and road inspection services

Insofar as these services deal with the cleanliness of the sector and the maintenance of urban equipment, they can provide quantitative information, for example with regard to the degradation of urban equipment and recovery of discarded needles. For **the recovery of needles,** if there are other non municipal organisations in the sector carrying out the same type of work, the existing links between these organisations' action and that of municipal services should be verified.

► Other source of information

These statistics refer to projects implemented by the municipality for which data may be available (for example from a mediation service or night wardens).

c. Health-related information

Drug addiction and prostitution problems directly affect people's health. The people in charge of carrying out the diagnosis should, in collaboration with the representatives of the health networks present within the local committee, list the relevant data and projects to be included in the "territorial description" of the diagnosis.

d. Information from associations and community-based organisations

There are often many community-based organisations and associations in the field of drug addiction and prostitution. These organisations are often able to identify evolutions in the field (arrival of new drugs, changes in prostitution areas, changes in the homeless situation etc.). A vast range of organisations are also involved in the broader fields of social action, healthcare and mutual aid.

This variety is a positive point but should encourage those in charge of carrying out the diagnosis to identify the organisations most involved in nuisance-related issues as well as those compiling data as part of a coordination mission, so as to retain only the most relevant data to complete and enhance the diagnosis.

e. Information from the school system

As the school system is often involved in prevention and awareness activities, the idea is to check if education institutions in the sector have data available on these projects.

f. Information from institutions involved in the employment support domain

The tasks of social security organisations are varied: return to studies, guidance relating to the labour market, direct aid in the form of welfare benefits, housing aid etc. These organisations are sometimes involved directly or indirectly with drug addicts or prostitutes and may have relevant information for the diagnosis of public nuisances.

g. Information from landlords of social housing*

All or part of the buildings managed by landlords of social housing may be located in the sector targeted by the diagnosis, in which case they may provide data relating to tenants' complaints, degradations and repairs, incidents etc.

h. Information from public transport operators

Public transport operators may manage bus routes or underground stations in the sector concerned. Therefore, they may provide the same type of data as landlords of social housing, as well as information relating to network user figures in this sector and, when relevant, the activity of mediation officers.

4.2. Consult those involved*

Largely defined by the perception of local residents and public area users, nuisances should also be diagnosed by means of data generated by the consultation of the population and local stakeholders.

4.2.1 Who to consult?

Consultation is aimed above all at those living, using or working in the public areas of the territory targeted: residents, shopkeepers, workers (even non residents) etc. Depending on the type of people consulted and their specific interests, different issues may emerge.

Local residents constitute the first target audience and their consultation should be prioritised and systematic. **Shopkeepers**, in commercial areas, often contribute to

defining public nuisances due to their sensitivity to anything relating to the environment of their activity: welcoming nature of the premises, cleanliness, lighting, feeling of well-being etc. **Non-resident workers** can be consulted depending on local circumstances: presence of a hospital or shopping centre within the neighbourhood affected by nuisances, significant daily commuting through drug addiction or prostitution areas (for example train stations, crossroads etc.).

The professional stakeholders most directly affected by the phenomena are integrated into the local consultation committee (social workers, healthcare professionals, "public nuisance manager" etc.) but others can also contribute to the diagnosis by their observation capacity, such as taxi or bus drivers, school safety patrollers at pedestrian crossings, park caretakers etc. They constitute **key informers capable of providing more general information.**

The consultation of prostitutes or drug addicts, although difficult to carry out due to their identification, availability or interest, remains crucial in terms of understanding the complexity of situations: reality of the problems encountered (health, affiliation with organised crime network gangs), resources necessary to tackle these problems (parents, friends etc.), actions and tentative solutions. Depending on the circumstances, direct consultation (one-on-one interviews) should be prioritised. Indirect consultation (via social workers or other contacts) remains useful but is obviously somewhat biased. Prostitute or drug-addict consultation techniques are tackled in section "4.2.3 How to consult".

Advice…

The identification of these different people as part of a consultation designed to provide input into the diagnosis should also help build useful partnerships for the realisation of the plan of action. These nuisance observers, victims or perpetrators may actually be part of the solution, whether by searching for these solutions or implementing them.

Each person or group of persons consulted raises a variety of issues which helps enhance the diagnosis.

4.2.2 When to consult?

Consultation constitutes an integral part of the diagnosis and should be carried out **as soon as the diagnosis is initiated**. As with the collection of quantitative data, it requires the definition of a methodology, which must however be tackled right from the start without waiting for the compilation of quantitative information.

As with the entire process, the consultation phase can be carried out at various stages: to check the relevance of the initial diagnosis and assess the evolutions or to respond to new concerns. The creation of specific tools and a diagnosis culture amongst local partners, as well as the progressive training of operators, contribute to the reoccurrence or renewal of these operations.

The launch of the diagnosis process and consultations in particular must take into account:

- **local circumstances**: avoid consultations during public riots and media "peaks" or during holidays and special intervention periods: launch of a police operation, opening of a needle exchange centre etc. Before carrying out the consultation, the level of existing "tension" should be assessed in order to avoid the bias of external factors likely to have a negative influence on the population's perception.

- **partners' objectives**: the consultation may follow a marked political and public announcement, highlight the consideration of this issue by local decision-makers and encourage professionals to improve their analysis of the situation.

4.2.3 How to consult?

Different methods are proposed and listed in this section's **summary**, and an example of local residents' questionnaire is available in **tool sheet 1** on page 91.

If a broader approach is envisaged, we suggest the help of specialised professionals (researchers, research assistants etc.), not just for the delegation of consultation operations but to guarantee a more comprehensive methodological supervision.

Three consultation methods seem more adapted to the diagnosis of public nuisances:

- **Questionnaire surveys** of local residents, other residents and users of the territory concerned, prostitutes or drug addicts and professional stakeholders;
- **Discussion**, consultation and study groups.
- **Individual interviews** of targeted people (e.g. key stakeholders).

a. Questionnaire surveys

A survey is a research technique which establishes facts and encourages those questioned to give their opinion.

► Questionnaire survey methods

Generally speaking, it is preferable that the same person carries out all interviews, in order to ensure uniform data collection. Students or research assistants trained in the methodology may be used.

Interviews and surveys can be direct (multiple-choice questions), semi-direct or open-ended. **In the domain of public nuisances and more generally security, questions that are too direct are not conducive to the identification and expression of perceptions** (the feeling of insecurity, quality of life, impression of well-being within the city or sector etc.). Similarly, **they do not reveal the broad variety of factors which contribute to security or define public nuisances** (for example noise, visual aspects, types of behaviour and their interpretation, as well as the reputation of a neighbourhood, socio-economic situation etc.). This is why this workbook provides semi-direct survey tools.

- ***Written survey (questionnaire sent by post or handed out)***

We do not recommend sending a questionnaire by post or handing it out, in light of the low response rate generally observed. However, this tool can be useful in obtaining initial elements of analysis and, repeated at regular intervals in the same conditions, makes it possible to assess a trend.

The following is required:

- Briefly describe the context and objective of the diagnosis. Point out that 100% participation is a key element in the design of the diagnosis, as it will reflect local residents' opinion.

- Underline that the questionnaire is anonymous.
- Include a pre-stamped return envelope (if financial resources allow it).
- Choose the right time to send it: we recommend avoiding school and summer holidays.
- Possibly send one or two reminders after a certain period of time in order to increase the response rate.

The analysis of the results should obviously take into account the response rate.

- ***Telephone survey***

This is a rapid and relatively low-cost method, enabling the oral interview of the people surveyed. The following is required:

- Present the diagnosis so as to stress that the approach is supported by a local committee including several key stakeholders.
- Specify that the responses to the questionnaire are anonymous.
- Specify the deadline for responding to the questionnaire.
- Choose a timeframe which suits those being interviewed.

- ***One-on-one survey***

Although time-consuming, the one-on-one survey appears to be most beneficial. It ensures a significant response rate but above all a special relationship with the person surveyed.

► Realisation of the questionnaire survey

- ***Constitution of the sample***

To ensure that the information collected can be standardised, two key elements should be considered**: the size of the sector and the socio-demographic composition.**

Research manuals generally consider that a response rate of approximately 30% is required to ensure pertinent analyses. While this target cannot always be met, due to population density and resources available, the number of interviews should however be adapted according to the number of inhabitants. The 30% figure is therefore a way to check the representative nature of the sample.

The number of respondents should be broken down fairly evenly by gender, age category and sometimes ethnic origin, in order to guarantee the right representation of the population in the targeted sector. The constitution of the sample is therefore based on the good knowledge of the sector in question (see territorial profiles). In certain countries, the ethnic and cultural composition of the population is unknown and the questions associated with this issue can be prohibited or misinterpreted.

A **sampling plan** should determine the number of interviews to be carried out for each age category. Census data is particularly useful to calculate the approximate number of interviews to be carried out according to these factors.

Other surveys can be carried out more randomly, without determining a sample of people to be surveyed. In this case, the circumstances in which the survey is carried out should be examined in order to reduce the risk of bias; the population present in a territory naturally varies depending on the day of the week (week days – week-end), time of day (working hours, school time, night-time etc.), places and any extraordinary event.

- ***The questionnaire***

As far as possible, the questionnaire should be short yet specific. When drafting the questionnaire, attention should be paid to the timeframe and resources required by its compilation and analysis. **Tool 1**, 91, provides a questionnaire model. This is a general questionnaire model which should be adapted to the local situation. The key elements of the questionnaire are as follows:

- *Covering letter*

To introduce the questionnaire, a **covering letter** briefly outlines the purpose of the interview and specifies that this survey is supported by a local committee. If external partners such as research centres or other institutions are associated with the approach, their role should be explained. **The objective of the letter** is to explain the purpose of the survey to the recipient and to mention the importance of collecting the opinion of local residents. The presentation of the local committee and other partners can provide support and positively encourage the participation of local residents.

- *Questionnaire content*

The questionnaire should comprise **semi-direct questions** offering multiple choice answers and **open-ended questions** in which the respondents express their opinion.

When formulating the questions, the **reference period** should be stipulated, corresponding with the period of time you wish to cover (for example the past 12

months, past 6 months etc., the number of assaults in the past 6 months, the number of times the person has been aggressively solicited etc.). When the questions are of a general nature, a reference period is not necessary. It becomes necessary when the question is aimed at examining an event experienced by the respondent in greater detail. The participants in the Exchange programme between the cities consider that the maximum reference period should be 6 months. As nuisances are sometimes short-lived phenomena, we do not recommend exceeding this period (for example, the number of discarded needles spotted in the past 6 months already represents the maximum period for this type of question).

Once the questionnaire has been formulated, it must be tested amongst a restricted group of people with the same characteristics as those who will reply to the final questionnaire. The purpose of this test is to check that the questions are easy to understand and unambiguous as well as to assess the time required to reply. This phase is not time-consuming and avoids many pitfalls.

The model provided in **tool 1**, p. 91, was designed as a guideline adaptable to the specific situation of each territory. The logic of this model should however be retained for each adaptation. It is designed in a “tapered form”, i.e. it begins with general questions regarding the atmosphere of the neighbourhood, followed by more specific questions on public nuisances.

The first section of the questionnaire therefore relates to the cleanliness and lighting of the neighbourhood and provides information on local residents’ general perception of these aspects. There is no reference period in the formulation of the questions because it is a general perception of the area. This perception will be used as a reference when analysing questions on public nuisances, as respondents may respond in a very negative manner to these more specific questions. The first questions make it possible to check whether, in spite of the public nuisances, the overall perception of the sector is good or bad. Conversely, a bad perception of the sector may not necessarily be linked with public nuisances.

The second section is the heart of the questionnaire on public nuisances and relates to local residents' concerns. From then on, and for the rest of the questionnaire, the reference period is mentioned. This second section includes two types of questions: open-ended questions enabling respondents to express themselves and recount any pleasant or unpleasant situation without influencing or suggesting answers, and a question relating to a series of unpleasant situations. **When analysing the data, this question should indicate the sector's main concerns in relation to those that are less significant. The answers to this question should also be compared with the results of exploratory walks*. Finally, this information will be useful when determining the plan of action.** The specific situation of each territory will determine additions to or withdrawals from the proposed list of unpleasant situations. Open-ended questions allow the respondent to complete this list beyond the imagination of the questionnaire creators. It should however be noted that the analysis of open-ended questions is longer and more complex than that of multiple choice questions.

The second section tackles the topics of respondents' complaints and the services that they contacted as well as possible solutions.

The third section of the questionnaire targets the residents' feeling of insecurity and can establish the influence of the facts mentioned in the questionnaire on the residents' feeling of security.

Finally, the questionnaire should contain identification questions (non-personal such as age, gender, number of years the respondent has lived in the neighbourhood) to help establish the characteristics of the respondents' sample and compare them with those of the entire population of the sector. This type of question makes it possible to check the representative nature of the consultation.

Residents' questionnaire… usage precaution

When **formulating the covering letter or the questionnaire, answers should not be inferred so as to match what the committee considers nuisances**. The objective of the survey is to let local residents express themselves on what they consider, deem and perceive as an inconvenience or a disorder. The term "nuisances" itself should not be used in the survey.

► Questionnaire survey of professional stakeholders

The questionnaire survey may be useful for the consultation of professional stakeholders when they cannot all be met on a one-on-one basis. This applies to areas where a lot of associations are involved or when you wish to consult with all key stakeholders.

In this case, the questionnaire must be specifically designed for these stakeholders, notably by asking them whether they live in the area or in the city, what their work schedule is (day/night or further details) or how long they have been in the area. Nuisance-related questions may be dealt with more directly than with local residents, since the idea is to obtain not only their perception but also their daily observations.

b. Exchange groups

► Discussion group with local residents

At the same time as the survey, it is possible to form a citizens group with specific characteristics. The benefit of this group is to obtain targeted information, in particular on local residents' perception and expectations, while assessing the variety of opinions or level of consensus on certain subjects.

The constitution of the group itself can vary or only target specific categories according to the gender, age, profession (shopkeepers for example) etc. The nature of the information provided by the groups will vary depending on its homogeneity or heterogeneity. This is why the information required should be determined before planning the composition of the group. The people making up the group can be:

- shopkeepers in the area concerned, or the director of a supermarket in this area,
- local residents,
- users of sporting or socio-cultural facilities, community centres,
- local groups of young people, senior citizens or mutual aid networks, which cannot form an association,
- notable figures involved in the life of the neighbourhood,
- etc.

The major difficulty is to get local residents to participate. In order to overcome this difficulty, so-called captive audiences may be used, i.e. people visiting a centre or involved in associations and approached and identified by local stakeholders. Compensation may be offered. The place of the interview should be neutral while easy to access by the participants.

The interview itself should be prepared by means of a discussion plan, a guideline for the interviewer, who must however ensure that the discussion flow appears natural. Several groups can be organised until the information becomes redundant (referred to as information "saturation").

Although the information collected remains only qualitative and incomplete by nature, it constitutes however a significant qualitative addition to the diagnosis. It is often tempting to describe a situation using only figures (x percent of respondents believe that…, x number of needles collected etc.) to the detriment of the perception, expectations and tentative solutions of the people living in a neighbourhood. Discussion groups also enable the drafting of a questionnaire, which can combine the two principal resident consultation methods.

► Neighbourhood assemblies

Another way of obtaining local residents' experiences and perceptions is to organise **neighbourhood assemblies**. Several cities have already implemented these assemblies. The main benefit of this method is to **give local residents the possibility of expressing their feelings**.

Conversely, as is often the case with this type of public hearing, **the people most directly concerned are over-represented**. This is why certain services carry out a preliminary poll amongst the residents of the area so as to have a more accurate idea. While these "home-made" polls only constitute a summary approach, they provide valuable indications on the level of satisfaction or complaints from local residents and help prepare for a consultation.

For example, two models for collecting perceptions, used by the city of Bordeaux, are presented in **tool sheets 2 and 3**, on pages 101 and 107:

- the model used to collect local residents' perception of insecurity, the purpose of which is to prepare for neighbourhood crime prevention councils;
- the nuisance collection model, which was used as part of the diagnosis prior to implementing a plan of action in a Bordeaux neighbourhood.

► Meetings with professional stakeholders

Other exchange groups can complete the diagnosis, **study groups made up of "specialists"** or other **issue tables between various stakeholders.** Exchange groups can be composed of professionals belonging to the same (e.g.: all mediation officers) or different professional fields (e.g.: mediation officers and building caretakers).

This technique makes it possible to meet with several players in the field in a more personal manner than a questionnaire while avoiding the heavier logistical efforts of individual interviews. Using issue tables also saves time since the exchange structure already exists.

The subject of these meetings can be the general situation of public nuisances or relate to specific themes. Time permitting, several meetings can be envisaged to discuss the situation as well as tentative solutions.

c. Individual interviews with key stakeholders

Individual interviews represent a valuable tool to collect qualitative information. However, the logistics involved is significant due to the time required to make the appointments. This raises the issue of people's availability, the realisation of the

interviews and the transcription (which is not always a verbatim reproduction of the person's words).

In light of the time needed to carry out these interviews, the number of people to interview should therefore be restricted. These people can be key stakeholders by the nature of their mission or because they represent the only resource of this type in the territory considered (director of the neighbourhood's health centre, director of the education institution, president of the shopkeepers' or residents' association etc.).

The semi-direct interview technique seems most adapted to a public nuisance diagnosis, as it ensures the collection of information without inferring answers, thereby leaving room for the emergence of unidentified issues. Thus, the surveyor should ask as few questions as possible and refrain from becoming involved in the discussion. The number of questions should be limited and the interview must seem informal to the person surveyed. Individual interview guidelines are provided in **tool sheet 4**, on page 109.

Individual interviews, more than a mere consultation, also help mobilise stakeholders. Meeting with key stakeholders in person is the opportunity to present them with the diagnosis approach and arouse their interest in future actions.

This method can also be used to consult with prostitutes or drug addicts, by taking account of the specific characteristics inherent in the consultation of these people, as developed hereafter.

d. Consultation techniques for prostitutes or drug addicts

As experienced by those involved, consulting with prostitutes or drug addicts involves specific difficulties. These people may not be keen on being interviewed or

responding to questionnaires. They may be distrustful or consider the consultation a waste of time. This consultation remains however essential as these people are most directly concerned by the issue of these specific public nuisances, of which they can also be the victims. They are also those most affected by subsequent actions.

Depending on the context and these people's willingness to participate, information may be difficult to obtain. **We strongly recommend associating with health or community-based organisations working with this type of population**. This was done in Montreal with the "street prostitution" project: a small number of prostitutes were consulted within the framework of informal discussions, with the help of social workers who had gained the trust of these people.

As part of a collaboration, small questionnaires may be handed out to drug addicts or prostitutes visiting one of these organisations.

Social workers can also play a significant role in collecting information from prostitutes or drug addicts. These interviews may or may not take place as part of a participatory observation process (see section on ethnographic observations).

As with any other consultation, data analysis should take into account the response rate; standardisation improves as this rate increases. However, even a seemingly low response rate can be extremely pertinent in terms of quality. **Once these responses are cross-referenced, they will provide valuable indications on the nature of users' requirements and compliance with service guidelines.**

Examples of topics to be tackled:

- relationships with local residents and shopkeepers;
- feelings about the nuisances of which they can also be the victims;
- feelings about the fact that they are considered responsible for these nuisances: do they think it is justified; if not, who is responsible, etc.;

- for drug users: place and type of consumption; visit to support services etc.;
- tentative solution proposed;
- for prostitutes: prostitution areas and schedules, country of origin, consumption of psychoactive substances;
- criminal behaviour (whether or not resulting an arrest); arrests and criminal record;
- relationships with drug dealers and procurers;

Keep in mind…
Consultation with prostitutes or drug addicts represents a way to collect elements "from within" by completing the diagnosis, as well as reduce the blame apportioned to this population and involve them in the implementation of solutions.

A methodology of the two types of consultation with drug addicts is presented in appendix.

- The *TREND* report*, Drug usage in the Aquitaine region, Evolutions and recent trends,* is published every year and uses data generated by consultations with drug addicts.
- The "Snowball" project in Belgium, within which drug addicts issue a message designed to prevent the risks associated with intravenous drug consumption, is a source of information on the behaviour of drug addicts.

4.3. Carry out ethnographic observations and exploratory walks

When it comes to drug and prostitution related public nuisances, ethnographic observation and exploratory walks are very efficient information collection techniques, as they collect both quantitative and qualitative data. **Quantitative** as they aim at listing all situations and stakeholders in the field as well as nuisance

areas, frequency and number. **Qualitative** as they describe the place, time and nature of nuisances and take into account the perceptions of the population.

4.3.1 Ethnographic observations

Ethnographic observations, also known as **in-situ observations,** are suitable for case studies and are often used to collect data on poorly defined or emerging problems. Anthropologists have often used this approach because it helps shed light on practices and habits.

There are two types of observation: the **participatory observation** in which the researcher becomes involved in the life and activities of the people observed; and the **disengaged observation** in which the researcher does not get involved.

Observation does not only mean “going into the field”. Observation objectives (what do we want to know), schedule and an observation model should be defined first. The person must then adapt to the environment while causing as little interference as possible.

Participatory observation provides a wealth of information and helps with the on-site understanding of the phenomena. This approach requires time and the person appointed to carry out the participatory observation should have specific knowledge and skills. Given the time and adaptation required, participatory observation is more suitable to in-depth research.

As part of the diagnosis, **an interesting alternative is to work in close partnership with social workers.** These professionals are constantly observing and in touch with the population targeted. They are ideally positioned to collect information and communicate it to the person in charge of carrying out the diagnosis.

4.3.2 Exploratory walks*

In conjunction with the collection of data by social workers, other people can be appointed to participate in exploratory walks[4] in the area at different times of day.

Exploratory walks explore a given territory and describe what is observed in it while putting these observations into perspective, thereby making them more tangible.

In order to explore these streets, quadrangles are defined and small groups formed (two to four people), one group for the daytime and one for the night time. The person in charge of organising the walk should previously define an itinerary and decide on the objectives of the observation, after which they should design a form-type chart for the appointed secretary to note down the observations of those taking part in the walk. A chart model for exploratory walks is provided in **tool sheet 5** on page 113.

For each category of observation, the participants should identify:

- **unpleasant elements** perceived as an inconvenience, aggression, causing discomfort and fear;
- **pleasant, enjoyable and appreciated elements** contributing to the feeling of well-being, trust and security.

> **Advice:**
>
> Ask the people filling in the form to note all their observations. **Nothing should be excluded.**

Observation categories are, for example:

[4] For further information on the origin of exploratory walks, please consult the following website: http://www.femmesetvilles.org/seminar/francais/themes_fr/the_marches_fr.htm

- **Area maintenance:**

  Example of unpleasant elements: graffiti, waste on the ground, broken public lighting, overturned dustbins, broken windows, defecation, used needles, condoms, deteriorated park benches etc.

  Example of pleasant elements: flowers, cleanliness, accessibility, available urban equipment (benches, fountains etc.), calm etc.

- **Area occupation:**

  Example of unpleasant elements: presence of aggressive people, insufficient lighting, poorly secured vacant lots, abandoned houses, lack of shops etc.

  Example of pleasant elements: good lighting, presence of children at play, parks etc.

- **Neighbourhood resources**

  Example of unpleasant elements: absence of public services (parks and leisure, police service, public transport) etc.

  Example of pleasant elements: police regularly patrolling the area, busy areas etc.

Exploratory walks involve local residents, shopkeepers, public area users, professionals etc. in the diagnosis in a concrete and concerted manner. Focused on observation, they identify the multiple factors contributing to the perception of nuisances. This team process also creates links between the different citizens groups and professional partners, while encouraging the participants to make the urban area their own.

While local residents' participation in exploratory walks is a plus for the collection of qualitative data*, it also generates expectations from these residents. Therefore, these exploratory walks should be followed up, for example by communicating requests not directly relating to public nuisances to the relevant services or by

regular information on the progress of the committee's proceedings. Exploratory walks should therefore be taken into account when drafting the communication plan.

Advice on how to use the data

The data obtained by exploratory walks represents a database which can be used in the form of maps (see mapping).

4.4. Monitoring of media coverage of public nuisances

The monitoring of the treatment of drug and prostitution related public nuisances makes it possible to assess, among other things, the level of tension observed locally. A press review also helps highlight the recurrent media coverage of certain events and certain areas (for example certain housing estates, districts, neighbourhoods etc.).

While examining the media requires dedicated human resources, this investment can be useful, in particular during periods of "peak coverage" of public nuisances (the press review is not required throughout the duration of the diagnosis or project). Finally, it should be pointed out that this work may be facilitated by the existence of press reviews already carried out by members of the local committee (municipalities, police services etc.). This work is facilitated by the use of Internet search engines providing daily or weekly alert systems (according to search criteria by subject, geographical area or key word).

To facilitate the analysis of the media coverage, we recommend the creation of a database (which will be used as a media library). Below is an **example of the potential sections of this database**:

- **Information category of the article**: event, policy and law, prevention, opinion, event follow-up, poll analysis and result etc.
- **Theme of the article**: public fighting and disorder, street gangs, threats, sexual assaults, prostitution, pornography, procuring, murders, thefts, illegal trafficking, drugs, alcoholism, suicide, disturbance of the peace at night, graffiti, dirty streets, homelessness, security measure etc.
- **Stakeholders**: citizens, drug addicts, male or female prostitutes, police, community-based organisation, justice system, correctional system, private security, healthcare, school system etc.
- **Living environment**: specify the nature of the public area (park, alleyway, street, vacant parking lot, schoolyard etc.)

- **Position of the article:** front page, “standard” or brief article.

When required, this press review can be completed by the analysis of television or radio reports.

4.5. Use of research reports

Data collection should not exclude studies and research on drug addiction and prostitution carried out in the territory. Depending on the local resources allocated to the realisation of the diagnosis, a literary review may be carried out or interviews conducted with the relevant researchers. Research often provides a more global and documented approach which balances the short-term vision naturally inherent in the diagnosis, by putting it into a more general context.

Researchers can also be commissioned to carry out an *ad hoc* study in order to complete the diagnosis with an in-depth examination of a specific aspect.

5th stage: Analyse data

Once the data required for the diagnosis is collected, it must be **analysed by focusing on cross-referencing, which will make the diagnosis specific, unique and give it added value**.

5.1. Data analysis methodology

Below are a few suggestions on how to analyse quantitative and qualitative data.[5]

5.1.1 Quantitative data*

When compiling quantitative data, different calculations are generally used, including:

- **Frequency**: number of times an event occurs over a given period of time.
  E.g. the number of times a place is mentioned as insecure during a consultation: *Epsilon* Park was mentioned by 25 people as unsafe, underground station *Kappa* 23 times, *Gamma* Park 13 times, the back of the *Alpha* pharmacy 7 times.

[5] Sehl Mary *et al. Evaluation of projects aimed at preventing crime via social development: Workbook for community-based organisations.* National crime prevention centre, Canada's Public security and civil Protection, Ottawa, p. 76

- **Percentage**: percentage of respondents providing the same answer.
  E.g.: 36.5% of the respondents mention *Epsilon* Park as unsafe.

- **Average**: number of times an answer is given divided by the number of respondents. This data is influenced by extreme answers (i.e. significantly above or below average).
  E.g.: The average age of the respondents is 37.

- **Median**: the middle answer when answers are classified from the highest to the lowest. The total of other answers is exactly divided on either side of this answer. This data makes it possible to identify the central answer, unaffected by extreme answers.
  E.g.: the median answer with regard to unsafe places is the *Kappa* underground station (the median answer is the "34th", i.e. the total number of answers divided by two).

- **Mode**: the most frequent answer.
  E.g.: *Epsilon* Park is most frequently mentioned (25 times) as unsafe.

5.1.2 Qualitative data*

With regard to qualitative data, **content analysis** should be carried out, i.e. the detection of trends and themes within the data. It measures perceptions, for example by revealing frequent aspects in the interviews or discussion groups conducted with key informers (on nuisances, the effects on an intervention, the nature of the partnership etc.).

This content analysis is also used for the open-ended questions of a local residents' survey. Multiple-choice questions can be compiled according to the analysis of quantitative data as described above.

5.2. Cross-reference the data collected

In order to describe public nuisances in the territory concerned, **data should not be dealt with separately**. **The cross-referencing** of quantitative data and information obtained via the local residents' survey and surveys of other target groups, **observation and exploratory walks,** will **reveal the least apparent nuisances**, the causes and interaction between the factors leading to the perception of nuisances.

5.2.1 Cross-reference quantitative and qualitative data.

Data cross-referencing makes it possible to list, for each sector of the territory considered, the public nuisances observed by police or other services (quantitative data, individual interviews etc.) and those perceived by local residents and key stakeholders (consultations). The cross-referencing of quantitative and qualitative data orients the remainder of the analysis by providing three types of information:

- **Discrepancies or convergences observed between this data**. For example: does the data match the perceptions? If yes, what are the causes of the nuisances listed? If no, what is the origin of this discrepancy? Is the activity of the services focused on these nuisances (higher than the perceptions) or on another problem (lower)? Are perceptions influenced by the history of the sector? By a significant event? Etc. Far from being judgmental about the activity of the services or the perceptions of local residents, the idea is to try and understand why the information does not match. The answer will provide food for thought on the actions to be undertaken: focus on the facts and/or the feeling of security.
- **Identification of unrecorded phenomena**. Open-ended questions in the consultation phases can reveal facts unknown to professional stakeholders or even to the police because these facts have not been officially reported by local residents. This silence can be explained by the poor knowledge of

which service to report to, the belief that the relevant services are already aware of the situation, weariness or indifference, or even fear of retaliation.

- **Enhanced knowledge of a phenomenon**. Qualitative data provides information on facts that have been recorded and simply accounted for. At best, quantitative data provides information on the number of facts, time and place of occurrence, age and gender of the perpetrators and sometimes victims. Qualitative data completes this information. Exploratory walks, for example, help understand the elements of the environment which facilitate the occurrence of certain facts. Exchange groups are also an opportunity to understand the interaction between the different people involved. Finally, interviews provide information on the actions already implemented to reduce the occurrence of recorded facts.

5.2.2 Cross-reference the data generated by the description of public nuisances with the general profile of the sector

The description of the nuisances affecting each sector should then be cross-referenced with the data on the sector itself, listed in the general profile: socio-demographic data, socio-economic data, urban profile, overall crime, profile of drug addiction and prostitution.

The idea is to examine the context in which public nuisances appear and, if possible, their causes. It is more than likely that only tentative explanations will emerge from this cross-referencing process, but they will also contribute to orienting the actions to be undertaken.

Different types of information result from the cross-referencing of data obtained in the description of public nuisances with each element of the general profile of the sector:

- **Cross-references with the urban profile** provide information on environmental elements which facilitate or prevent the emergence of public

nuisances. For example, the simplest cases may reveal that the layout of certain areas, such as the presence of vacant lots, leads to certain types of behaviour. It will therefore be possible to remedy this situation. This information may not necessarily match the information generated by exploratory walks.

- **Cross-references with the data on overall crime** put drug and prostitution related public nuisances into a broader context, thereby making it possible to assess whether the neighbourhood is already unsafe and its residents heavily victimised, which affects their feeling of security and level of tolerance. Conversely, this cross-referencing process may reveal that the presence of drug dealing and prostitution activities attracts other illicit activities (various types of trafficking, purse snatching, home intrusions etc.), which themselves generate public nuisances.
- **Cross-references with the profile of drug addiction and prostitution** make it possible to specify the actual link between the public nuisances observed and the activities of prostitutes or drug addicts. For example, are public nuisances perpetrated at the same time as these people go about their activities? Or the cause of excessive noise may turn out to be the presence of a night club rather than prostitution or drug dealing. Similarly, this cross-referencing process improves the targeting of the solutions to be provided depending on the characteristics of the people concerned, notably with regard to their language, which will influence the way the information is communicated to them, their age and gender, whether they are regular or occasional users, occasional or regular prostitutes etc.

This cross-referencing process therefore facilitates the understanding of the reality and atmosphere of the sector. The sectors where nuisances occur have a history as well as physical and demographic characteristics. This can be an old prostitution sector, a sector which has or had an open drug scene, a residential or retail sector, run down or in the process of rehabilitation, an immigration or transient area with a high proportion of students etc.

However, a potential pernicious effect should be avoided: while the profile of the sector may shed light on factors impacting the atmosphere of the territory (for example, the impoverishment of the sector), it **would be a mistake to apportion too much blame to the vulnerable population** of a geographical area by cumulating negative information. To avoid this pitfall, rather than jump to conclusions on causal links, **a global approach and overview of the sector** makes it possible to put certain types of information into perspective and identify operating mechanisms.

5.2.3 Cross-reference data on public nuisances with the profile of resources

Lastly, the data on public nuisances will be cross-referenced with the profile of the resources available in the sector in order to assess the range of services and projects on offer to prostitutes or drug addicts in the areas identified. This will help analyse more closely the links between public nuisances and the resources in these areas, thereby ensuring that:

- **The amount of resources matches the requirements of the sector**. The idea is to check whether the sector has a sufficient amount of resources or, on the contrary, whether it is over-equipped. The level of usage of existing resources can be a good indicator.
- **The type of existing resources matches the requirements of the sector**. The idea is to check that existing resources meet the requirements of the sector. New requirements may have emerged and old ones may have become obsolete, thereby justifying changes in the services provided.
- **The presence of certain resources corresponds with the existence of nuisances in this area,** illustrated for example by the presence of used needles around a dispenser. This type of information should however be dealt with carefully, as it is not always easy to determine whether a resource

generates nuisances or whether it was implemented in this area due to pre-existing nuisances.

Keep in mind

While the logical process consists of collecting data before analysing it, in practice the analysis can identify missing information. More generally, one is often confronted with difficulties in terms of data interpretation, challenging certain collection methods, for example: carry out a more detailed statistical analysis, ask professional stakeholders for their analysis of a specific situation, develop a more in-depth survey of local residents (due to apparent contradictions in the initial results) etc.

5.3. Use of mapping

Mapping is a tool which can support the analysis and cross-referencing of the data as described above.

Mapping software can now compile varied and complex data on a very detailed geographical basis, and combine this data in order to facilitate its analysis and interpretation. The mapping of incidents and/or offences is a tool increasingly used by urban security managers and police services. It makes it possible to **identify the places where the facts occur,** notably in relation to certain elements of the urban environment which can act as "sources" of nuisances (vicinity of bars, parks and alleyways etc.), and visually monitor the evolution of the phenomena, including possible movements.

With regard to crime, mapping is generally based on official, census-type data sources: police statistics (listing of offences against persons or property etc.), population census etc.

This is why, in terms of drug and prostitution related public nuisances and in light of the lack of official data listing these nuisances, the alternative is to target a few easily identified nuisances and build one's own database from the results, for example local residents' surveys or exploratory walks. For each listed nuisance, the geographical coordinates should be entered into the database (name of the street, park, crossroads, underground station etc.).

With the geographical illustration of cross-referencing data, the perceptions of sectors usually identified by the population as “sensitive sectors, to be avoided” may be supported or toned down and the reality of this sector may be made clear.

Mapping also assesses the relationship between the phenomena and the range of services. Stakeholders know how difficult it is to install a drug addict aid service in a neighbourhood, due to the prevailing perception of local residents that the presence of the services results in the migration of “problem” populations. This perception requires serious education and awareness efforts in all cities. The availability of empirical data can only be a plus, as it can clarify or confirm this perception.

Finally, when establishing the plan of action, the **results of these analyses help identify the actions to be carried out in these areas,** all the more so as the **actions undertaken and the partners will differ according to the type of places** (residential building halls, public parks, vicinity of schools, vacant lots).

6th stage: Draw conclusions from the diagnosis and present the results

The analysis of the data collected will result in tentative actions. The results of the diagnosis must then be validated by the local committee, which can decide on the procedures for their publication.

6.1. Initial conclusions of the public nuisance diagnosis: tentative actions

The descriptions established in the diagnosis shed light on the reality of drug and prostitution related public nuisances in the territory considered. Whether the diagnosis is carried out internally or externally, it is the responsibility of its authors to propose tentative actions which, without necessarily committing the partners, should provide initial elements for the plan of action.

6.2. Validation of analysis results by the local committee

The principal aspects of data analysis are discussed by the local committee. This operation may require several stages and these exchanges must enable:

- the identification of potential shortfalls in the data collection process,
- the validation and amendment of the interpretations decided upon,
- an initial overall description distinguishing between major nuisances,
- a consensus between the partners, essential for designing a plan of action,
- the determination of future action priorities.

The importance of this stage should be highlighted as the validity of the plan of action which will result from the diagnosis often depends upon its smooth implementation.

6.3. Disclosure of the results of the drug and prostitution related public nuisance diagnosis

Once the diagnosis is completed and approved by the partners of the local committee, the results can be disclosed to a larger audience.

The extent of the publication of the diagnosis results will vary but it must be systematic. The sharing of the diagnosis within the local committee cannot guarantee absolute confidentiality and responds to a significant public concern: as this is the reason why it was initiated, it should not be kept secret. Furthermore, the presentation of the diagnosis often ensures better understanding and support for the actions which will subsequently be decided upon, all the more so because, at this stage, the involvement of new players may be called upon.

Certain types of data, internal or personal information and confidential documents, can be considered as preparatory work documents and separated from the document. Access to and disclosure of these documents may be restricted to professional stakeholders, partners (including, for example, residents' associations, groups of shopkeepers, professional unions etc.) or made available to all citizens.

Depending on the social and political environment, perceptions, expectations specific to the local reality of each of the three cities, the impact of the information disclosed varies. Drug and prostitution related public nuisances frequently lead to targeted claims. **Prior to the extended dissemination of the diagnosis results, the local committee should analyse its impact.**

Media coverage can also be envisaged. To associate the media with this approach, the local committee should provide extensive information on its proceedings and activities.

The communication plan

The communication plan should help the local committee properly disseminate the diagnosis results. The communication plan describes, for each targeted group, the information to be disclosed and how to disclose it. It should be discussed by the local committee as soon as the diagnosis is launched. Below are a few **key questions** to establish your communication plan:

- Who will be **in charge of managing** the communications?
- **Who is targeted** by the communication (population of the sector, general population, partners etc.)?
- What **message** do you wish to convey?
- What are the **resources used** to convey the information?

Summary

Overview of the diagnosis process

Diagnosis stages

1st stage:
Define the scope of action
- Determine the purpose of the diagnosis: drug and prostitution related pubic nuisances
- Define the territory of the diagnosis

2nd stage:
Plan the approach
- Mobilise the partners
- Choose a realisation method: external or internal. Assemble the working team and assign tasks
- Adopt diagnosis elements
- Define a deadline schedule

3rd stage:
Carry out the territorial profile
- General profile of the sector
- Profile of drug addiction and prostitution
- Profile of resources, services & projects in terms of drug addiction and prostitution

4th stage:
Describe drug and prostitution related public nuisances

5th stage:
Analyse data and write the diagnosis:
- Cross-reference the qualitative and quantitative data from the various sources of information
- Establish a diagnosis shared by all stakeholders
- Share the knowledge

6th stage:
Disclose the results of the diagnosis
- Appoint a person in charge of communications
- Establish the communication plan
- Anticipate the way diagnosis results will be received as well as potential reactions.

Data sources

Quantitative information coming from the partners

Consultations
- Questionnaire surveys:
  In writing (handed out or sent by post), by telephone or in person
  Survey of prostitutes or drug addicts
  Survey of key stakeholders
- Exchange groups
  Discussion groups
  Neighbourhood assemblies
  Study groups or issue tables between stakeholders
- Individual interviews with key stakeholders

Ethnographical observations and exploratory walks

Monitoring of media coverage of public nuisances relating to drugs and drug addiction

Research reports

ICPC CIPC

TOOL 1

Model questionnaire to survey local residents on the neighbourhood's situation

The title of the questionnaire given to the respondent is purposefully neutral (atmosphere in the neighbourhood) so as not to infer negative answers and bias the consultation from the start.

Introduction

Hello, this is ……………………………………………… speaking *(name and organisation)*.

We are currently conducting a survey on behalf of …………………… *(write down the name of the local committee and, if necessary, the partners of the survey)* amongst the residents of your sector.

This survey relates to the atmosphere in the neighbourhood. We would like to know whether you feel comfortable, safe, whether you are concerned or disturbed with certain elements. It is important for ……………… *(mention the local committee and partners again)* to collect the opinions of the local residents. We will use this information to establish a profile of the neighbourhood.

This questionnaire is made up of 5 **sections** and takes approximately X minutes to complete.

All answers are confidential and anonymous.

For different reasons, respondents to this questionnaire must be over 18. Are you over 18?

☐ **Yes** → do you wish to continue?
if yes, go to question 1.
if no, say goodbye and thank you.

☐ **No** → ask to speak to somebody over 18
if unavailable, say goodbye and thank you
if present, read the introduction again

OUTIL 1

Section 1.
Your general perceptions of your neighbourhood

1. Generally speaking, how do you rate the quality of life in your area?

- ☐ Very satisfactory
- ☐ Fairly satisfactory
- ☐ Not very satisfactory
- ☐ Not at all satisfactory

2. For the following questions, please tell me if you "totally agree", "agree", "mostly disagree" or "completely disagree".

	Totally agree	Agree	Mostly disagree	Completely disagree	Not applicable	Do not know	Refusal
2.1 In your neighbourhood, parks and playgrounds are clean and well kept	☐	☐	☐	☐	☐	☐	☐
2.2 In your neighbourhood, there is a lot of graffiti and tagging	☐	☐	☐	☐	☐	☐	☐
2.3 In your neighbourhood, a lot of buildings are dilapidated	☐	☐	☐	☐	☐	☐	☐
2.4 Generally speaking, the lighting in my neighbourhood is satisfactory?	☐	☐	☐	☐	☐	☐	☐
2.5 Generally speaking, my neighbourhood is quiet	☐	☐	☐	☐	☐	☐	☐
2.6 Generally speaking, my neighbourhood is clean	☐	☐	☐	☐	☐	☐	☐

3. In your area, in the past 6 months, have you experienced one or several unpleasant situations?

	If yes, can you describe them?
☐ Yes ☐ No (*go to question 4*)	....

4. In your area, in the past 6 months, have you experienced one or several pleasant situations?

	If yes, can you describe them?
☐ Yes ☐ No (*go to question 5*)	....

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Section 2.
Your concerns

5. I will now mention different situations. For each of them, please indicate whether you have had direct experience of it in your neighbourhood and, if yes, I would like you to tell me how you feel on a scale of 1 to 10, 10 being a situation you consider really unpleasant

If no, write "not applicable" (na)

	1	2	3	4	5	6	7	8	9	10	dnk
5.1 Graffiti											
5.2 Dirt in the street..											
5.3 Numerous vacant lots in the area											
5.4 Broken windows..											
5.5 Gatherings of young people in the street and/or parks											
5.6 Fights in public establishments..											
5.7 Disturbance of the peace at night											
5.8 Harassment, threats in public places											
5.9 Presence of dogs											
5.10 Disturbing presence of vagrants, beggars											
5.11 Housebreaking (burglaries)											
5.12 Thefts at business locations..											
5.13 Car theft											
5.14 Theft FROM vehicles..											
5.15 Public drunkenness..											
5.16 Driving under the influence											
5.17 Drug consumption in public places											
5.18 Person under the influence of narcotics											
5.19 Visible drug dealing (money for drugs)											
5.20 Discarded needle											
5.21 Drugs offered for sale to yourself..											
5.22 Drugs offered for sale to your family or friends											
5.23 Presence of prostitutes..											
5.24 Gathering of prostitutes											
5.25 Discarded condoms..											
5.26 Car driven slowly by prostitutes' clients.................................											
5.27 Soliciting by prostitutes' clients..											
5.28 Soliciting of your family or friends by prostitutes' clients											
5.29 Soliciting by a prostitute											
5.30 Soliciting of your family or friends by a prostitute											
5.31 Third parties having sexual intercourse in a visible manner											

Other situations can be inserted depending on the local characteristics and the facts most often reported and that need to be checked.

6. Are you concerned about any other unmentioned situations?

....

....

....

....

7. Have you filed a complaint as a result of these situations? If yes, with what services?

....

....

....

....

8.a Would you have any tentative solution to propose in order to resolve these unpleasant situations?

....

....

....

....

8.b Would you have any tentative solution to propose in order to improve the well-being in the neighbourhood?

....

....

....

....

ICPC CIPC

Section 3.
Feeling of security

9. Generally speaking, do you feel safe when you are on your own DURING THE DAY?

I feel…

Tick the relevant box

		Totally safe	safe	not safe	not at all safe	Do not know	Refusal
9.1	In your home	☐	☐	☐	☐	☐	☐
9.2	In the streets near your home	☐	☐	☐	☐	☐	☐
9.3	In the streets of your neighbourhood	☐	☐	☐	☐	☐	☐
9.4	In the alleyways of your neighbourhood	☐	☐	☐	☐	☐	☐
9.5	In the parks of your neighbourhood	☐	☐	☐	☐	☐	☐
9.6	On public transport	☐	☐	☐	☐	☐	☐

10. Generally speaking, do you feel safe when you are on your own IN THE EVENING?

I feel…

Tick the relevant box

		a.	b.	c.	d.	e.	f.
		Totally safe	safe	not safe	not at all safe	Do not know	Refusal
10.1	In your home	☐	☐	☐	☐	☐	☐
10.2	In the streets near your home	☐	☐	☐	☐	☐	☐
10.3	In the streets of your neighbourhood	☐	☐	☐	☐	☐	☐
10.4	In the alleyways of your neighbourhood	☐	☐	☐	☐	☐	☐
10.5	In the parks of your neighbourhood	☐	☐	☐	☐	☐	☐
10.6	In public transports	☐	☐	☐	☐	☐	☐

11. Are there one or several public places (parks, streets, crossroads, alleyways) in your area where you do not feel at all safe DURING THE DAY?

☐ **Yes**

☐ **No** *(go to question 12)*

11.1 If yes, what are these places?

....

....

OUTIL 1

12. Are there one or several public places (parks, streets, crossroads, alleyways) in your area where you do not feel at all safe IN THE EVENING?

- [ ] Yes
- [ ] No *(go to question 13)*

12.1 If yes, what are these places?

....

....

13. Are there one or several public places (parks, streets, crossroads, alleyways) in your area that you visit regularly?

- [ ] Yes
- [ ] No *(go to question 14)*

13.1 If yes, what are these places?

Place 1..

Place 2..

Place 3..

13.2 If yes, is it because they are? *(tick when applicable; several answers possible)*

	a. Quiet	b. Functional (benches, children's play area etc.)	c. Under surveillance	d. Pleasantly arranged	e. Landscaped	f. Other reason
Place 1	☐	☐	☐	☐	☐	☐
Place 2	☐	☐	☐	☐	☐	☐
Place 3	☐	☐	☐	☐	☐	☐

4. In your opinion, is the population in your area safer, as safe or less safe than it was 3 years ago?

- [ ] Safer
- [ ] As safe
- [ ] Less safe
- [ ] Do not know
- [ ] Refusal

15. In your opinion, among the following options, what are the top 3 conditions to make you feel safe?

Indicate your choices from 1 to 3, 1 being the most important condition.

		1	2	3
15.1	Cleanliness	☐	☐	☐
15.2	Surveillance system	☐	☐	☐
15.3	Absence of graffiti, tagging	☐	☐	☐
15.4	Access to a telephone	☐	☐	☐
15.5	Ability to see and be seen	☐	☐	☐
15.6	Lighting	☐	☐	☐
15.7	Police presence	☐	☐	☐
15.8	Shops	☐	☐	☐
15.9	Other (specify)	☐	☐	☐

16. In your opinion, among the following options, what are the 3 priority measures that would increase your feeling of security?

Indicate your choices from 1 to 3, 1 being the priority measure.

		1	2	3
16.1	Improve cleanliness	☐	☐	☐
16.2	Improve lighting	☐	☐	☐
16.3	Remove graffiti (tagging)	☐	☐	☐
16.4	Reduce vandalism	☐	☐	☐
16.5	Increase number of public leisure areas (playground equipment for children, picnic tables, park benches etc.)	☐	☐	☐
16.6	Busier streets (shops, restaurants, cinema)	☐	☐	☐
16.7	Organise neighbourhood parties	☐	☐	☐
16.8	Open cultural or social centres (cultural centre, library, youth centre etc.)	☐	☐	☐
16.9	Improve the visual aspect (flowers, embellishments etc.)	☐	☐	☐
16.10	Slow down vehicle traffic	☐	☐	☐
16.11	Improve compliance with rules of the road (for example red lights)	☐	☐	☐
16.12	Increase the number of police	☐	☐	☐
16.13	Reduce the number of thefts	☐	☐	☐
16.14	None	☐	☐	☐

Section 4.
Institutions

17. In your area, the police provide good protection

- ☐ Totally agree
- ☐ Agree
- ☐ Mostly disagree
- ☐ Completely disagree
- ☐ Do not know
- ☐ Refusal

This question can be adapted to other public services in connection with public nuisances, for example municipal maintenance services.

18. In case of a problem relating to your security or that of your family or friends, do you know what resources to contact?

- ☐ Yes
- ☐ No *(go to question 19)*

18.1. If yes, which ones?

Resource 1...

Resource 2...

Resource 3...

18.2 If yes, do you feel that they…

	Really pay attention	Pay attention	Do not pay much attention	Do not pay any attention
Resource 1	☐	☐	☐	☐
Resource 2	☐	☐	☐	☐
Resource 3	☐	☐	☐	☐

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Section 5.
General questions

19. What age category do you belong to?

- ☐ 18 to 25
- ☐ 26 to 35
- ☐ 36 to 45
- ☐ 46 to 55
- ☐ 56 to 65
- ☐ 66 to 75
- ☐ over 76

20. How long have you been living in this area? _____months ______year(s)

21. Are you a:

- ☐ Tenant
- ☐ Owner

22 Do you intend to move to another area in the next year?

- ☐ Yes
- ☐ No

23 How many children under 17 do you live with? _____

24. How many adults over 18 do you live with? _____

25. What is your main occupation?

- ☐ studying
- ☐ employed
- ☐ seeking employment
- ☐ retired
- ☐ housewife/husband
- ☐ other____

26. What is your highest education qualification? ___________________________

27 Do you consider yourself part of a cultural community?
(the formulation of this question may vary depending on the region).

Conclusion

Thank you for taking the time to complete this questionnaire. We value your participation.

Note:
If telephone or personal survey, specify the gender of the respondent:

- ☐ *Male*
- ☐ *Female*

If postal survey, insert this question into the general questions section

TOOL 2

Table of local residents' perception of insecurity, Bordeaux

This table is used by the Division of urban social development of the city of Bordeaux, to collect the opinion of local residents and therefore prepare for prevention and security neighbourhood councils. The team goes on site and has informal discussions with approximately fifty residents, in the streets or in shops. The sample selected includes people of all ages (including teenagers of over 16), of any origin and of both genders. The consultations are carried out in the entire neighbourhood, not just in the places identified as sensitive. Subsequently, these consultations are subject to a summary which is presented at the beginning of the council session.

Sector:
Occupation of the person:

		CRITERIA	PLACE OF TROUBLE	OBSERVATIONS
A	■	**No element indicating a disruption of the atmosphere**		
	☐	No knowledge of specific facts or information communicated by other people		
B	■	**Perception of an inconvenience, small-scale localised tension**		
	☐	- noise, dirt		
	☐	- scuffles, gatherings perceived as disturbing		
	☐	- other		
C	■	**Daily incivilities**		
	☐	- occupation of places, areas, small provocations, brawls		
	☐	- deliberate property degradations, graffiti, localised thefts		
	☐	- emerging tensions		
	☐	- small fires		
	☐	- others		
D	■	**Perception of worrying tensions**		
	☐	- verbal and gesture abuse, projectile throwing		
	☐	- minor settling of scores, joyriding		
	☐	- school absenteeism		
	☐	- repeated graffiti		
	☐	- other		

		CRITERIA	PLACE OF TROUBLE	OBSERVATIONS
E	■	**Perception of an unsafe situation**		
		- departures due to the situation, threats, intimidations		
		- various and visible forms of trafficking		
		- degradation of public lighting		
		- other		
F	■	**Perception of increasing violence**		
		- projectiles thrown at public authority people / vehicles		
		- fires in buildings / vehicles		
		- other		
G	■	**Perception of a risk of collective violence**		
		- violent settling of scores, collective vandalising		
		- gatherings resulting in clearly threatening occupations of premises		
		- direct confrontations with security agents		
		- other		

Summary tables of surveys on local residents' perception of insecurity

Men		Women	
Age category	15-18	Age category	15-18
	19-25		19-25
	26-30		26-30
	31-35		31-35
	36-40		36-40
	41-45		41-45
	46-50		46-50
	51-55		51-55
	56-60		56-60
	60-65		60-65
	66-70		66-70
	71-75		71-75
	76-80		76-80
	Over 81		Over 81
Total		**Total**	
Number of foreign nationals		**Number of foreign nationals**	

Number of shopkeepers specify:

- Tobacconist
- Café
- Restaurant
- Clothes shop
- Bakery
- Chemist
- Supermarket

Total

Number of other professionals, specify:

- Postman
- Caretaker, social housing
- Policeman/woman
- Municipal maintenance agent
- Reception staff at the town hall
- Social worker
- Social coordinator

Total

Insecurity typology

- **Nothing to report, number: ....**
- **Neighbourhood pleasant to live in: ....**

Cleanliness	**Number of times mentioned**	**Noise nuisances**	**Number of times mentioned**
▪ External waste		▪ Music	
▪ Waste thrown out of windows		▪ Noisy gatherings in the halls	
▪ Waste in the halls		▪ Joyriding on scooters, motorbikes, in cars	
▪ Dog faeces		▪ Others:	
▪ Urine in communal areas			
▪ Needles			
Total		**Total**	

Threats, abuse, intimidation	Number of times mentioned	Physical assaults	Number of times mentioned
▪ By individuals ▪ By groups		▪ Personal ▪ On a relative ▪ On a friend ▪ Witnessed but victim unknown	
Total		**Total**	

Degradations	Number of times mentioned	Thefts	Number of times mentioned
▪ letter box ▪ hall windows ▪ lighting of communal areas ▪ urban equipment (bench, phone box etc.) ▪ private buildings (shops, offices etc.) ▪ public or community buildings (municipal buildings, library, social centres etc.) ▪ green areas ▪ vehicles		▪ shoplifting ▪ burglaries ▪ thefts from vehicles ▪ car thefts ▪ thefts by fraud (senior citizens etc.) ▪ with violence (racketeering etc.) ▪ theft of two-wheeled vehicles	
Total		**Total**	

Narcotics	Number of times mentioned	Alcohol	Number of times mentioned
▪ usage ▪ sale ▪ organised traffic ▪ visible consumption ▪ mentioned as triggering aggressiveness		▪ public consumption ▪ consumption in communal areas ▪ mentioned as triggering aggressiveness	
Total		**Total**	

Chronology of insecurity

	Morning	Daytime	Afternoon	Evening	Night
Number of times mentioned					

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Number of times mentioned							

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Typology of those considered responsible

	Children	Teenagers	Young adults	Adults	Senior citizens
Number of times mentioned					

Unsafe places

Indicate the streets in the first column and then, more specifically, the entrances or structures posing a problem, then tick the "problem" boxes corresponding to these sites. Do not indicate the sites which pose no problem.

Streets Squares Entrances	Cleanliness	Noise nuisances	Threats, abuse, intimidation	Physical assaults	Degradations	Thefts	Narcotics, alcohol	Squats	Joyriding
Structure									

Typology of the perception of insecurity by age category

Age category	Cleanliness	Noise nuisances	Threats abuse, intimidation	Physical assaults	Degradations	Thefts	Narcotics, alcohol	Joyriding
15-18								
19-25								
26-30								
31-35								
36-40								
41-45								
46-50								
51-55								
56-60								
61-65								
66-70								
71-75								
76-80								
Over 81								

Local residents' reactions and suggestions (personal action, call a third party, police, municipal services, move, alarm etc.)

TOOL 3

Table of nuisances or incidents observed by local residents, Bordeaux.

This table was used in a Bordeaux neighbourhood prior to the adoption of a plan of action. In the same way as mentioned above, the team had informal discussions with the residents of the neighbourhood targeted.

NATURE OF THE NUISANCES OR INCIDENTS	SPECIFIC LOCATIONS: SQUARE, STREET ETC.	NUMBER, FREQUENCY, TIME	PERSONAL REACTION AND RESULTS* OBTAINED	IMPROVEMENT SUGGESTION	OTHER COMMENTS
Condoms in public places					
Condoms in private areas					
Needles in public places					
Needles in private areas					
Prostitutes are loud at night					
Clients are loud at night					
Clients' cars are noisy at night					
Soliciting of local residents by clients					
Assault on local residents					
Prostitutes assaulted by local residents					
Fight amongst prostitutes					
Prostitutes assaulted by clients					
Prostitutes assaulted by pimps					
Visible sexual intercourse					
Intrusion into private areas					
Intrusion into public areas					
Provocative attire					
The presence of prostitutes should not be witnessed by our children					
Unfounded fear of the population					
Other elements:					

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TOOL 4

Guide for interviewing key stakeholders

This interview guide is presented as a basis to be adapted to the person interviewed. It was initially designed for stakeholders involved in institutions and associations or even shopkeepers, but it can be easily modified to interview local residents as well as prostitutes or drug addicts. The guiding principle is to progressively encourage the person to express themselves on the subject and propose tentative solutions to the problems raised.

Interview date __/__/__ Interview no.: __
Interview duration ________

Name of the person interviewed: ______________________________________
Organisation / Institution / Service: _________________________________
Function: ____

Address
____
____
____

Telephone no.: __________
E-mail address: __________

Preamble: putting the interview into context

Presentation of the diagnosis of drug and prostitution related public nuisances initiated by ____.
Explain the origin and purpose of this diagnosis.

Presentation of the person conducting the interview: organisation or institution, knowledge of the neighbourhood, reason for the local committee's choice.

Presentation of the context of the interview: Open-ended or semi-open questions
Confidentiality policy
Ask permission to record the interview with a view to transcribing it

OUTIL 4

Section 1: Situation and activity of the person interviewed and their organisation / institution / service in the neighbourhood.

How long have you been working in this neighbourhood?

Have you always been in this position?

Can you describe your activity and that of your organisation?

How many people are in your team and organisation?

Section 2: Drug and prostitution related public nuisances in the neighbourhood.

This section constitutes the heart of the interview. The person conducting the interview should intervene as little as possible (hence the restricted number of questions) while making sure that the interview remains within the predetermined scope. They should also try to go into the different subjects tackled by the interviewee in greater depth and determine the reality of the facts mentioned.

In your opinion, what are the principal problems in this neighbourhood?

When carrying out your tasks, have you witnessed public nuisances relating to drugs and prostitution?

If yes, can you describe them? *(type, location, time)*
Let the person express themselves and come back to each issue raised later on to obtain further details as required.

What are the public nuisance problems most affecting the performance of your tasks / the tasks of your organisation / service / institutions?

Do local residents tell you about drug and prostitution related public nuisances affecting them in the neighbourhood?

If yes, in your opinion what nuisances affect them most?

Section 3: Tentative solutions to the problems raised in terms of drug and prostitution related public nuisances

What would you suggest to solve these public nuisance problems relating to drugs and prostitution in the neighbourhood?

In your opinion, what could be the difficulties in implementing these solutions?

Similarly, could you indicate the elements likely to facilitate these actions? *(resources, climate etc.)*

Interview conclusion

Ask for useful documents (reports, studies, quantitative data etc.)

Ask for recommendations in terms of people – resources to consult

Reiterate the confidentiality policy

Indicate survey's timeframe and disclosure methods determined by the partners' committee.

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TOOL 5

Table for exploratory walks

This table for exploratory walks was designed based on the Guide for the survey on women's safety in urban areas[6] and the table used in Liege. In 2004, twenty five exploratory walks were carried out in this city, with the residents of eight neighbourhoods. These two experiences have inspired this model, adapted to drug and prostitution related public nuisances. For this workbook, this table is presented in a succinct manner and, when used in the field, sufficient room should be left for an accurate transcription of participants' observations.

Date of the walk __/__/__Neighbourhood:________________________
Duration of the walk ____to ____ Sector:
____

Number of participants: ____
Breakdown by gender: ____
Breakdown by age: ____
Occupation of the participants (residents, shopkeepers, professional stakeholders etc.)

____
____
____

Name of the coordinator of the walk: _____________________________________
Function: ____
Institution or organisation: ____

Address Telephone no.: __________

________________________ E-mail address: __________

____
____

Preamble: putting the walk into context

Presentation of the diagnosis of drug and prostitution related public nuisances initiated by ____.
Explain the origin and purpose of this diagnosis.

Presentation of the person coordinating the walk: organisation or institution, knowledge of the neighbourhood, reason for the local committee's choice.

Presentation of the participants.
Presentation of the walk.

[6] See appendix 10 "References"

OUTIL 5

For each theme, the participants indicate whether they observe the elements mentioned, give their assessment and provide details. For example: Theme 2: overall cleanliness is good but there is a lot of waste and traces of urine in the vicinity of building X. For each subject, easier for themes 1 and 2, the participants can suggest proposed improvements.

Theme 1: Overall feeling of security

Observations	**Proposed improvements**
See and be seen *(lighting, visual obstacles, corners etc.)*	
Hear and be heard *(focus on how busy places are, on the people present etc.)*	
Get help *(presence of trustworthy people, access to a telephone etc.)*	

Theme 2: Environmental quality

Observations	**Proposed improvements**
Cleanliness	
Maintenance / degradations	
Graffiti	

Theme 3: Phenomena causing insecurity

Observations	**Proposed improvements**
Gatherings	
Presence of dogs	
Begging and aggressive begging	
Presence of vagrants	
Noises and noise nuisances	

Theme 4: Phenomena linked with drugs and prostitution

Observations **Proposed improvements**

Alcohol consumption and public drunkenness

Drug consumption in public

Visible drug dealing

Presence of needles

Gatherings of prostitutes

Car driven slowly by prostitutes' clients

Soliciting by prostitutes

Visible sexual intercourse

Presence of condoms

Conclusion of the exploratory walk
Indicate survey's timeframe and disclosure methods determined by the partners' committee

PART TWO

Plan of action

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Summary 145

Introduction

The second stage of this structured approach to activity planning consists of developing a plan of action*, based on the results from the diagnosis of public nuisances relating to drugs and prostitution. The diagnosis identified the problems most seriously perceived as public nuisances and their origin. The priorities of the plan of action are based on these results.

The comprehensiveness of the diagnosis and its validation by all the partners make it possible to define joint actions while taking into account everyone's political, institutional or organisational priorities.

Benefits of the plan of action:

- Provides a programme of actions or a clear scheme which will be used to implement actions tackling problems already defined in the diagnosis.
- Enables the project team to focus on priority tasks.
- Presents a common vision, common goals and a process accepted by all.
- Promotes better management of the resources (human, financial and material) with a view to meeting a shared objective.
- Facilitates action coordination to help meet the objectives and guarantee results.

a. Characteristics of the plan of action

As a tool designed to solve problems as well as organise and allocate field work, the plan of action should be:

- Specific
- Shared
- Phased over time
- Assessable

► **Specific**

A plan of action established at local level cannot target all nuisances or the underlying factors. Thus, the disintegration of the social fabric, lack of social and housing infrastructures, unemployment and poverty are factors likely to contribute to the increase in incivilities in the neighbourhoods that are already experiencing various difficulties. **Acting on nuisances does not mean acting on the causes of these phenomena. However, local stakeholders should examine these causes when establishing the diagnosis.** This is why the debates between the task forces of the three cities clearly identified the need to have a more global approach to the action on drug-related nuisances, for example by examining the more general objectives of healthcare for drug addicts.

While acknowledging the links between these phenomena, the plan of action should remain focused on the public nuisances identified by the diagnosis. An overly vast and ambitious plan would not make it possible to tackle these issues. In addition, not all relevant stakeholders capable of providing responses to these causal factors will be present on the local committee. The role of the nuisance-dedicated local partnership consists of alerting the relevant stakeholders, guiding them towards the adapted issue tables and soliciting measures to support their local action.

► Common and shared

The overly predominant institutional logic often leads the various organisations to establish their own plan of action. In the best of cases, they consult other institutions and agree to share *their* plan of action. This probably cannot be avoided insofar as everyone is accountable for the funds and resources they are allocated (board of directors, ministry etc.). However, certain issues specifically require a number of partners for a concerted action. It should be pointed out that responsibility for security or peace and quiet in living environments is not down to a single institution due to the highly “cross-sectional” nature of the notion of public nuisances. **It is therefore crucial that the plan of action on public nuisances be jointly established and shared by all.**

The joint realisation of the diagnosis is an important first stage, as it establishes the basis of mutual trust and the information exchange process between the partners. The plan of action subsequently guarantees the coherence of field interventions, eliminating power issues that may exist between the different stakeholders.

The plan of action should be shared as well as common, in the sense that the interventions envisaged must be carried out by the most appropriate institution. Partnership and consultation should not result in confusion over the players' role and identity. Furthermore, certain diagnoses have established the need to create a service or type of intervention which does not exist. For example, the intervention plan drawn up in Montreal in 1999 as part of the Court support project on street prostitution, established the need to hire psycho-social staff as well as a legal expert. The city of Liege has created a local observatory of drugs and drug addiction, acting as a rapid alert system and a source of knowledge.

The common and shared plan of action must determine everyone's area of responsibility, which means that each institution involved in the plan of action must obtain the required authorisations. This point raises the question of **who are the representatives most qualified to participate in the joint establishment of a plan of action**. The persons appointed must be able to mobilise their institution and define strategic guidelines while having extensive knowledge of the issues and reality in the field as well as sufficient availability. The quality and sustainability of the plan of action is based on the **consent** of the organisations and institutions involved and their **concrete commitment** to dedicating the resources required.

► Phasing over time

Not all actions can nor should be carried out at the same time and the plan of action must define their chronology. **Acting on nuisances requires a balanced plan of action between short, medium and long-term actions**.

Phasing interventions over time can notably improve the pacing of these actions; thus, for example, according to the results obtained on the nuisances identified, social mediation actions, interventions of social and health services for prostitutes or drug addicts and police interventions may alternate.

This phasing over time is also the opportunity of integrating into the plan of action the time necessary to train new players (for example social mediators) as well as the time estimated to obtain funding for localised actions, or to verify the effects of the initial interventions before taking further action. These elements should be included in the schedule of the plan of action.

► Assessable

This is a particularly important element which will be further detailed in the third section of this workbook. Alongside the plan of action, tools should be developed to monitor the progress of projects over time and simultaneously assess the implementation and smooth running of the plan of action. **The management and decision-making monitoring chart assesses the achievement of objectives and reports the results**, notably with regard to financial backers and partners. This tool will be examined in stage 4.

b. Realisation stages of the plan of action

The process inherent in the approach to the plan of action is generally divided into four stages:

- Stage 1: Set up a local committee
- Stage 2: Define the purpose, scope and elements of the plan of action
- Stage 3: Plan its implementation
- Stage 4: Implement and monitor the plan of action

► The importance of planning

Special attention should be paid to the **planning** of the realisation of the plan of action, as it will promote communication, optimise the synergy between the partners and improve the results*, performance and optimal use of the resources. The planning of the plan of action provides a foundation for the partnership, thereby differentiating it from mere declarations of principle. **Tool 7, on page 149, offers a presentation model of the plan of action which helps visualise the key elements of this planning process.**

► The evolutionary nature of the plan of action

To facilitate reading, the process presented in this workbook seems linear, although one should keep in mind the diagram in appendix 2, which reiterates the evolutionary nature of the approach. The plan of action consists of a number of inter-connected dimensions, each dimension having an impact on the other. The plan of action should not be considered as a snapshot of a given situation or single event. It may evolve depending on the requirements.

The summary on page 145 presents the variations and relationships between all the elements making up the plan of action. This constitutes guidelines for action and should be referred to each time an additional element is envisaged.

► Unintentional effects of the actions

Certain interventions can result in the displacement of prostitutes or drug addicts, cause local residents' dissatisfaction or generate new nuisances. **Acting on a nuisance sometimes creates new problems**. The plan's iterative adaptation process, according to the assessment of the effects of an action and the new situation, also applies here. When establishing the plan of action, it is essential to take into account the potential pernicious effect of the action on public nuisances. Thus, the partners should anticipate or at least limit the possible displacements of prostitutes or drug addicts and therefore the possible displacement of the nuisances generated by their activity.

1st stage: Set up a local committee

1.1. Re-mobilise the partners

Linked to the drawing up of the diagnosis and its appropriation by the partners, this stage distinguishes itself due to the **composition of the local committee**. As already mentioned, depending on the stages of the process, the managers of member organisations or their staff and field players may participate in the local committee. The process designed to establish the diagnosis will unite key stakeholders and other specialists in charge of collecting data within each organisation. **The validation of diagnosis results is clearly the responsibility of managing bodies**. These stakeholders should also be involved in the initial exchanges on the establishment of the plan of action in order to **define its key elements.** Subsequently, the definition of the operational objectives or measures may be prepared by a local committee made up of field players. The allocation of resources and adoption of the plan will once again mobilise the decision-makers of each local committee member.

1.2. Appoint a coordinator for the plan of action

As with the diagnosis, the drawing up of the plan of action is based on the **appointment of a coordinator by the local committee**, the “linchpin” of the partnership. In most cases, this will be the coordinator in charge of the diagnosis; however, if a local committee had appointed a more technically-oriented person for this initial task, necessary for the diagnosis missions, another person may be brought in to coordinate the establishment of the plan of action. **The realisation of the plan of action is based on collaborative work between all of the members**

of the local committee and the coordinator will focus on management and monitoring functions.

During the exchanges between the three cities, it was clear that the appointment of a coordinator specifically dedicated to implementing the plan of action is the ideal scenario. However, depending on the size of the territory concerned and therefore the resources allocated to the approach, this is not always possible. Even if the coordination of the plan of action is not the sole task of the person appointed, a coordinator should be identified.

2nd stage: Define the purpose, scope and elements of the plan of action

Based on all the problem situations listed in the diagnosis, **the local committee identifies and targets priority situations for which actions will be determined,** according to criteria jointly defined by the partners whose interests may not always be strictly identical.

In many respects, all situations may seem like priorities to the local committee. Instead of establishing the plan of action right from the start in one block and undertaking several projects, some of which may not yield the expected results*, we recommend that the **plan of action be carried out in stages.**

In addition, **when certain sectors are already fragile**, the interventions that need to be carried out should not be an additional burden, running the risk of aggravating the situation, multiplying contacts and making interventions less credible. The diagnosis, notably with regard to the general profile and profile of the resources, services and projects, provides background on the history of the sector, “deprivation” and poverty indicators as well as the sector’s current projects and resources. This information makes it possible to examine, among other things, the possibility of upgrading the missions of existing structures.

2.1. Objectives of the plan of action

The general orientation* of the plan of action will obviously be the response to drug and prostitution related public nuisances. Based on this general orientation, strategic objectives* and operational objectives* will be defined.

The formulation of the objectives is a key stage in the establishment of the plan of action, at the core of the process. The objectives directly stem from the problem situations and information collected within the diagnosis. **They represent what must be done to solve the problem situation**.

Several operational objectives result from the strategic objective. The formulation of these operational objectives must include an action verb (what will be done), the time period and quantitative action-related elements (a figure called the target). Depending on the nature of the objective, the scope of the action may also be specified.

The identification of operational objectives makes it possible to accurately define the actions to be implemented. Therefore, one should ensure that these objectives are achievable, realisable and that their potential side effects are examined by the local committee.

The examples below illustrate the definition of strategic and operational objectives.

Example 1: the issue of discarded needles

Strategic objective 1 — Reduction in the number of discarded needles

Operational objectives

1.1. Install, by April 2007, five needle recovery **containers** in the following locations: x at health centre XYZ and x at the ABC centre

1.2. Put together a street **cleaning team** of five people by March 2007

1.3. Implement a needle **exchange programme** with a permanent location in the Alpha pharmacy before July 2008

This is of course a **very simple example which should be adapted to the local reality and resources**. If the locality is already equipped with facilities and a system to recover needles and the discarded needle problem persists, the actions undertaken will differ. Perhaps the way the population is targeted should be reviewed or the location of these facilities analysed and revised, particularly in the case of population displacement, rather than implementing a needle exchange programme etc. Thus, a comprehensive thought and analysis process should be carried out before establishing the plan of action, hence the importance of referring to the information provided by the diagnosis on the resources available in the sector.

Example 2: The issue of the relationships between local residents and prostitutes

Strategic objective 2 — Appeasement of the relationships between local residents and prostitutes on Delta street

Operational objectives

2.1 Inform Delta street residents of the local situation with regard to prostitution (information, clarification, combat the stigma of prostitution).

2.2 Raise Delta street prostitutes' awareness of the consequences of certain types of behaviour on their relationships with local residents.

2.3 Improve Delta street layout and lighting with a view to eliminating areas favourable to indecent acts

2.2. Target audience

The objectives must also specify the target audience, the group of people targeted by the action. **This target audience should be determined early on so that the actions decided upon in response to the operational objectives, action-related resources and future communication can be adapted.**

This can be:

- Prostitutes or drug addicts presumed to be the cause of the nuisances (care, deterrence, raising awareness of the consequences of certain types of behaviour, mobilisation or even participation in the actions etc.);
- Local residents, shopkeepers, schoolchildren who see themselves as victims of nuisances (information, awareness initiatives, mobilisation etc.);
- Local stakeholders (municipal staff, field players etc.) with a role to play in the reduction in public nuisances (training, mobilisation, coordination etc.).

Example 1: the issue of discarded needles

Target audience: Drug addicts

Example 2: the issue of the relationships between local residents and prostitutes

Target audience: Local residents and prostitutes

2.3. Action-related resources

All activities and resources required to achieve each operational objective should be listed as action-related resources: activities to be carried out, material resources, budgetary and human resources etc. **Tool 7,** on page 149, offers a presentation model for the plan of action.

Inclusion in the plan of action of the budgetary resources allocated to the realisation of objectives formalises the partners' commitment. The objective of the process is to mobilise the resources in order to deal with a priority situation. The acknowledgment of this priority aspect and the partners' commitment naturally results in the allocation of the resources necessary to fulfil this ambition. There is an exponential effect on resource allocation: a partner allocating adequate resources demonstrates his determination, thereby encouraging the others to do the same.

It is also important to ensure that a variety of partners, not always the same ones, are committed, taking into account each partner's level of resources.

Regardless of the partners' level of commitment, the resources available will remain within certain boundaries. The approach generates high expectations but the partners should strive to establish a realistic plan of action taking into account their actual resources.

The definition of action-related resources is however not set in stone. The inter-connected nature of the approach may call for adaptations during the implementation phase. **The allocation of effort between local committee partners** should be closely monitored as excessive imbalance or the late discovery of imbalance is likely to destroy the required consensus.

Example 1: the issue of discarded needles

Strategic objective 1: Reduction in the number of discarded needles

Operational objectives	Example of action-related resources
1.1 Install, by April 2007, five needle recovery containers in the following locations: x at health centre XYZ and x at the ABC centre	1.1.1 Acquire the equipment 1.1.2 Identify the service in charge of installing the containers 1.1.3 Obtain the required authorisations 1.1.4 Install the containers in the designated centres 1.1.5 Identify the service in charge of emptying the containers 1.1.6 Establish a procedure to dispose of the needles 1.1.7 Establish a communication plan to inform the target audience
1.2 Put together a street cleaning team of five people by March 2007	1.2.1 Appoint a coordinator 1.2.2 Recruit cleaners 1.2.3 Train cleaners in handling used needles 1.2.4 Target the most problematic locations (using maps) 1.2.5 Specify the work schedule of the cleaning team according to partners' observations
1.3 Implement a needle exchange programme with a permanent location in the Alpha pharmacy by July 2008	1.3.1 Establish a schedule and educational information procedures of the players involved 1.3.2 Train Alpha pharmacy staff 1.3.3 Acquire containers to recover used needles 1.3.4 Establish a needle exchange protocol 1.3.5 Acquire new needles 1.3.6 Put in place a monitoring process 1.3.7 Establish a communication plan to inform the target audience

Example 2: the issue of the relationships between local residents and prostitutes

Strategic objective 2: Appeasement of the relationships between local residents and prostitutes on Delta street

Operational objectives	Example of action-related resources
2.1 Inform Delta street residents of the local situation with regard to prostitution (information, clarification, combat the stigma of prostitution).	2.1.1 Gather together the data on prostitution and the responses provided 2.1.2 Create information documents 2.1.3 Identify resident consultation structures (neighbourhood committee, residents associations, other associations) 2.1.4 Organise exchange and awareness meetings in the presence of representatives of community-based organisations
2.2 Raise Delta street prostitutes' awareness of the consequences of certain types of behaviour on their relationships with local residents.	2.2.1 List existing contact points with prostitutes 2.2.2 Establish a communication plan in relation to health services and community-based organisations 2.2.3 Create information documents 2.2.4 Implement the communication plan
2.3 Improve Delta street lighting and layout with a view to eliminating areas favourable to indecent acts	2.3.1 List the areas favourable to indecent acts (analyse complaints, observations from exploratory walks etc.) 2.3.2 Establish a works schedule 2.3.3 Establish a communication plan with regard to these works 2.3.4 Carry out the works

2.4. Issues at stake in the communication of the plan of action

Communication plays an important role in the implementation of the plan of action, which is why this communication should be envisaged when establishing the plan of action.

Establishing a plan of action does not mean envisaging a large-scale media campaign but exchanging with local residents and raising their awareness of the issues dealt with and actions implemented in response to these issues. Above all, the communication plan ensures that the people targeted by the action are aware of it. Finally, on this occasion, the partners send out a concerted message which reflects their cohesion.

Thus, the communication plan must specify the information which will be communicated and the dissemination methods. The number of people targeted should also be estimated, as should intervention areas. This data will influence the type of communication to be implemented as well as the working schedule; it can also constitute a monitoring and result indicator*.

The participants in the Exchange programme between the cities highlight the importance of establishing, for certain projects, specific communication plans designed to advertise and promote the initiatives taken, which can include a communication phase prior to the project and a communication phase after project implementation. Communication in this case acts as an action-related resource.

Certain measures require adequate communication before and during their implementation to avoid rejection. This is the case, for example, for needle exchange centres or, in certain countries, drug consumption centres. In light of local residents' fears and concerns generally linked to this type of project, communication should be made with them before implementation to explain the project, give them examples of other cities, reassure them etc. Furthermore, it can also be beneficial to provide the opinion of people who have lived near a consumption centre for several years. Subsequently, once the project is implemented, local residents should be monitored to assess the situation.

However, it is not always advisable to communicate directly on the project prior to its implementation. This is the case, for example, for the installation of needle recovery containers, in particular with regard to their location. It is easier to initially communicate on related subjects such as HIV-AIDS transmission modes and risks. The action is then announced officially after its implementation, without however focusing on the location of the containers.

Communication should emanate from a legitimate authority capable of communicating with the population. For example, communication via the media is often the responsibility of a political authority.

Similarly, when establishing the communication plan, special attention should be paid to the potential pernicious effects of communication, ensuring that sensationalism is avoided and that the communication will not have the opposite effects to those desired. For example, one should communicate in an ordinary manner on the subjects or activity of a service or organisation prior to a specific action. Thus, the communication specific to this action will be relatively unaffected by the sensationalism and pre-conceptions relating to the subject. Finally, it should be pointed out that, despite these precautions, communication may have a worrying effect on local residents. It remains however necessary and should relate more so to a broader theme than the specific action in order to inform the population of the existence of a partners coalition, without affecting the action-related resources decided upon.

Example 1: the issue of discarded needles

In the case of the operational objective aimed at "installing needle recovery containers", people using intravenous drugs must be able to locate these installations. Therefore, the way each population category will be targeted should be specified in the plan of action (in this case: via a document handed out to social workers, health organisations for drug addicts and prostitutes, community-based associations etc.).

2.5 Indicators*

Objective achievement indicators can relate to qualitative elements, such as the level of satisfaction of local residents or prostitutes or drug addicts, partners' involvement and participation, as well as quantitative elements (profitability, cost reduction, production).

For each indicator, a target, i.e. **a quantitative result, is specified and will make it possible, during the monitoring and evaluation phase, to analyse the gaps between the results anticipated and the results achieved.** There are different types of targets:

- quantity (rate, number, ratio etc.),
- quality (satisfaction, service availability etc.),
- amount (cost), time (delays, frequency, waiting time).

Thus, there can be several indicators for the same objective. Specifying, for each objective, at least two and, whenever possible, three indicators, enhances the analysis of the results. **The higher the number of indicators associated with an objective, the easier it is to assess this project and the more conclusive the results***.

Example 1: the issue of discarded needles

Strategic objective 1: Reduction in the number of discarded needles

Operational objectives	Indicators	Target
1) Install, by April 2007, five needle recovery containers in the following locations: x at health centre XYZ and x at the ABC centre	Number of containers installed:	5
	% of containers installed:	100%
	Number of people informed of the installation of containers (this indicator is also linked to the efficiency of the communication plan)	Desired number
	Number of needles recovered (in total and by container, monthly, annually)	Desired number
	% of needles recovered:	10%
	Evolution in the population hanging about the containers	
	Target audience's level of satisfaction	
	Local residents' perception after containers are installed	
	Budget allocated to containers	To be estimated
	Potential container degradations after x	0

Example 2: the issue of the relationships between local residents and prostitutes

Strategic objective 2: Appeasement of the relationships between local residents and prostitutes on Delta street

Operational objective	Indicators	Target
2.1 Inform Delta street residents of the local situation with regard to prostitution (information, clarification, combat the stigma of prostitution).	Budget adhered to yes / no	Budget allocated
	Number of meetings with residents	Expected no.
	Number of people in attendance	Expected no.
	Local residents' perception	
	Prostitutes' perception	
	Organisations' perceptions	

3rd stage: Plan its implementation

3.1. Identify project initiators

At this planning stage, each "project initiator" should be clearly designated, i.e. the person **in charge of implementing each action defined in the plan**. For each action, there must be a designated person in charge, even if this involves several partners. Certain partners must not be overly burdened and the responsibilities assigned to the members should remain within their jurisdiction. As previously stipulated, the partnership should not result in confusion over the players' role and identity.

These project initiators are responsible for implementing the action, mobilising the necessary players and reporting to the local committee on the progress of the project, on behalf of the different partners involved. Their designation is the key to the correct deployment of the plan of action. They have the power to act: representative of an organisation with jurisdiction to implement the action, adequate level of authority, easily accessible for the partners etc.

3.2. Establish the schedule

The timeframe must be fair and reasonable and should take account of the demands made by the financial backers as well as the constraints associated with the involvement of several partners.

The coordinator of the entire plan of action is in charge of updating and monitoring the schedule. Certain action-related resources have significant gaps between the time anticipated and the realisation time. This is why we recommend the development of personalised management tools and the use of a computer for the continuous integration of information, to facilitate the assessment of the implementation of the plan of action.

The **implementation schedule** should include:

- the actual realisation stages of the actions;
- the consultation time required;
- the estimated timeframes according to the external stakeholders (example: funding request to a national organisation);
- the time constraints inherent in the internal functioning of each partner organisation.

The realistic nature of the schedule and its periodic review, which introduces a certain flexibility, constitute a basis for the assessment of the processes, making it possible to appreciate the results of the plan.

4th stage: Implement and monitor the plan of action

The plan of action is implemented by each project initiator, with the coordinator being in charge of overall monitoring.

4.1 Management and decision-making monitoring chart

To facilitate this implementation, several tools can be proposed, including a **checklist and a management and decision-making monitoring chart, respectively detailed in tool sheets 6 and 8** on pages 147 and 151. The former prepares for the implementation of the action and can also be used to support a subsidy request, while the latter should be used regularly and constantly by the coordinator.

The management and decision-making monitoring chart measures, assesses and monitors the state and use of the resources (human, material and financial), the functioning of the activities, the results obtained and progress. It also targets causes and factors as well as the corrective actions to be carried out to complete the actions. **Tool sheet 8,** on page 151, provides a model for this chart.

Several functions are associated with the management and decision-making monitoring chart:

- **Alert function**: highlights trends and significant gaps and warns about unwanted gaps, like an alert system.

- **Investigation trigger function**: in conjunction with this alert system, indicates the need to undertake a more in-depth analysis and to contact those in charge.

- **Accountability function**: shows financial backers and other partners the evolution of the resources invested in the projects and makes associated evaluations more credible.

- **Communication and motivation function**: promote information exchange between local committee partners and stimulate discussions on projects. Even the non-achievement of objectives is better placed in its context via the indicators used, hence their importance.

- **Monitoring function**: analyses success and failure factors and notes the corrective actions to be implemented. This tool can be compared with a database of successful projects, difficulties encountered and solutions selected.

4.2. Results* of the plan of action and efficiency assessment

The results of the plan of action will be examined prior to the actual assessment. **“Results”** should be taken to mean the evaluation of the implementation of the measures stipulated in the plan of action, **as they appear in the management and decision-making monitoring chart.**

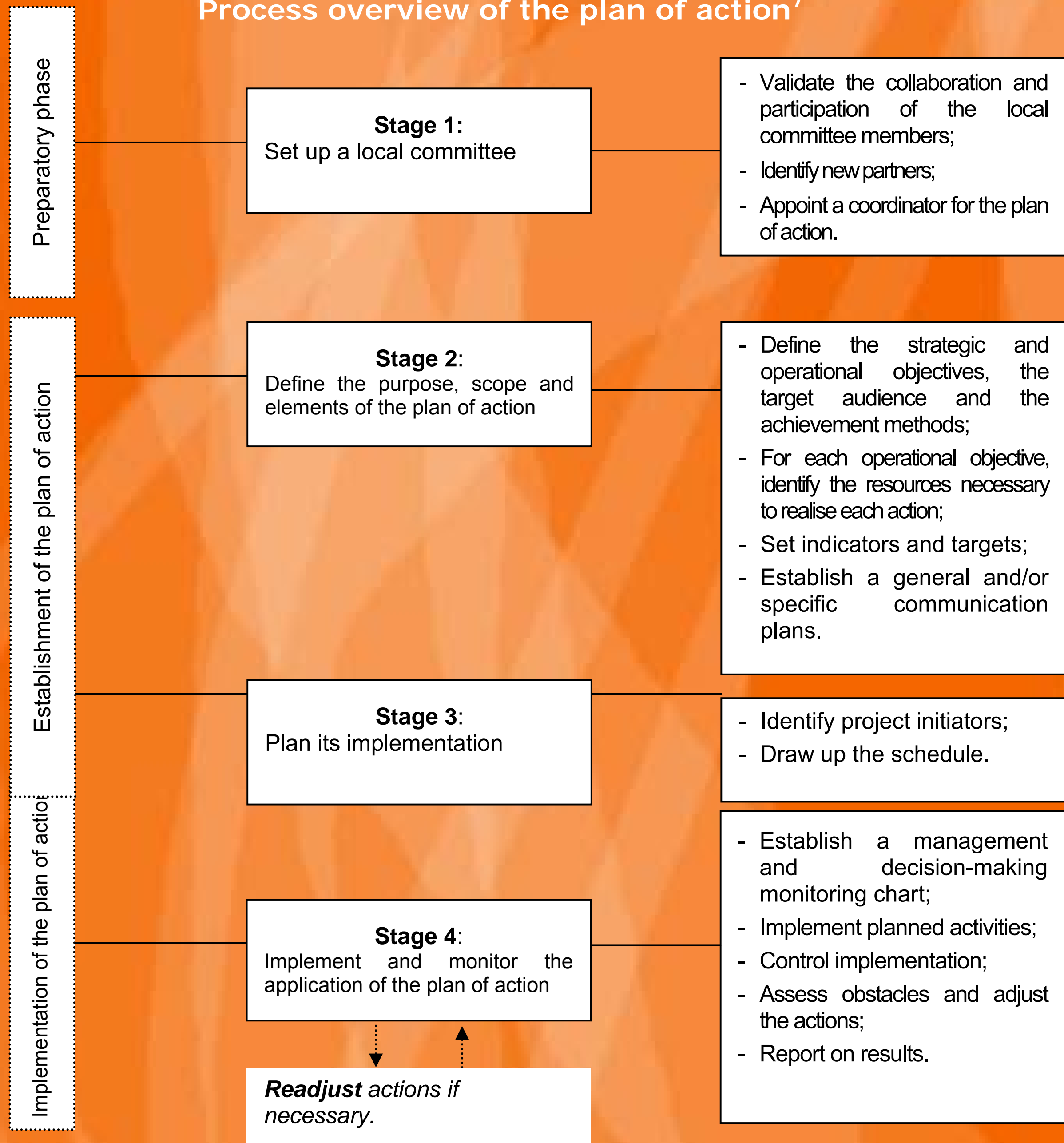
This initial inventory makes it possible to:

- evaluate application time and efficiency of the measures,
- identify potential shortcomings in the partnership,
- detect implementation difficulties relating to the competence of the local committee members and those relating to other stakeholders,
- propose any necessary adjustment to the plan of action, or relaunch a partial or full diagnosis process or demand a more specific assessment measure for part of the programme.

The examination of the results contributes to the cycle of the process and monitoring tools should enhance rapid and periodic evolutions and adjustments. The assessment itself requires more distance.

Summary

Process overview of the plan of action[7]



[7] Inspired by the *Guidance document on the establishment of plans of action for the rational management of documents, policy paper*, UNITAR, April 2005, page 4.

TOOL 6

Plan of action: checklist

Preparatory phase

Diagnosis: (reminder)	Tick
Consensus on the results of the diagnosis	
Identify all problems based on the diagnosis	
Local committee:	
Validate the collaboration of local committee members	
Check that all domains are represented:	
police	
justice	
health	
associations	
research	
education	
municipal government	
others…	
Coordinator	
Estimate the number of hours required for the coordination mission	
Appoint a coordinator to monitor actions, plan meetings and update documents	

To be carried out by the local committee

Establishment phase of the plan of action

Purpose, scope and elements of the plan of action	Tick
Identify priority issues	
Specify strategic objectives for each problem situation selected for the plan of action	
Specify operational objectives (resulting from the strategic objectives; formulated with an action verb) with, for each objective: Target audience	
List of action-related resources	
Identification of financial resources	
General communication plan and communication for specific projects,	
Indicators and targets (at least two indicators per objective, three if possible)	

Avoid pernicious effects in the operational objectives.

Notably for the projects of which the targeted population must be informed and for projects generating fear and apprehension.

Plan of action: checklist – cont.

Establishment phase of the plan of action (cont.)

Plan the implementaion of the plan of action	Tick
Identify project initiators: assign everybody their roles and responsibilities.	
Establish the schedule of actions, which must include:	
realisation stages	
consultation time required	
estimated timeframe according to external stakeholders	
time constraints inherent in the internal functioning of each organisation	

Implementation phase of the plan of action

Implement, monitor and assess the plan of action	Tick
Establish a management and decision-making monitoring chart	
Implement planned activities: deploy the plan of action	
Control and assess the implementation.	
Readjust actions, according to obstacles and limitations encountered	
Report the results	

TOOL 7

Presentation model for a plan of action

Strategic objective 1: **Reduction in the number of discarded needles** Target audience: **Drug addicts**				
OPERATIONAL OBJECTIVES	ACTION-RELATED RESOURCES	INDICATORS AND TARGETS	**ACTION INITIATOR** AND PARTNERS	DEADLINE
1.1 Install, by April 2007, five needle recovery containers in the following locations: x at health centre XYZ and x at the ABC centre	1.1.1 Acquire the equipment (time to be taken into account in the schedule) 1.1.2 Identify the service in charge of installing the containers 1.1.3 Obtain the required authorisations (time to be taken into account in the schedule) 1.1.4 Install the containers in the designated centres 1.1.5 Identify the service in charge of emptying the containers 1.1.6 Establish a procedure to dispose of the needles 1.1.7 Establish a communication plan to inform the target audience	- Number of containers installed: 5 - % of containers installed: 100% - % of needles recovered: 10% - Number of needles recovered (in total, by container, monthly, annually) - Number of people informed - Level of satisfaction of prostitutes or drug addicts - Local residents' perception after containers are installed - Budget allocated to containers (adhered to yes / no) - Container degradation after x months	- **Health services** - Community-based organisations - Municipal services	April 2007
1.2 Put together a street cleaning team of five people by March 2007	1.2.1 Appoint a coordinator 1.2.2 Recruit cleaners (time to be taken into account in the schedule) 1.2.3 Train cleaners in handling used needles 1.2.4 Target the most problematic locations (using maps) 1.2.5 Specify the work schedule of the cleaning team according to partners' observations	- Constitution of a functional team: yes / no - Number of people in the team: 5 - Number of needles recovered - Level of satisfaction of the target audience - Local residents' perception - Cleaning frequency - Equipment quality - Number of accidents - Number of resignations - Number of training hours.	- **Municipal services** - Community-based organisations	March 2007

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Presentation model for a plan of action (cont.)

Strategic objective 1: **Reduction in the number of discarded needles** Target audience: **Drug addicts**				
OPERATIONAL OBJECTIVES	ACTION-RELATED RESOURCES	INDICATORS AND TARGETS	**ACTION INITIATOR** AND PARTNERS	DEADLINE
1.3 Implement a needle exchange programme with a permanent location in the Alpha pharmacy by July 2008	1.3.1 Establish a schedule and educational information procedures of the players involved 1.3.2 Train Alpha pharmacy staff 1.3.3 Acquire needle recovery containers 1.3.4 Acquire new needles 1.3.5 Establish the exchange protocol 1.3.6 Put in place a monitoring process 1.3.7 Establish a communication plan to inform the target audience	- Number of needles recovered - Number of needles handed out - Number of people trained - Number of people informed - Number of incidents	- **Health services** - Community-based organisations - Municipal services	July 2008

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TOOL 8

Presentation model for a management and decision-making monitoring chart

OPERATIONAL OBJECTIVE 1	ACTION-RELATED RESOURCES	SERVICE IN CHARGE	DEADLINE	INDICATORS / TARGET	ACTION STATUS	CAUSES / FACTORS	CORRECTIVE ACTION
1.1 Install, by April 2007, five needle recovery containers in the following locations: x at health centre XYZ and x at the ABC centre **Action initiator :** Health services	1.1.1 Acquire the equipment	Health service	March 2007	Budget allocated	Completed		
	1.1.2 Identify the service in charge of installing the containers	Municipal technical services	March 2007		Completed		
	1.1.3 Obtain the required authorisations	Municipal legal service	April 2007	Number of authorisations Time required to obtain authorisations	Ongoing	Processing time by the national organisation	Regular contact with the national organisation
	1.1.4 Install the containers in the designated centres	Municipal technical services	April 2007	5 containers installed % containers installed	Pending	Pending authorisation	
	1.1.5 Identify the service in charge of emptying the containers	Health service	March 2007		Completed		
	1.1.6 Establish a procedure to dispose of the needles	Health service	March 2007		Ongoing	Check insurance policies covering the staff concerned	
	1.1.7 Establish a communication plan to inform drug addicts	Health service Municipal communication service Community-based organisations	March 2007	Number of people reached by the communication	Ongoing	Documents being printed	
	OBSERVATIONS **Other indicators:** Number of needles recovered (in total, by container, monthly, annually) Evolution in the population hanging about the parks Level of satisfaction of the target audience Local residents' perception near the containers Potential container degradation after x months						

OUTIL 8

CIPC ICPC

PART THREE:
Evaluation

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Introduction

Project evaluation* constitutes an almost universal demand from local, national and international financial backers. It corresponds with a dual evolution linked, on the one hand, with public finance management reforms (accountability) and, on the other, the desire to identify the success factors of social and security policies in terms of crime and the feeling of insecurity. As the final stage in the implementation of the policy designed to combat drug and prostitution related public nuisances, the evaluation ensures the relevance, efficiency and viability of the interventions decided upon by analysing changes and establishing comparisons between current and past situations.

Due to the multiple factors and causes responsible for the emergence of drug and prostitution related public nuisances, the evaluation poses specific challenges: detect the main factors and causes of the problems which justified the action and ensure that the effects observed on the reduction in nuisances result from the interventions decided upon, not just from external factors.

The evaluation approach must be rigorous without having to resort to a tedious methodology. It should make it possible, based on action-related objectives, to reconstruct the logical sequence between the resources implemented, the objectives and the actions actually carried out. This is what distinguishes it from a simple inventory, which only focuses on the results without the qualitative assessment of the achievement of objectives.

a. Why evaluate?

There are many ways to describe and present the evaluation in French and English literature. Generally speaking, **retrospective evaluation, carried out within a formalised methodological and institutional framework, aims at assessing the value** of an action, project, programme or policy[8].

The evaluation process has many benefits, summed up in one key phrase: **"evaluation: improve knowledge to improve the decision-making process"**[9], with regard to the next stages of the plan of action or future interventions.

The benefits of evaluation:

- Support the decision-making and planning process;
- Optimise resources and improve the quality of the services provided and products offered;
- Provide corrective action when necessary;
- Analyse project efficiency;
- Develop best practices;
- Highlight unforeseen results (both positive and negative);
- Facilitate accountability (liability).

The results of the evaluation are aimed at those in charge of the action as well as financial backers. While the domains evaluated may differ – financial backers, for example, check the allocation of expenditure – the methodology used should, in all cases, remain the same.

[8] Directorate General for International Cooperation and Development, *Evaluation guide*, 2004, p.3
[9] Id., p.7

b. When to evaluate?

It is possible to identify three moments to evaluate, taking account of the depth of the intervention while matching decision-makers' time constraints: **midway, at the expected end of the plan of action and ex-post.**

- **The midway evaluation,** which also involves an action monitoring, relates to a few limited fields of the plan of action or intermediate objectives. It evaluates the situation of the project with regard to the **initial plan and adjusts the actions according to the results achieved and discrepancies observed.**

- **Evaluation at the end of the implementation of the plan of action.** In light of the sometimes short-lived nature of certain nuisances, the overall evaluation of the plan of action should be carried out fairly close to the realisation of the actions, even if, at this date, certain planned activities and interventions are not yet completed. **The benefit of this evaluation is to assess the plan of action as a whole.** This workbook focuses on this evaluation moment to set out the methodology.

- **The ex-post evaluation** is carried out several years after the end of the plan of action. This evaluation relates to the long-term, unplanned effects of the plan of action.

The evaluation is planned while the plan of action is being designed. This is why indicators are integrated into this plan of action, even though others may be added subsequently depending on the objectives of the evaluation. This upstream planning process has even more importance for the ex-post evaluation, which is carried out well after the initial mobilisation of the partners.

c. Who carries out the evaluation?

► Internal evaluation

By being closer to the stakeholders, the internal evaluation gives better access to information. However, it can provide less objective results and sometimes be less rigorous. This pitfall can be limited by using a rigorous methodology.

When the evaluation is carried out internally, we recommend that a multi-sector team be assembled (health services, municipal leaders, associations, police etc.). The idea is to put together a working team made up of the same types of partners as those involved in the action.

The internal evaluation involves a participatory approach where local stakeholders join forces to carry out the evaluation for a better appropriation of the results.

► External evaluation

The external evaluation tends to favour the independence, impartiality and objectivity of the analyses and recommendations, making it possible to take a fresh look at the situation. The external evaluation is often more credible, notably from the point of view of financial backers.

However, objectivity cannot be completely guaranteed and the external evaluation often represents a higher cost. In addition, the evaluator is not as familiar with the environment so collecting the information will be all the more difficult. Finally, the appropriation of the results by local stakeholders can sometimes be more difficult than with an internal evaluation.

As with the realisation of the diagnosis and according to the objectives set in the plan of action, the internal team may call upon external specialists to help develop appropriate data collection tools, create a database or analyse evaluation data. Students and trainees can also be involved in the data collection process.

This workbook offers a simplified methodological approach, based on three main stages:

- **define evaluation issues**
- **determine indicators**
- **analyse results**

1st stage: Determine evaluation issues

The first stage consists of specifying the expectations of the evaluation, which is a demonstration of the strengths and weaknesses of a project. Therefore the questions that will guide the data collection process must be determined.

1.1. Choose the type of evaluation

The implementation of an evaluation requires the accurate determination of expectations: for example, did the project meet the requirements, was an action successful and/or were the expected results achieved?

In short, three relevant types of evaluation can be distinguished as part of the drug and prostitution related public nuisances: **process evaluation, result evaluation and impact* evaluation**.

- **Process evaluation:**

Focus is on the **evaluation of the establishment, development and implementation of the project as well as the examination of the activities related to this project**. The idea is to critically analyse the functioning and development of an action. The specific role of this type of evaluation is to understand to what extent the success or chances of success or failure of a project depend on its implementation conditions. For example: partnership efficiency, budgetary monitoring in the implementation etc.

- **Result evaluation*:***

  This type of evaluation aims at determining whether the **project achieved the results stipulated in the plan of action, via the operational objectives**.

- **Impact* evaluation or *long-term effects*:**

  Impact evaluation is the analysis of the long-term effects, both positive and negative, primary and secondary, resulting from an action, directly or indirectly, intentionally or otherwise. Impact evaluation, which is a continuation of the result evaluation, relates to the assessment of the effects of an action on its environment in a broad sense and on the achievement of strategic objectives.

Although it is possible to carry out each type of evaluation separately, we **strongly recommend that an evaluation approach be developed based on these three complementary types of evaluation**.

1.2. Draw up evaluation questions

The formulation of evaluation questions represents one of the key stages. Depending on each type of evaluation (process, result, impact), specific evaluation questions are posed. These questions are important insofar as they **orient the evaluation and reflect the achievement of objectives in an interrogative form**. It is not always easy to formulate these questions. We **recommend that different points of view be integrated** (partners, participants, financial backers, key stakeholders etc.).

Example: the issue of discarded needles

Strategic objective	Reduction in the number of discarded needles
Operational objective	Install, by April 2007, five **needle recovery containers** in the following locations: x at health centre XYZ and x at the ABC centre

Type of evaluation	Evaluation questions
Process evaluation	How good was the coordination between the different services when selecting the sites? Did the employees receive adequate training? Was there a budget overrun? Were deadlines complied with? How many containers were installed?
Result evaluation	Are the containers used? Has the number of needles recovered by the cleaning services decreased? Were drug addicts informed? How was the action assessed by drug addicts? Have local residents' perceptions improved?
Impact evaluation	Has the number of discarded needles increased / decreased in another area? Are there more local residents in the parks? Were the consequences of the level of HIV contamination and other diseases transmitted by used needles identified?

In terms of evaluation questions applicable to drug and prostitution related public nuisances, **tool 7**, on page 149, provides suggestions. This tool is not exhaustive but provides food for thought. It proposes two types of questions: descriptive and evaluative. Descriptive questions prepare for the other type of questions, which will guide the evaluation.

2nd stage: Define indicators and collect data

Indicators provide answers to evaluation questions and determine the data to be collected.

2.1. Define evaluation indicators

As set out in the section on the plan of action, indicators are formulated according to the objectives set and types of evaluation. Those identified when establishing the plan of action will of course be used. Others will be added, if necessary, depending on evaluation questions.

For **process evaluation**, the indicators selected relate to the way the action was conducted: whether the allocated budget was overrun, whether the deadlines were complied with or the quality of the partnership.

With regard to **result evaluation and impact evaluation**, indicators should measure the achievement of the operational and strategic objectives determined in the plan of action. For example, the needle recovery rate can be used to measure the reduction in the number of discarded needles.

The definition of evaluation indicators therefore requires the identification of the means to respond to the evaluation questions. In certain cases, it can be a simple process. For example: was the initial budget complied with? In this case, the indicator constitutes the action-related accounts.

However, it can also be a complex operation. Using the same example, each action of a programme is not necessarily monitored in terms of cost accounting. Certain questions are also more complex by nature, such as the improvement in local residents' satisfaction rate, for which there is a broad choice of indicators: number of complaints recorded by the police, the municipal council, during public meetings, results of a specific survey etc. The complexity is also due to quality-oriented indicators, such as the quality of the partnership. This indicator should be assessed by an external stakeholder.

Consequently, the partners of the project must agree, right from the planning stage, on indicators and the design of the tools required to collect information for these indicators.

Example: the issue of discarded needles

Strategic objective — Reduction in the number of discarded needles

Operational objectives — Install, by April 2007, five **needle recovery containers** in the following locations: x at health centre XYZ and x at the ABC centre

Type of evaluation	Evaluation questions	Indicators
Process evaluation	How good was the coordination between the different services when selecting the sites?	Number of meetings Discussion on the choice of sites Participation in the choice of sites
	Was there a budget overrun?	Initial budget / budget used
	Were deadlines complied with?	Timeframe decided upon / Turnaround
	Were the containers installed?	Number of containers installed
Result evaluation	Are the containers used?	Number of needles recovered, in total, by container, annually, monthly
	Were drug addicts informed?	Number of documents handed out Number of those who claim to have been informed
	Are drug addicts satisfied?	Number of satisfied drug addicts
	What are local residents' perceptions?	Number of complaints
Impact evaluation	Has the number of discarded needles decreased in the area?	Number of discarded needles before / after
	Has the number of discarded needles increased / decreased in another area?	Number of needles before / after in the other area
	Are there more local residents in the parks?	Number of people visiting the parks

2.2. Determine the sources of information and data collection methods

The same sources of information and data collection methods used in the data collection process carried out at diagnosis stage can again be used. **The nature of the information required varies depending on the evaluation questions and indicators.**

As with the diagnosis, where data cross-referencing provides an overview of the situation, the evaluation process should be based on several sources of information and use different collection methods. This element is particularly important in terms of evaluation and, when the data is collected **subjective elements (local residents' perceptions, expert opinions, individual interviews with stakeholders etc.) should be evenly balanced with objective elements (number, frequency, statistics etc.)**. Subsequently, the data obtained will be compared to determine whether it is convergent or contradictory.

The table below lists the sources of information and related data collection methods. These are roughly the same as for the diagnosis, complemented by records, notes on the project, the management and decision-making monitoring chart as well as the log book, which is a register in which the coordinator records significant events.

<table>
<tr><th>Sources of information</th><th>Data collection methods</th></tr>
<tr><td>Local residents, shopkeepers</td><td>- Surveys,
- Individual interview,
- Discussion groups,
- Neighbourhood meetings.</td></tr>
<tr><td>Local committee coordinator</td><td>- Individual interview,
- Records, notes on the project.</td></tr>
<tr><td>Neighbourhood stakeholders</td><td>- Individual interview,
- Discussion groups,
- Issue tables,
- Records, notes on the project.</td></tr>
<tr><td>Other key informers</td><td>- Individual interview,
- Discussion groups,
- Records, notes on the project.</td></tr>
<tr><td>Project participants
(when relevant)</td><td>- Form to fill in,
- Interviews,
- Discussion groups.</td></tr>
<tr><td colspan="2">Other data collection methods:
- Statistical information and information from the partners,
- Observations,
- Exploratory walks,
- Press review.

Action follow-up tools:

The data continuously collected by these tools will be used as a reference to assess the activities during their realisation, midway and at the end.
- Management and decision-making monitoring chart **(tool sheet 8, page 151)**
- Log book</td></tr>
</table>

3rd stage: Analyse data and share the results

3.1. Analyse the data collected

Data analysis consists of interpreting all the information obtained in order to respond to the evaluation questions.

The data analysis process is the same as that for the diagnosis. However, the scope of analysis differs depending on the type of evaluation chosen, the associated questions and analytical model selected.

Despite the use of a rigorous methodology, it is difficult to isolate the specific factors affecting a situation. The influence of external factors on the actions implemented cannot be totally ruled out and is difficult to isolate. The evaluation of social science projects therefore always includes non measurable elements.

> **Advice**
> If the evaluation is part of an internal process, we recommend that experts in data analysis be called upon to help and guide the local committee.

This is why the analysis methods selected must isolate the effects of the actions evaluated. **Three analysis models can be used, notably as part of the result or impact evaluation process.**

- **model involving a "before and after measurement".** The idea is to compare the initial problem situation with the situation following the implementation of the plan of action. In this case, the diagnosis will be a valuable tool in establishing the initial situation. If however the diagnosis provides no information on this initial situation and if no measure has been taken before implementing the actions, it is still possible to analyse the changes generated by these interventions (for example via a local residents satisfaction questionnaire).

- **model involving a comparison group.** This model makes it possible to compare the situation of an area or group targeted by the intervention (target group) with an area or group with no intervention (comparison group). During the implementation of the action, these two groups should be studied simultaneously. In social science, ethical questions may be raised: it may seem unacceptable to act on one group and neglect another. Similarly, it may be difficult to obtain two groups or areas with the same characteristics and problems. Nevertheless, when it is possible, this model is particularly relevant in order to measure the effects specifically associated with an intervention by isolating these effects, to a certain extent, from the external factors. Pragmatically speaking, this model can be used as part of the progressive implementation of an action, the evaluation process being carried out prior to its deployment.

- **chronological evaluation model** based on monthly or quarterly data. The advantage of this model is that it produces results that are fixed in time and related to certain events that may have occurred at the same time. While this model also relates to the monitoring of the action, it provides an overview of the effects of an action in time. Thus, it makes it possible to verify, for an action consistent throughout the year, whether the problem situation evolves, thereby isolating its effects from external factors.

Example: the issue of discarded needles	
Strategic objective	Reduction in the number of discarded needles
Operational objective	Install, by April 2007, five **needle recovery containers** in the following locations: x at health centre XYZ and x at the ABC centre
Model involving "before and after measurement"	Comparison before and after the installation of containers - of the number of discarded needles - of the number of complaints by local residents
Model involving a comparison group	The containers were installed in XYZ and ABC centres, located South of the city, separated from the North of the city by a motorway. The issue of discarded needles was the same in both areas. How has the situation evolved in both areas?
Chronological model	Is the number of discarded needles constant throughout the year? Is the number of complaints constant throughout the year? Is the number of needles recovered constant throughout the year? Is the variation in the number of discarded needles similar to that of the number of complaints? Is the variation in the number of discarded needles similar to that of the number of needles recovered?

3.2. Present the results and define a distribution strategy

Whether the evaluation is internal or external, the conclusions should be reported to all the partners in order to explain the evaluation method, carry out the in-depth analysis of all the results, discuss and identify the lessons learned, the practices to be modified and objectives to be redefined within the plan of action.

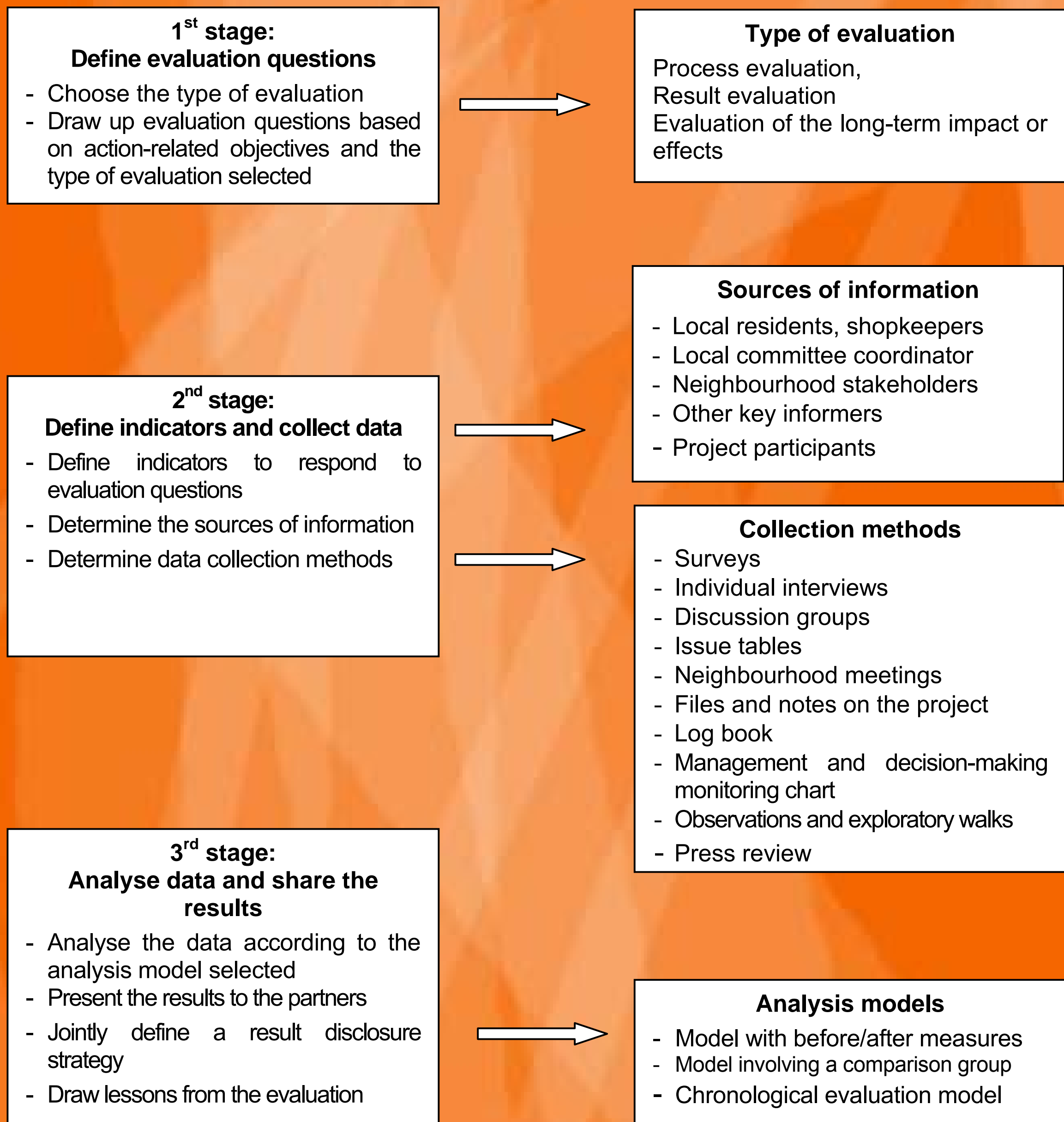
The reporting process also encourages the local committee to specify the information which will be shared exclusively internally and that which will be published. When the conclusions of the evaluation are positive, the projects

evaluated may be used as a source of inspiration and be widely distributed as best practices. Conversely, when the conclusions of the projects evaluated highlight weaknesses or the emergence of significant unwanted effects, the local committee must agree on the information to be communicated and the way to present it. These results can be expressed in the form of recommendations, more general information or lessons learned within the framework of these projects. This information will be useful when establishing future projects (for example, with regard to the pitfalls or unwanted effects).

In all cases, **communication elements should be specified in the form of communication plans or protocol**.

Summary

Process overview of the evaluation of the plan of action



Tool 9

Example of descriptive and evaluative questions according to the type of evaluation[10]

Descriptive questions make it possible to obtain information before carrying out the evaluation itself. They help target and formulate evaluative questions; they do not necessarily have to be integrated into the final evaluation report. Evaluative questions are therefore the very questions guiding the evaluation.

Type of evaluation	Purpose	Example of questions	
		Descriptive	Evaluative
Process evaluation	- Resources used, - Production activities, - Products and associated population, - Processes.	- What is the logic behind the intervention? - What are the resources used? - What are the activities? - How are resources turned into products and/or services? - What are the products and/or services offered? - What is the target audience? - What are the internal dynamics of the interventions?	- Does the implementation correspond with the initial plans? - Are the resources sufficient to tackle the problem? - Does the associated population correspond with the target population? - In what way does the internal and external environment influence the implementation of actions?
Result evaluation	- Completion of operational objectives - Desired effects.	- What are the desired effects? - What are the direct results?	- Were the desired effects actually achieved? - What is the objective achievement rate?
Impact evaluations	- Completion of desired long-term effects - Other non-desired long-term effects, positive or negative.	- What are the desired long-term effects? - What are the possible side effects?	- Were there any side effects (positive and negative)? - Did the desired long-term effects materialise?

[10] Inspired by the Public health Directorate (1998). *Good practice framework for programme evaluation: application to the health promotion and drug addiction fields.* Quebec

Tool 10

Example of evaluation plan

Type	Evaluation questions	Indicators	Source of information	Collection	Analysis
Process evaluation	How good was the coordination between the different stakeholders when selecting the sites?	Number of meetings Discussion on the choice of sites Participation in the choice of sites	Partners in charge of the action	Interviews, notes, reports, log books	Measured after
	Did the employees receive adequate training?	Number of training sessions Number of participants / number of employees Compliance with the procedures taught	Training instructor Team leader	Reports	Measured after
	Was there a budget overrun?	Initial budget / budget used	Budget	/	Measured before/after
	Were deadlines complied with?	Timeframe decided upon / Turnaround	Plan of action	/	Measured before/after
	Were the containers installed?	Number of containers installed	Team in charge	Interviews, reports	Measured after
Result evaluation	Are the containers used?	Number of needles recovered, in total, by container, annually, monthly	Team in charge	Reports	Chronological analysis
	Has the number of discarded needles decreased in the area?	Number of discarded needles before and after	Cleaning services	Reports, interviews	Measured before/after
	Were drug addicts informed?	Number of documents handed out Number of those who claim to have been informed.	Stakeholders working with drug addicts Drug addicts Communication manager	Interviews, questionnaires, reports	Measured after
	How was the action assessed by drug addicts?	Assessments made (positive, negative, suggestions)	Stakeholders working with drug addicts Drug addicts	Interviews, consultation	Measured after
	Have local residents' perceptions improved?	Perceptions Number of complaints	Complaint services Local residents	Reports, consultation	Measured before/after
Impact evaluation	Has the number of discarded needles increased / decreased in another area?	Number of needles before and after in the other area	Cleaning services	Reports, interviews	Measured before/after Comparison group (comparison area)
	Are there more local residents in the parks?	Number of people visiting the parks	Cleaning services	Reports, interviews	Measured before/after
	Were the consequences of the level of HIV contamination and other diseases transmitted by used needles identified?	Variation in the number of HIV transmission cases via used needles Closer contact with container users	Health services Stakeholders working with drug addicts Drug addicts	Statistics, consultations	Measured before/after

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Appendix 1

List of people who participated in the exchanges between the three cities

The following people participated in the works carried out over the past three years

For the city of Bordeaux, France:

- **Mrs Fayet**, Deputy Mayor of Bordeaux, in charge of social development, urban policy and peace,
- **Mr Hengen**, Deputy director in charge of social development,
- **Mr Delile**, Psychiatrist, director of the study and information Committee on drugs (CEID).

For the inter-ministerial delegation for urban affairs, France:

- **Mrs Clerici**, Policy officer, Inter-ministerial delegation for urban affairs,
- **Mrs Raynaud**, Head of department, Inter-ministerial delegation for urban affairs.

And also:

- **Mr Baillet**, Drug and prostitution squad,
- **Mrs Barbé**, NID movement,
- **Mrs Bécat**, Policy officer,
- **Mrs Bernabeau**, Coordinator of the prostitution Network,
- **Mrs Creyemey**, CEID educator,
- **Mr Declosse**, Local residents' association "Mieux vivre à Carle Vernet",
- **Mr Diaz**, Local residents' association "Les petits gratteurs",
- **Mr Gauderat**, Prostitution squad,
- **Mr Guillemet**, Sociologist,
- **Mrs Mougnaud**, Chief Police Inspector,
- **Mrs Nicolas**, Technical Advisor to the Departmental Directorate for Health and Social Affairs, in charge of prostitution issues,
- **Mrs Pichon**, IPPO Director (social workers working with prostitutes).
- **Mrs Piédran**, CRI association,
- **Mrs. Rahis**, CEID,
- **Mr Rey**, Assistant Public Prosecutor in charge of drugs,
- **Mr Saïd**, Chief of police, in charge of the social protection Unit,
- **Mrs Valadie-Jeannel**, Regional Directorate for Health and Social Affairs.

For the city of Liege, Belgium:

- **Mr Demeyer**, Mayor of Liege,
- **Mr Beaupère**, Liege's Chief of Police,
- **Mr Rulmont**, Judicial Director of the local police
- **Mrs Neuforge**, Project leader, Drug addiction section, Security and crime prevention contract,
- **Mr Ovart**, Public nuisance manager, Security and crime prevention contract,
- **Mrs Houben**, Deputy project leader, Drug addiction section, Security and crime prevention contract,
- **Mr Maisse**, Pharmacist, Liege's Drug Observatory, Security and crime prevention contract.

For the Internal federal public Service, Belgium:

- **Mr Van de Vloet**, previous Director of the Permanent Secretariat for crime prevention policy, Internal federal public service,
- **Mr Willekens**, Director of integral local Security, Directorate-General for Security and Crime Prevention, Internal federal public service,
- **Mrs Targé,** Integral local Security, Directorate-General for Security and Crime Prevention, Internal federal public service,
- **Mrs Clajot**, Integral local Security, Directorate-General for Security and Crime Prevention, Internal federal public service,
- **Mrs Legrand,** Integral local Security, Directorate-General for Security and Crime Prevention, Internal federal public service.

And also,

- **Mr Adam,** Coordinator, Medical and Psycho-social emergency Service, Liege Regional Hospital,
- **Mr Bollette**, START Coordinator, Psychiatric Hospital,
- **Mr Collinet,** Street project coordinator, "Relais social",
- **Mr Croufer,** Siajef Director,
- **Mrs Croonen,** Coordinator, *Ferme de la Vache*, Public Centre for Social Aid,
- **Mr Cuitte**, Chief Inspector, in charge of the "Drug Task Force" section, Liege Police,
- **Mr de Paepe**, Director of the Zonal security plan, Liege,
- **Mr Hennen,** Chief Inspector, drug coordinator for the Ste Walburge police station,
- **Mr Henri,** General Coordinator of the "Relais social",
- **Mrs Lejeune,** Advocate General, assistant magistrate in charge of Drugs for the Board of Public Prosecutors,
- **Mr Lodrini**, Director of police stations, Liege Police,
- **Mr and Mrs Renette-Rosa**, representatives of the Sainte Walburge neighbourhood committee,

- **Mrs Schlitz,** Crime Prevention officer, Security and crime prevention contract,
- **Mr Schumesch,** representative of the Sainte Walburge neighbourhood committee,
- **Mr Tasquin**, Educator for Liege's Drug Observatory, Security and crime prevention contract,
- **Mr Timmers,** Cabinet Attaché, Finance, public cleanliness and Property Policy Council,
- **Mr Zaeytyd**, Medical coordinator, Public Health Reception Centre, Psychiatric Hospital.

For the city of Montreal and the Villeray - Saint-Michel - Park-Extension borough, Quebec, Canada:

- **Mr Tamburello**, previous Mayor of the Villeray - Saint-Michel - Park-Extension borough,
- **Mrs Samson**, Mayor of the Villeray - Saint-Michel – Park-Extension borough,
- **Mr Cajelait**, Community development advisor, City of Montreal,
- **Mrs Caron**, Community development advisor, City of Montreal,
- **Mrs Lafrenière**, Planning advisor, Strategic Division, Montreal Police service,
- **Mr Chénier**, previous Director in charge of Culture, sport, leisure and social development, Villeray - Saint-Michel - Park-Extension borough.

For Quebec's ministry public Security:

Mrs Veillette, Crime prevention sector, Quebec's ministry of public Security.

And also,

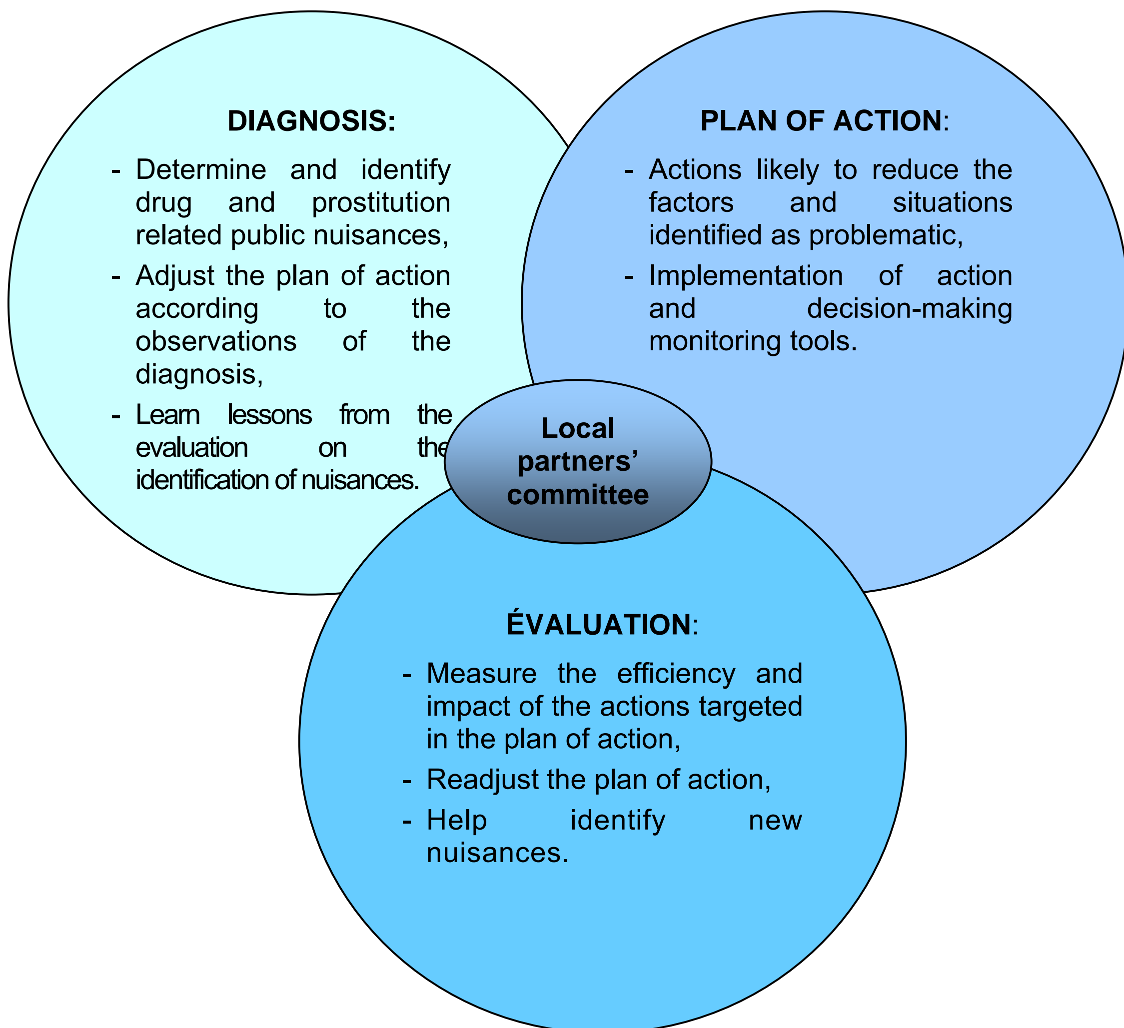
- **Mr Allard,** Head of division, Social development, City of Montreal,
- **Mrs Assunçao**, Director in charge of Culture, sport, leisure and social development, Villeray - Saint-Michel - Park-Extension borough,
- **Mrs Beauregard**, Montreal Police service,
- **Mr Chalin**, *Sûreté du Québec*, Advisor on police affairs - Europe, International relations and protocol service, Quebec Delegation in Paris,
- **Mrs Charrette**, Assistant Public Prosecutor, Quebec's ministry of Justice,
- **Mrs Charron**, previous Chief of Police Station 30, Montreal Police service
- **Mr Dagher**, Chief of Police Station 30, Montreal Police service
- **Mrs De Coninck**, Community development advisor, Culture, sport, leisure and social development division, Villeray - Saint-Michel - Park-Extension borough
- **Mr Delva**, *Maison d'Haïti* case worker,

- **Mrs Denis**, Dollard Cormier Centre,
- **Mr Deshaies**, Local social and health services agency,
- **Mr Fillion,** Director of the Louis-Joseph Papineau School,
- **Mrs Fradette**, Cactus
- **Mr Joly** and **Mrs Dulude**, *Maison du Père*,
- **Mr Lacroix**, Community development advisor, City of Montreal
- **Mrs Montour**, Villeray – Saint-Michel – Park-Extension Tandem,
- **Mr Morin**, previous Director in charge of Culture, sport, leisure and social development, Villeray - Saint-Michel - Park-Extension borough,
- **Mrs Morin**, Montreal's Municipal Housing Office,
- **Mrs Paquin**, Montreal Police service,
- **Mr Raymond**, *Spectre de rue* association,
- **Mr Richardson**, Consultant,
- **Mr Santana**, previous Director of the Villeray - Saint-Michel - Park-Extension borough,
- **Mr Savard**, Community development advisor, City of Montreal,
- **M. St-Denis**, Deputy Director General - *Sûreté du Québec*, previous Director of the police- ICPC partnership,
- **Mrs Tonnellier**, Cactus,
- **Mrs Vaillancourt**, Deputy Head of division.

Appendix 2

Overview of the approach in terms of the fight against public nuisances

Overview of the approach in terms of the fight against public nuisances



The three phases of the approach are closely inter-connected and interdependent: the plan of action systematically results from the diagnosis and the evaluation of the actions helps provide a new description of situation, which itself can contribute to adjusting the plan of action.

Appendix 3

More information on the concept of nuisances

Article by Daniel Sansfaçon,
International centre for crime prevention,
March 2006

For more information…

Public nuisances can also be dealt with based on victimisation surveys developed on an international scale in several countries. [11]

Nuisances, fear or insecurity?[12]

Whether due to violence and offences associated with local drug and prostitution markets in the street, incivilities and offences for which drug addicts and prostitutes are considered responsible, or because the neighbourhoods where these phenomena occur are already faced with a number of social and economic difficulties, they are associated with greater insecurity. Similarly, the concentration of bars in certain neighbourhoods and public disorder and assaults sometimes connected with these bars can generate insecurity. However, it is established that the insecurity felt and expressed in public opinion or victimisation surveys does not depend directly on crime rates and the reduction in delinquency rates recorded by the police does not automatically result in a reduced feeling of insecurity.

The groups least exposed to victimisation, such as senior citizens, often express the highest levels of insecurity. In fact, other vulnerability factors – personal (reduced mobility), environmental (neighbourhood degradation) or more broadly social (significant increase in the unemployment rate and precariousness, massive influx of immigrants or international events) – contribute just as much to insecurity as criminality**. Some people consider insecurity as a metaphor for the social changes beyond their control and the social and economic vulnerability that they experience** (Pantazis, 2000).

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[11] International centre for the prevention of crime, *Victimisation surveys: comparative analysis*, 2006

[12] Daniel Sansfaçon, International centre for the prevention of crime, March 2006

In English-speaking countries, the fear of crime can generally be measured. However, while the concept of insecurity is difficult to grasp, the concept of fear of crime is eminently confusing. As pointed out by Warr (2000), the notion of fear of crime as initially defined as a negative emotional reaction against crime encompasses sadness, anxiety, anger, despair, resignation etc. **Another source of confusion is the easily established correlation between fear of crime and the perceived risk of victimisation.** While the perceived risk of victimisation can cause the fear of crime, these are nonetheless two different things. Even when the risk is not immediate, for example environmental signs that can cause fear (darkness, graffiti etc.), fear is the consequence of the perceived risk – and not necessarily of an objective risk, even less immediate. In addition, fear itself is not a negative feeling, as it can help prevent dangerous situations. Does the notion of insecurity relate to the fear of crime or perceived risk of victimisation?

Fear of crime has been measured in countless ways but the most common question is to ask people whether there are areas where they would be scared to walk alone at night (in their neighbourhood, in the vicinity, in their city etc.). It is very seldom measured in relation to specific offences. However, offences generate specific fears, depending on the seriousness of their consequences (burglary, sexual assault or murder do not cause the same fear) and depending on people's characteristics (men and women, the residents of underprivileged neighbourhoods or affluent neighbourhoods do not feel the same fear of similar offences). National surveys are not overly sensitive to local "panic" and, conversely, local problems, even keenly felt, are not necessarily perceived at national level, or not enough to generate fear or insecurity.

In the USA, victimisation and the perception of community safety have been measured by the **annual victimisation survey** since the early 1970s. In 1998, for the first time, the survey also included specific local surveys on 12 cities, thereby providing greater accuracy in terms of perceptions (Smith and coll. 1999). Although over 80% of local residents were satisfied with the quality of life in their neighbourhood, 20% to 48% of them mentioned their fear of crime. When asked about the type of serious offences perpetrated in their neighbourhood, the respondents identified thefts and burglaries with a 20% share, violent assaults, offences involving a firearm and car theft 19% each, drug dealing 16% and drug abuse 14%. Inadequate lighting (27%), waste (23%) and derelict cars or buildings (22%) were the main negative situations identified by the respondents in their neighbourhood. Furthermore, the activities considered negative in their neighbourhood were mostly vagrancy (43%), vandalism and graffiti (40%) and begging (35%), followed by homeless people (29%), alcohol consumption in public (29%) and drug dealing (24%). Finally, 17 to 36% of those surveyed responded positively to whether the existence of these situations and activities fuelled their personal feeling of insecurity. Vagrancy (21%), drug dealing (17%) and the consumption of alcohol in public (15%) were more likely to cause insecurity.

In the USA, **national opinion surveys** measure the public perceptions of the importance of various problems. While in 1994 the main problem was crime and violence (29%) ahead of education (11%), these issues came second in 2001 (12%) behind education (14%). Drugs and alcohol took third place in 2001, with 11% of the respondents believing this was the main problem that the country was faced with (*Sourcebook of Criminal Justice Statistics*, 2001). In addition, there were many more American citizens who believed that crime rates were decreasing in their environment in 2001 than in 1991. However, over a period of approximately 40 years, the same proportion of approximately 35% claimed they were afraid to walk alone at night. According to the respondents, the use of drugs is the main cause of crime (90% claiming it is critical or significant), followed by an inadequate moral education at home (89%), absence of the father (81%) and firearms availability (66%).

In England, the ***British Crime Survey*** measures victimisation as well as fear of crime and the perception of disorder and risk of victimisation. This survey has been carried out every other year since the early 1980s. It should be noted that the population overestimates the problem of crime: in 1998, the results of the survey indicated that nearly 60% of the respondents believed that delinquency had increased (although it had actually decreased for the third consecutive year), and nearly 60% thought that violent crimes represented over 50% of the total number of crimes although they account for under one in five crimes (Mirrlees-Black and Allen, 1998). When asked about criminality in their neighbourhood, the respondents think it is on the increase (47% believed it had increased a lot or slightly in 1998 compared with 55% in 1996, 64% in 1994 and 67% in 1992). Far more city centre residents than other population categories believe that disorder (waste in the street, vandalism, gangs of young people, drug users and dealers, noise, public drunkenness, ethnic tensions) is a problem in their neighbourhood. The higher the perception of disorder in the neighbourhood, the higher the perceived risk of victimisation. While less than one in four respondents are worried about the risk of victimisation relating to various offences (burglary, rape, assault, car theft or theft from vehicles and **mugging**), a little over 30% claim they are afraid or very afraid of walking alone at night, mostly women and more so older women. The people most concerned by delinquency are those with a high perceived risk of victimisation (knowing a victim or a victim themselves, observing signs of disorder in the neighbourhood) and those who consider themselves more vulnerable (social and/or physical vulnerability or generally more prone to worry). Finally, when asked about the impact of the fear of crime on the quality of life, over half of the population claims it has little or no impact, 43% a moderate impact and only 8% claim that fear of crime has a considerable impact.

In Canada, **Statistics Canada** includes a number of questions on victimisation in its general social survey. More relevant in our context, the annual survey on the personal security index carried out since 1999 by the **Canadian Council on social development**, identifies objective and perceived security indicators, divided into three major sections: economic security, health security and physical security, the latter being directly linked with criminality (Jackson and coll. 2002). One of the questions

asked also related to the feeling of control over one's existence. In the 2002 survey, 41% of the Canadians claimed they felt in control of their life, less than in 1990 when 59% felt in control. In 2002, 7% of the population did not feel in control, compared with 3% in 1990. In terms of physical security, official delinquency rates reported to the police decreased for the eleventh consecutive year, although the rate of violent crimes increased slightly since 1999. In addition, a little over 70% of the Canadians felt safe in their living environment; this rate is slightly less than in 1998 (77%).

In France, **victimisation surveys** have been carried out regularly since the mid-1990s along with several studies on the **feeling of insecurity**. Studies on the fear of crime (Pereti-Watel, 2000; Roché, 2000) show that fear has increased in neighbourhoods experiencing difficulties, thereby indicating that it is linked with the living conditions, not just with personal vulnerability factors. Furthermore, the **Sofres-Figaro Magazine barometer** is a dedicated tool measuring the feeling of security, operating every month for over twenty five years (Rey, 2002). This monthly poll assesses the level of priority given by French people to various social issues: price increase, unemployment, sustainable social peace and the fight against violence and crime. While the fight against violence and crime had never before bypassed unemployment, it became the top priority in 2001 for 46% of the population (35% for unemployment).

Finally, it should be pointed out that **national, regional or local observatories for prevention, crime and security** have been developed in the past few years or are being developed, and that observatories for drugs and drug addiction exist in European countries, notably in Liege as well as in several other countries since the late 1980s. These observation mechanisms, although they do not always provide direct information on nuisances and the feeling of insecurity, are important knowledge-related tools which will be further examined in the section on the relevant data required to carry out a local diagnosis.

To sum up, it appears that the **feeling of insecurity and fear of crime seem more related to a type of behaviour which can be defined as nuisances** than to crime itself.

Appendix 4

Model example for the identification of information sources in all three cities

This document is designed to help the rapid identification of information sources, by theme, as part of the diagnosis, for each of the three cities, while not being exhaustive.

Model example for the identification of information sources in all three cities

INFORMATION CATEGORIES	MONTREAL, QUEBEC, CANADA	LIEGE, BELGIUM	BORDEAUX, FRANCE
I) Information from police and judicial services			
National police statistics	Uniform crime reporting survey (DUC 2) Canadian Centre for justice statistics Statistics by administrative region, by municipal police force Breakdown by gender, adults / young people	Belgian federal police National police statistics	*État 4001* – Classification based on the Penal Code National annual statistics Breakdown by gender, minors / adults, French / foreign.
Municipal police statistics	Montreal Police Service (SPVM) and the 49 police stations (PDQ)	Liege local police Annual statistics (perpetrator, victim, gender)	
Specific information from projects	Example of projects: - Cyclops - Robot-Cam - Poll - Glossary of incivilities	Data bank authorised by the Prosecutor's office Police regulations regarding prostitution	Specialised squad
National judicial statistics		Public prosecutor's office Annual statistics by Liege judicial district.	Ministry of Justice Houses of justice and law (MJD) French observatory for drugs and drug addiction

INFORMATION CATEGORIES	MONTREAL, QUEBEC, CANADA	LIEGE, BELGIUM	BORDEAUX, FRANCE
II) Information from the municipality			
Citizens' complaints	-*Bureau Accès Montreal* (BAM) -Municipal council and district council meeting reports -Neighbourhood association	- Neighbourhood association - Public nuisance manager	Neighbourhood associations
Public areas, urban planning and cleanliness	Public works, Parks service, Cleaning service	Public nuisance manager	
Other specific information	-Guide for the survey on women's safety in urban areas -Street prostitution projects -*Tandem Montreal*	- Security contract – Drug addiction workshop - Task force	- Weekly evaluation form - Surveys on perceived insecurity
III) Health-related information			
Specific information and/or information from health institutions	- CSSS (also CLSCs) including specialised intervention team -Agency for local health and social services network development, Montreal	Liege's Drug Observatory	Drug Observatory – TREND programme and report
IV) Information from associations and community-based organisations			
Specific information from community-based organisations and associations	-Consultation committee for the reduction in the number of discarded needles -Organisations' annual activity report -ICPC: Quebec Observatory on security and crime prevention in living environments -Regional committee and local consultation committees for the reduction in the number of discarded needles	- Organisations' annual activity report - Medical and psycho-social emergency - Pharmacies - Needle exchange programme	Organisations' annual activity report

Appendix 5

Example of monitoring or working committee composition

These examples are based on two experiences for which inter-disciplinary committees were set up in Montreal within the framework of street prostitution, and in Liege as part of drug-related public nuisances.

Montreal, Quebec, Pilot project II – Adult street prostitution

Origin of the project

Joint desire of the City of Montreal and Montreal's Agency for local health and social services network development to improve the efficiency and coherence of their interventions and establish a joint plan of action with regard to the issue of street prostitution.

Monitoring committee

- *L'Anonyme* association *(young population, male or female prostitutes and/or drug addicts, mobile unit)*
- *Séro-Zéro* association *(male prostitutes and/or drug addicts)*
- *Spectre de rue* association (*drug addicts, day care centre)*
- Montreal Police service
- International Centre for comparative criminology
- University of Montreal, criminology school
- Ville-Marie district, Montreal
- City of Montreal (city centre), social diversity directorate
- Jeanne Mance health and social services centre
- Project development officer

Liege, Belgium, "Ferme de la vache" project

Origin of the project

The *Ferme de la Vache* informed the City's *Coordination des Actions en Toxicomanie* (Coordination of drug addiction actions) of the presence of drug users and nuisances in communal gardens frequented by local residents, including children.

Monitoring committee

Presidency: *Coordination des Actions en Toxicomanie* (City of Liege)

Members:

- Liege's Observatory for prevention and consultation on Drugs (City of Liege),
- *Ferme de la vache* (CPAS),
- Start-Mass centre (Psychiatric Hospital),
- Finance, Public cleanliness and Property policy Council (City of Liege),
- Urban planning, Environment, Tourism and Living environment Council (City of Liege),
- Public nuisance manager (City of Liege),
- "Relais social" street project of the Liege region,
- Local Liege police.

APPENDIX 6

2004 ASSESSMENT OF EXPLORATORY WALKS CARRIED OUT IN LIEGE

These exploratory walks were carried out as part of the project “The feeling of insecurity concerns us too” of the King Baudouin Foundation

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"The feeling of insecurity concerns us too"

I. Reminder: general project data

1. Title: "Exploratory walks"

2. Convention reference: 2004.37 S4.31.3.B1

3. Tick the relevant box:

    o Final report

4. Attach the "Project summary" form (page 2 of your application form) updated if necessary.

The idea was to organise "exploratory walks" with groups of women, to identify the elements reinforcing or creating women's feeling of insecurity by organising walks (during the day, in the evening, weekdays or week-ends etc.) in certain neighbourhoods of the City. Once identified, these elements which reinforce or create a feeling of insecurity were analysed and the possible responses will be discussed between the women and experts (e.g.: chief police inspector, road service manager etc.). The purpose of our action was to provide municipal authorities with a report presenting the groups' observations and proposals with regard to these insecure areas.

As a continuation of this action, municipal authorities will renovate insecure areas (e.g.: improvement in public lighting, reserved parking spaces for women by the entrance of public car parks).

5. Other than the project manager, what person(s) should a delegate from the Foundation meet with in the event of a visit?
    - Name:……………………………………………………………………
    - Address:…………………………………………………………………
      ……………………………………………………………………………
    - Function:……………………………………………………………....
    - Telephone:………………Mobile:……………E-mail:………………..

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II. Information primarily designed for the General Report on Insecurity

1. What was the origin of this project in terms of insecurity?

Women's associations or associations working with women pay close attention to the issue of women's travels – associated with the feeling of insecurity or objective insecurity – with all kinds of activities organised based on women's travels (in the evening, areas not easily accessible).

These associations are well aware of the impact and significance of this feeling of insecurity on girls' travels and freedom of movement as soon as they become teenagers: the mothers' (and fathers') fears are transmitted, not to mention family or cultural taboos (no unaccompanied outing, outings less varied than those of the boys in the same family etc.) and the financial resources available in the family (car available or not etc.).

Women's social life, socio-professional integration and autonomy are therefore clearly linked with their ability to travel, regardless of the nature of these travels (job search, access to healthcare etc.).

2. What aspects did you focus on to try and tackle the feeling of insecurity?

Twenty five "Exploratory walks" were carried out with female residents of the 8 Liege neighbourhoods specifically selected for this action.

The concept of exploratory walks was created to provide female citizens with a tool to analyse security in the city from their own point of view. The idea is to gather a group of a dozen women to walk around a specific area in the city, previously identified by these women as insecure. This group of women is accompanied by secretary-coordinators. Men can participate in order to raise their awareness of women's perceptions in terms of insecurity. The group uses a specifically created guide-questionnaire.

- The group observes the environment by virtue of the major principles of security facilities: it analyses the signposting system, visibility, the ability to be heard, to run away or ask for help if a woman is in danger, as well as the area's maintenance and general layout.
- The observations are compiled and requests for any corrective action are sent to the people in charge, i.e. the city, shopkeepers or landlords.
- The requests generated by the exploratory walk should be followed up by the authorities in charge in order to guarantee the implementation of the proposed solutions.

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As well as improving female and male citizens' security, exploratory walks aim at developing the participants' feeling of appropriation and control over their environment. This responsible approach carried out to improve local security and quality of life also increases the presence of women in public life. The concrete changes in the urban environment following the recommendations of the exploratory walk encourage female participants to perceive themselves as efficient social players. In this respect, exploratory walks contribute to reinforcing women's potential and develop their autonomy while promoting their citizenship.

Crime prevention through environmental design (CPTED) can be generally defined as an approach to urban planning and development reducing the likelihood of crime occurring. This type of prevention is referred to as situational prevention, the general objective of which is to reduce crime opportunities by increasing the effort or risk of committing an offence for the potential criminal.

However, in addition to restricting access to the areas where it is implemented in order to reduce the opportunity of criminal acts by outsiders, the second general objective of the CPTED is to reduce criminality and the fear of crime through developments modifying the perceptual evaluations and behaviour of local residents.

The CPTED can reduce criminality and fear using the following notions:
- Territoriality: by encouraging interactions between residents, their vigilance and appropriation of their own neighbourhood.
- Activity support: by urging local residents to use public places for their intended use.
- Spatial hierarchy: by defining property using actual or symbolic boundaries to mark the separation between private and public places.
- Access control and target reinforcement: by installing physical barriers and security systems and using tamperproof accessories and material to restrict access.
- Environment: by choosing a design or a place taking account of the environment and minimising the possibility of conflicting groups using the same area.
- Image/maintenance: by ensuring that the building and the area are clean, well kept and without any graffiti.

3. What are the visible results of the project?
    - *Organisation of approximately twenty exploratory walks in the neighbourhoods (action visible by local residents)*
    - *Reinforced assertiveness of the women who participated in the action (their observations are taken into account – recognised expertise)*
    - *Coordinator training*
    - *Raising the awareness of partner municipal services*

4. What is the expected impact in the longer term?

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5. What general solutions or tentative actions do the participants in the project recommend in order to reduce the feeling of insecurity and at what level(s) could these be implemented?

When analysing reports on the walks, the participants stress the improvement in urban mobility as well as aspects relating to spatial planning. As part of the approach, women's groups issue a comprehensive report for the attention of municipal authorities. This report will reiterate the different issues pointed out, the solutions proposed by the women to solve these problems and a statement of stereotypical responses.

III. Project evaluation

A. Target groups and commitment

1. What were the main target groups of the project and to what extent were they affected?

The main group was women of all ages living in the neighbourhoods. In order to reach these women, we used internal resources as well as associations specifically working with women.

The number of women reached by the walks depends on the neighbourhood. The participation of foreign women or women of foreign origin (mostly Moroccan) should be pointed out. A significant obstacle was however encountered: the evening walks could not be carried out as planned. Household duties, the fear of gossip, spouse's opposition and child minding all constituted impeding factors.

2. How would you assess the level of commitment of the different target groups?

The participants had different motivations. They either felt committed and motivated by the action right from the start or they initially participated because they knew other women registered with the project, because they wanted to help out the coordinators that they already knew etc.

3. Were they any groups involved other than those initially planned in the project?

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We contacted associations with a female target audience in order to "recruit" the walkers (the future action and the issue at stake were widely publicised). The action had widespread repercussions and made it possible to raise the awareness of women other than the participants as well as their families.

4. Could you give us an estimated number of those who benefited from this project?

In terms of direct beneficiaries, approximately 80 women took part in the action.

B. Project realisation and methodological approach

1. Can you explain how the project was carried out, what was its method and principal activities?

Implementation of a technical group made up of the Detective Chief Superintendent (local Liege Police), two experts (World March of Women), the general coordinator of the Federal Plan for Major Cities as well as a researcher from the Liege University. Their primary task was to develop a specific methodology suitable for the situation in Liege.

This exploratory walk project was realised in different neighbourhoods of the City based on the study *"Social structure and neighbourhoods experiencing difficulties in Belgium's urban regions"* carried out by the KUL and ULB in 2001. This study identified 8 "priority" neighbourhoods with a concentration of *"urban and socio-demographic pathologies"*. The 8 priority neighbourhoods are as follows: North (Saint Léonard), Sainte-Marguerite, Outremeuse-Amercoeur, Burenville-Glain, Droixhe-Bressoux Neighbourhood, Centre (Central District), Sainte Walburge and Angleur-bas, Kikempois and des Vennes.

1 – Group formation

The survey is led by a group of 3 to a maximum of 6 people, mostly women (local residents, shopkeepers, professionals etc.) living and travelling in the area. The groups can also include people whose awareness needs raising, notable figures of the neighbourhood or plain clothes policemen,

… When constituting the groups, time should be devoted to explaining the approach, in already constituted groups, in previously identified workplaces etc. and make a list of the people interested with their details. Certain groups may include a man, subject to the agreement of the female participants.

2 – Selection of the site(s) to be explored

The identification of the site(s) where the exploratory walk is to take place should be based on the feeling of insecurity of the group members and/or on a survey to determine the requirements of community-based organisations, of the women's groups in the neighbourhood or work colleagues, starting with a few questions such as:

- *Do you feel safe in such and such place (defined in the question)?*
- *Have you already had to restrict your activities, give up on an outing, modify your travel time because you did not feel safe in the places to be explored?*

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- *Have you ever felt in danger, under threat of assault, harassed in a particular area of the site to be explored?*
- *Identify 5 specific places in the neighbourhood where you don't feel safe?*

If necessary: divide the territory into smaller sectors and constitute several teams.

3 – Select the elements of the survey
Based on the observation model and attached questionnaire (all or part of the elements of the document), choose the items according to the place to be explored and objectives of the group (Propose a simplified model – day and night. For example, focus on the places where help can be obtained at night in a specific sector of the neighbourhood, or carry out an overall and in-depth examination of specific streets).

A safe environment requires that the area be re-arranged to eliminate the risk of assault and reinforce the feeling of security, along with the use of public spaces to create an atmosphere promoting the quality of life: factors such as signposting, lighting, hidden places, travel plans, people in the streets, help availability, maintenance and layout should be analysed.
The questionnaire should always enable a comprehensive and accurate evaluation in terms of description and locations. It is the reference tool for exchanges and can be completed and used at will.

4 – Determine the time and length of the walk
Depending on the place to be examined, choose the most relevant and appropriate times to collect as much information as possible. The items to be observed vary depending on the time and season selected, as do the elements generating or reinforcing the feeling of insecurity (night lighting is necessary as early as 4.30 p.m. in the middle of winter when children get out of school but not in the summer). Approximately 3 hours are needed for the entire walk (for example: 30 minutes to explain the process to the participants, 2 hours for the walk itself, 30 minutes to discuss the observations, recommendations and follow-up for the implementation of solutions).

5 – Practical organisation
• Ensure that each participant has a safe means of transport from and to her home (organise car pooling or pairings)
• Allow for child minding costs to enable the mothers to freely participate in the walks, or for another organisation to look after the children or, depending on the time and objective, include a few children.
• Recommend comfortable outfits for everyone (shoes, protection against rain and cold etc.)
• Provide drinks and snacks for the end of the walk.
• Supply each participant and the group with the required equipment: the survey guide, pens, map of the area to be explored, torches, note pads, camera, tape recorder, identification clothing and/or armband etc.

6 – Task allocation
A coordinator leads the walk and facilitates the discussion. She must be familiar with the questionnaire and focus on all the survey elements agreed upon by the group. She also facilitates discussions between group members in order to possibly reach a consensus on the

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observations and recommendations made during and after the walk. A secretary writes down the comments and summarises the observations. She records the comments made during the walk in the observation form and recapitulates after the walk to make sure everyone agrees on the comments and on the proposed follow-up.

The participants observe, ask questions and offer solutions. They can interview passers-by to enhance and validate their own comments. They can register their observations by writing notes on the questionnaire.

7 – Summary of the observations
At the end of the walk, list all the elements which contribute to environmental security (or the positive aspects of the elements of urban environment) and then tackle the questionnaire: read aloud all the information collected during the walk and make sure that each participant expresses herself and is heard.

Establish improvement priorities and determine who can carry out the actions. Divide up the follow-up tasks between group members, including the people and institutions to be contacted.

8 – Monitor the actions to be implemented
Depending on the priorities established by the group, implement the actions:
• An urgent reaction is sometimes required (poorly protected worksite, abandoned house without barriers etc.). Identify who to contact and do what needs to be done by writing down the names and details of the people contacted, time and date of the call, responses provided etc.
• Design tools such as “standard letters” to be distributed in a neighbourhood (for example, demand better lighting from the authorities in charge etc.).
• In the capacity as group spokesperson, meet with the people who must be made aware or informed of a problem observed by the group.
Different training modules were organised for the coordinators (methodology, insecurity and feeling of insecurity, group coordination etc.).

2. Have you had to modify the activities or the method in the middle of the project? Can you explain why?

Yes, we had to organise a specific training session for the coordinators. As well as the aspects relating to group coordination techniques, part of the session was also devoted to conflict management, the notion of gender and the dynamic of the walks themselves.

3. Were you faced with any obstacles during project realisation? Were you able to overcome them? How?

Yes, some women were not very motivated at first. We had to raise their awareness and explain to them that their contribution would be extremely valuable, for themselves as well as for all local residents.

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Certain coordinators were less assiduous than others in the training sessions. We sometimes had to pull rank with the agents of the city of Liege in order to involve them in the training process.

Certain coordinators were not initially convinced by our approach, with comments such as "we are all equal" or "this cause is passé".

4. Who were your main external partners in the realisation of the project and what was their respective contribution?

Liege coordination of the "World march of women": *methodological support, expertise in the realisation of exploratory walks, expertise in the gender domain.*

Associations located in the 8 priority neighbourhoods involved in actions aimed at women: *dissemination and promotion of the action amongst their target audience; participation of staff members in the different walks.*

Liege police, *more specifically the Division of the Zonal security plan (including local police stations); methodological support, analysis of the feeling of insecurity in relation to objective analytical elements.*

City of Liege: ***general coordination of the action, provision of coordinators in the neighbourhoods, involvement of a mobility expert, implementation of multi-disciplinary groups of experts who collected women's requests for initial analysis*** *(mobility expert, public works manager etc.)*

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5. In your opinion, what were the project's key success or failure factors?

There are many interconnected factors. Initially, the members of the College of Aldermen were very responsive to this action, as they set up a municipal advisory committee called "Women and Cities". We also benefited from the support and involvement of police services, embodied by the Director of the zonal security plan, who conveyed our action and its objectives to his colleagues and in particular to local police stations.

The methodological support of associations well versed in exploratory walks was also decisive.

C. Results and evaluation

1. Did you achieve your objectives? Can you quantify or estimate the results?

The project had many objectives:

1 – Convey women's opinions to the municipal authorities so that their expertise can help put in place realistic policies and measures;
2 – Improve women's security and therefore everyone's security;
3 – Involve women in the definition of their own security in a collective manner in order to increase their self-confidence and thereby increase their feeling of security and ability to act by themselves;
4 – Improve women's security in the city to encourage their mobility, access, training possibilities and participation in cultural activities...
5 – Initiate a self-awareness process: yes, it is possible to occupy the public area and make a difference, improve the quality of life;
6 – Interrogate women to use their expertise in the different aspects of their life.

2. Were there any unexpected side effects (positive or negative)?
3. Is the project (or will it be) subject to a formal (internal or external) evaluation?
4. What are its potential outcomes and perspectives?

The data collected during the walks were analysed with the women. Their comments and proposals must now be conveyed to the different stakeholders (city, private sector, Walloon region). These comments should lead to a series of modifications of Liege's urban landscape.

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5. In your opinion, what are the lessons learned from this project and to what extent could it be duplicated elsewhere?

D. Budget and schedule

1. Briefly describe the main expenses by budget item (vouchers are not compulsory)

We have not yet received all accounting documents justifying the amount of our expenses. We will give you this information as soon as we receive these documents.

****

Appendix 7

Elements for the consultation of prostitutes or drug addicts
The TREND report, Bordeaux

Extract from *Recent Trends – TREND report - OFDT – March 2000*

Appendix 1: general methodology

Existing statistical system

The French statistical system on the use of drugs is based on three major types of approach: administrative statistics or studies on the populations as perceived by health and social institutions and repressive institutions, studies on specific populations affected by drug abuse but not institutionally selected, and general population surveys or registers.

The population observed by health and social systems is that of drug addicts using this system. This approach by the user can be spontaneous or coercive (therapeutic injunction) and due to the addiction itself or another reason (infectious pathology etc.). Due to the nature of healthcare in this sector (withdrawal, medical treatment, rehabilitation), the perception tends to favour the “heaviest” forms of drug abuse, i.e. drug addicts rather than occasional users.

Repressive institutions deal with drug use (demand) as well as offer. The demand-oriented approach is characterised by the illicit nature of the behaviour or product used, while knowledge of the offer is far less documented. In this domain it is particularly difficult, within an indicator, to distinguish between the effect of the evolution of the phenomenon and that of the efforts or progress made by the repressive action.

The approach focusing on studies of sub-population groups directly affected by drug abuse but not institutionally selected should be highlighted. In addition to the quality description of the types of usage and behaviour, this approach tackles the “hidden” part of the phenomenon, i.e. the people unidentified by the repressive system or the health and social system.

Finally, the approaches targeting the general population include general population surveys and registers (declared AIDS cases, medical causes of death, sale of needles, *Drogues Info Service* database) and quantify certain aspects of the phenomenon.

Limitations

The different public reports on the issue all reached the same conclusion with regard to the necessity of improving knowledge of the phenomenon and implementing an observation process to improve action efficiency.

This conclusion is based on an analysis highlighting the limitations and compartmentalisation of the existing observation process, which yields insufficient results in terms of a summary and prospective.

The use of drugs is by nature difficult to detect and therefore describe. The data available is most often provided by institutions working in this domain, so it only reflects part of the phenomenon, from the specific perspective of the institution. The current system, which only tackles drug abuse via the disorders resulting from the use of drugs, creates a barrier – albeit vague – excluding occasional use. Furthermore, the entire system is not fully taken into account, as it excludes, for example, general practitioners' patients.

General population surveys, the most relevant tools to directly measure the phenomenon across the entire population, notably by its scope, reach their limitations when product consumption affects a small percentage of the population or relates to socially marginalised people.

In light of their sustainability, regularity and availability, these sources of information, notably administrative statistics, are extremely valuable for analysing major trends. The use of this information is however a delicate process and its limitations should be taken into account: the indicators produced are "indirect demand-oriented indicators", the inertia of which, inherent in their production process, is generally incompatible with the clarification of the recent trends of the phenomenon. However, modernisation of communication technology has promoted the rapid dissemination of cultures, facilitating the fast evolution in the products used and consumption patterns.

Requirements

The definition of the current system's limitations allows us to take an inventory of the requirements:

- The information system must improve the coherence between existing indicators and the current compartmentalisation must be reduced.
- The observation should improve knowledge of consumption patterns, even though these patterns are not apparent in the administrative sources of information (so-called hidden populations). This is why the collection scope and number of observers should be extended.
- System responsiveness must also improve. This notion implies increased sensitivity for the rapid adaptation of a system based on the management of a type of problem which may turn out to be obsolete.

- Information collection methods should identify the emergence of trends which are by definition unforeseeable.

Data collection methods and tools

The TREND project (*Tendances Récentes et Nouvelles Drogues*, Recent Trends and New Drugs) was designed to respond to these requirements, as part of a complementary approach to existing sources. The approach developed by this system is aimed at:
detecting emerging phenomena;
understanding the contexts, usage patterns and various implications of substance abuse;
monitoring the evolution of consumption over time in order to identify trends.

It is inspired by similar projects carried out in other countries, as reported in the specialist international literature[13]. The analysis of the content of this literature reveals that a number of existing observation systems at international level use three principal tools to detect emerging trends.

Sentinel observers

Observers are chosen according to their knowledge of one or several of the abovementioned themes. The observer closest to the theme is called the **primary source**. Thus, general practitioners are a primary source of information on health problems, while needle exchange centres or programmes, self-support associations and field ethnographer / researchers are a primary source with regard to usage patterns, products and users but are considered a **secondary source** for the observation of pathologies associated with the use of psychoactive substances.

Observation areas

Two consumption areas were defined for this initial report. The **urban area** relates to the ten sites selected as part of the TREND process. All these sites are located in urbanised or highly urbanised areas. In this area, in light of the nature of the sentinel observers, the information on the population in contact with healthcare and accommodation structures, i.e. those with a problematic consumption, is largely predominant. The consumption patterns of the so-called “hidden” fraction of the drug using population, i.e. the users who do not attend any health or social structure or those unidentified by the law enforcement system, are currently outside our scope of observation, as is the population in rural areas.

On each site of the urban area, the observation is mostly based on one ethnographer / researcher from the IREP network and staff from low threshold structures (needle exchange programmes and “boutique” centres) and, on certain sites, ASUD groups.

The recreational area relates to the places playing a certain style of so-called techno music as well as night clubs and bars. In this area, the observation focuses on recreational users, independently of any health or social care request. Obviously, the techno environment is not the only one where drug consumption takes place but, in light of the context of the project, this is the only festive environment that we were able to investigate. In this area, observers mostly include members of the Techno-plus association, notably in the Paris region, and ethnologists from the LIRESS association[14], specialising in the techno culture and covering several regions.

Other limitations in terms of observation scope can be pointed out:

geographical coverage, in particular overseas departments and territories, are not yet part of the observation sites.

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[13] Two books in particular should be mentioned: *“Detecting, Tracking and Understanding emerging trends in drug use. Final report”*, EMCDDA (European Monitoring Centre for Drugs and Drug Addiction), which inventories and describes a vast number of existing monitoring systems throughout the world and *“WHO Rapid Assessment and Response Guide on Injecting Drug Use (WHO/PSA, Geneva, 1998*)”, which describes the methodology used to assess, rapidly and at a reduced cost, the nature and scope of a problem in a given area for rapid and efficient action and prevention.

[14] Independent Laboratory for Research and Experiments in Social Science.

In terms of substances used, the entire scope is far from covered. In particular, in light of the extent of cannabis, tobacco and alcohol consumption, collection and analysis tools need to be adapted, which will be the case in the next reports. In this initial report, these three substances are not dealt with.

Sentinel observers collect qualitative data (observations, interviews and background information notes).

Work plan with sentinel observers

More details on the tools mentioned herewith (questionnaires, interview guides etc.) can be obtained from the OFDT upon request.

IREP

The system is made up of field investigators and coordinators spread over 8 of the 10 sites (Dijon, Lille, Marseille, Metz, Toulouse, Rennes, Paris and the Seine-Saint-Denis department), in charge of reporting the observations, and a researcher in charge of guiding the work of the network, centralising, checking and summarising the information. IREP investigators focus their observations on themes pre-defined at the beginning of each semester in consultation with the OFDT. Subsequently, they collect data from observations, interviews with professionals working for low-threshold structures, healthcare centres or hospitals, with users, users associations, educators etc. Each investigator then writes a monthly report, based on all this information, assessing the situation on his observation site. These reports are centralised by IREP, verified and communicated to the OFDT.

Low-threshold structures

Seventeen low-threshold structures (boutiques and needle exchange programmes) were mobilised for this project in all 10 sites. The staff of each of these structures got together to fill in a questionnaire designed by the OFDT. It includes open-ended questions relating to, for each substance, the price, perceived availability, common names, effect sought after by the users, users' profile, associations involved in this substance, usage contexts and health problems related to the use of this substance.

Techno plus

The association carries out an assessment after each intervention. Certain elements of this work were communicated to the OFDT, notably a brief description of the contexts, the main substances available as well as the observation of specific consumptions; a report including, for each product, similar information to that requested from the staff of low-threshold structures, was also issued by the members of Techno plus.

ASUD

Work with ASUD is still in its early stages. Certain ASUD groups have however already participated in the observation process for this report, by providing site reports including the same elements as those requested from the staff of low-threshold structures.

Association of ethnologists-sociologists specialising in raves and the techno world (LIRESS)

The ethnologists of this association contributed to the project by carrying out observations and semi-directive interviews in the techno world. The people they interviewed were *speed*, amphetamines and cocaine users or users of little known products.

Observation in border areas
The members of the TREND network located close to border areas were mobilised and issued reports on this theme, based again on observations and interviews. The plan of these reports, guiding the data research process, was previously defined by the OFDT. The idea was to describe the consumption patterns in these areas (substances, contexts, user profiles), the movements and motivations of users' movements as well as the problems posed by these cross-border movements.

Pilot quantitative surveys
Two pilot quantitative surveys completed the process. These surveys made it possible to test the feasibility of the collection process and will be extended to several sites. One of them was carried out among 24 general practitioners who are part of the networks providing healthcare to the drug users present on the ten observation sites. Collection took place in October, November and December 1999. Anyone consulting for a reason directly or indirectly attributable to the use of drugs [illicit or licit substance used in a non-medical way (prescribed medication misused, solvents etc.)] was included in the survey. People using substitute treatments were taken into account. Conversely, those treated exclusively for the use of alcohol and/or tobacco were excluded from the observation. 284 subjects were therefore included. Collection was carried out using a two-part questionnaire:

- open-ended questions asking the doctors to freely describe their perception of the phenomenon when performing their function;
- a register containing information on twenty consecutive patients who came to consult them for a problem relating to the use of drugs over a maximum period of 1 month.

The other survey was carried out by questionnaire in October and November 1999 in the casualty department of the Lariboisière hospital in Paris. Anyone admitted to casualty during this period who used an illicit or licit psychoactive substance used in a non-medical way (prescribed medication misused, solvents etc.) was included in the survey. Those treated exclusively for the use of alcohol were excluded from the observation. 115 subjects were therefore included.

SINTES databank (National System for the Identification of Toxic Products and Substances)
This database, put in place by the OFDT, provides data on the composition of synthetic substances as well as their consumption context. Created in September 1999, it is based on a mixed network, combining repressive services and laboratories (customs, police and gendarmerie), two hospital laboratories, experts in drug dependence, specialised care centres, drug prevention associations involved in consumption areas as well as epidemiologists. The SINTES section of the report describes this process in further detail.

Internet watch
This watch consists of listing and regularly consulting the websites providing information on the use of psychoactive substances, monitoring the evolutional trends visible on these sites (but also associated representations and consumption patterns) and putting these results in perspective along with the entire data collected as part of the TREND project. Only websites in English and French are visited. The websites were selected and classified according to the following criteria: credibility amongst the users, regular updates, interactivity and *bookmark*. A typology of these sites was also carried out. Thus, category A includes websites offering formal information designed for the users (self-support, users group, passionate user etc.). Category B includes "psychedelic" websites offering scientific and cultural information, relative to medical and/or traditional social usage of psychotropic drugs, research on alternative therapies, experiments etc. Category C includes institutional websites (universities, scientific laboratories, healthcare, prevention, repressive services etc.) providing medical, pharmaceutical or scientific information.

The results of this watch are reflected in a regular newsletter sent to field operators, partners of TREND. The substances subject to research as published in these newsletters may have been tackled following a request by these partners.

Collection from structures not specialising in drug addiction
In order to design tools to collect data from structures not specialising in drug addiction (local missions, drug prevention clubs, staff from the national education system etc.) relative to the consumption of psychoactive substances amongst the population not part of the specialist process, two experimental projects were implemented in partnership with the Drug addiction Mission of the Departmental Council of the Seine-Saint-Denis department and the Hérodote network in the Essonne department (Appendix 2).

Institutional networks
Two partnerships aim at implementing a data collection process specific to TREND:

- with OCRTIS[15]: certain judicial procedures relative to arrests for drug abuse and/or dealing, centralised by this organisation, were examined by the members of the OFDT in charge of the project. The documents relative to the arrests for cannabis abuse and/or dealing were ignored and only the procedures concerning the sites within the scope of TREND were examined. Qualitative information was therefore collected on the description of substance usage contexts and usage patterns according to the statements of those arrested.

[15] Central Office for the Repression of Illicit Drug Trafficking.

- with CNAM[16]: monitoring of prescriptions relating to the products directly or indirectly linked with the use of drugs on TREND sites.

Two partnerships aim at sharing the data collected by independent systems:

- with CEIPs[17] located in six regions: data collected within the framework of: OPPIDUM[18], created to monitor the evolution of the consumption of psychotropic substances and alert the health authorities on the use of new products or new routes of administration and potentially dangerous combinations; OSIAP[19], which classifies the main legal prescription drugs misused in each region; and DRAMES[20], which lists the deaths observed or published in relation to the abuse of drugs and substances in the regions where the six CEIPs are located;
- with the Institute for Public Health Surveillance: the SIAMOIS[21]31 system compiles data on the sale of needles and substitution treatments. CSSTs are not currently part of the system as it was difficult to include so many partners right from the start. Hospital staff, with the exception of casualty staff, have not yet been contacted, notably the liaison teams who would probably be able to provide information on drug-related health problems.

***Consensus* meetings**

All the networks belonging to the TREND system are supposed to participate in *consensus* meetings, alternating or in conjunction with the data collection process by questionnaire. This can help develop exchanges within the TREND network and improve system responsiveness.

Analysis

The data generated by the TREND system is analysed by the OFDT team.

Qualitative data collected by the different partners according to common themes can easily be collated. The validity of the information is checked according to the triangulation[22]10 concept. Data validity and reliability are established by cross-referencing the data obtained from various sources using various methods. Concentrating the observations on a restricted number of sites facilitates this cross-referencing process.

A tool was created for the analysis (distribution scale and 12 explanatory elements), described in detail in the first section, in order to facilitate the consultation of the information using a reproducible methodology which makes it possible to monitor trends over time.

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[16] National Health Insurance Fund
[17] Centres for the Evaluation of and Information on drug dependence
[18] Observation of Illicit Psychotropic Products or Prescribed Products Misused
[19] Suspect Prescriptions Indicating Possible Abuse
[20] Death Due to the Abuse of Drugs and Substances
[21] Information System on the Accessibility to Medical Injection and replacement Material
[22] This is the term used by the WHO for the *Rapid Risk Assessment* (RAR) method to simultaneously define data collection from different sources, which makes it possible to check the validity and representativeness of the information collected.

With regard to **quantitative data**, within the framework of SINTES, the grouping together of the four independent databases also required the definition of common fields and the recoding of a number of variables. A pharmaco-toxicological audit is carried out for each substance identified in the database by the Paris and Marseille CEIPs.

All quantitative data is analysed using the SPSS software.

The results of the general analysis, in the form of a preliminary report, are then discussed by an experts committee made up of the members of the *ad hoc* committee of the OFDT's scientific college as well as external experts.

Appendix 2: experimental systems for observation in areas not specialising in drug addiction

Implementation of an observation network in the Essonne department. Intermediate report (January 2000).

Introduction

As part of the TREND system, the Hérodote city-hospital network is putting in place an experimental sentinel observation system in the Essonne territory, involving observers referred to as "not specialising in the domain of psychoactive substance abuse". The advantage of this system is that it includes sources of information other than those of the national system, based on key professionals involved upstream of the health and social structure process. The choice of observers should make it possible to obtain information on the use of psychoactive products amongst a young population probably unidentified by the so-called "specialist" system. The nature of the information collected, which depends on the position occupied by the observer, relates to consumers' profiles, usage contexts and consumption patterns, the nature of the products consumed as well as the environment's perception of the phenomena associated with the use of psychoactive substances.

The observers

Observer selection criteria

The selection of observers was based on three principles: their prior participation in the dynamics of the network or their access to an interesting field of observation, their extreme motivation and the system's coverage of different territories.

Constitution of the final system

The mobilisation of the people meeting the abovementioned criteria led to the constitution of the following system:

- drug prevention clubs (8)
- *Point Ecoute Jeune* (PEJ) (1)
- local missions (3)
- pharmacists (5)
- school doctors (11)

Project deployment

Initial contact

The initial contact with the professionals varied depending on the observers' professional categories, taking into account organisational differences. The first contact was made on an individual basis. Meetings were subsequently organised to present the project in detail, each observer having already received an explanatory file. This stage was carried out in July 1999. The presentation was made to the observers when the professionals had been identified. This was the case for the educators of the drug prevention clubs and PEJs as well as the pharmacists. In the other cases, the presentation was made to managers who subsequently conveyed the information to their teams. This was the case for school doctors and local missions.
For drug prevention clubs, due to the distance of the observers and varying mobilisation of the different structures, two groups had to be constituted. Pharmacists and local missions were interviewed individually. School doctors were initially informed by the doctor in charge of health promotion for the Academy inspectorate during one of their summer sessions. During this meeting, five school doctors were solicited and six others volunteered.
In order to facilitate the involvement of professionals, meetings in the workplace were given priority.
During this initial stage, questions common to all professionals were raised: "How can local observations be useful on a national scale?", "What guarantees do professionals have with regard to the anonymity of information sources?", "How valid is the information when it is closely linked with the subjectivity of the observers?"

Professionals found it difficult to switch from observation and individual reasoning to a more global approach. However, the trust between the professionals and the doctor in charge of the project, the experimental nature of the system and its national scope facilitated their commitment to the project. In addition, the role allocated to them when designing the system reinforced their involvement, as did the guarantee that this observation function would not impede their work, by the search for specific information or by changes in practice and attitude vis-à-vis the population involved. Furthermore, it was specified early on that alcohol and cannabis consumption were part of the investigation scope of the process. These professionals therefore felt more concerned by the project, as most of them up until them restricted the notion of drugs to illicit substances, in particular heroin.

Design of the observation form

A collection tool common to the professionals from the same categories and ideally suited to the reality of the observers' practices had to be designed. In order to attain this objective, a choice was made to encourage the observers themselves to create an observation form. By involving them in the design of this tool, the expectation was that they would adapt it to their practices and observation perspectives.
A further guarantee of the relevance and validity of the information collected was that this tool was based on the reality of their field of observation, on the way they tackled these phenomena and on their own professional language. In addition, the form design process was an opportunity to clarify the objectives of the project and establish a *consensus* on the terms used for the collection process. Finally, the exchanges that took place as part of the design of this tool reinforced the relationships between the observers.
The creation of observation forms varied depending on the observers' professional category, the initial experiences aiding the rest of the process.

Drug prevention clubs and PEJ

The observation form was designed in two successive stages, by a first group, the most motivated, which used the TREND collection support for low-threshold structures, followed by a second group which used the first group's proposal. Information was exchanged between, on the one hand, the project manager in charge of editing the form and the educators of both groups and, on the other, between these educators and their respective teams. The form was validated by all participants in both groups and most of their teams. The final version of the form mainly tackles the different types of usage for the most common products (alcohol, cannabis, *ecstasy* and prescription drugs). Heroin, cocaine, crack and LSD usage is dealt with via their specific characteristics in comparison with the aforementioned products.

Local missions

While based on the form model established by the drug prevention clubs, local missions opted for an approach based on the problems resulting from the consumption of psychoactive products of any type rather than a product-oriented approach.

Pharmacists
The establishment of the form was a group process, facilitated by preliminary work carried out during individual interviews. This work aimed at targeting these professionals' fields of observation. The following fields were therefore selected: drug substitution treatments; injection material; misused prescription drugs; and local residents' perception of the phenomenon.

School doctors
The observation form was designed in two stages, in different contexts due to the difficulties encountered. The working group was initially too large to design a tool. Furthermore, when the choice of items to be included in the collection form was discussed, there was a discrepancy between what was stated and the reality in the field. Fields of observation were identified with the 11 doctors and collection procedures were defined. Only one of these doctors subsequently helped design the form. The tool was eventually submitted to the other 10 doctors and validated by all of them.

Collaboration with the OFDT

Once the observation forms were completed, each of them was discussed with the TREND project managers within the OFDT and modifications were made. For example, anonymous observation sheets on the observation of individual usage cases completed the open-ended questions of the drug prevention clubs' observation forms, as previously agreed with the observers.

Collection
Each reference observer was left the choice to organise the collection process in accordance with their constraints and possibilities. The only obligation was to provide a description of the collection procedures.

Seven out of eight drug prevention club observers chose to collect observations as a team. Some of them used team and individual collection processes amongst their members. Two local mission observers collected information without consulting anyone while the third did it with his team. Certain pharmacists collected the information by involving all their staff, while others did it on their own and then completed it with information provided by their team members, according to everyone's availability. School doctors mostly carried out the collection process on their own.

When the collection was a team process, and whenever possible, the project manager attended the discussions. It was useful to participate in the team proceedings in order to keep a written record of the debates and assess the potential gap between the content of these debates and the transcription into the written collection document. Details were requested whenever it seemed important for the validity of the information.

Assisting the groups had many benefits. Making appointments for the collection of information was a way to set deadlines. In addition, the presence of an external person made it possible to mediate within the teams when the subject had for one or other reason posed personal or institutional difficulties. Finally, attending the collection process made it possible to determine the way the observers appropriated the observation form and to detect its effects on the collection process as well as on the teams.

Difficulties encountered

When designing the tools
Generally speaking, the design of the forms encountered no major obstacles. As soon as potential difficulties emerged, consultation and exchanges were carried out between certain observers in order to stimulate reflection and propose other options. This work, conducted outside group meeting hours, was made possible by the existing excellent work relationships within the Hérodote network. However, two types of difficulties were encountered:
organisational difficulties relating to everyone's schedule;
difficulties in establishing a *consensus* on collection procedures associated with organisational differences in similar structures (e.g.: local missions) or the number of people involved (e.g.: group of school doctors).

During the collection process
The difficulties were related to the potential impact of this type of collection on professional practices more so than technical problems (misunderstanding of *items* in the form, collection time etc.).

Conclusion

Based on the summary of the information collected, the observers belonging to the same professional categories will meet for a half-day to confront their observations. These meetings will be organised in the first semester of 2000.
In the end, the different stages of the initial collection of observations required more time than expected, mainly due to the observers' availability. However, the timeframe is more than satisfactory in light of the progress made. Following this initial collection and with a view to the second collection process six months after the first, an assessment will be carried out and changes may be made with regard to the methodology used and the content of collection forms.
Data will be analysed at the end of the first semester and a final report will be drafted by June 2000.

Appendix 8

Elements for the consultation of prostitutes or drug addicts

The Snowball project Belgium

The Snowball project

The Snowball project is a peer-oriented drug prevention method. While its objective is somewhat different from that of this workbook, it provides an interesting approach to drug addicts.

The information below is taken from the website of the modus vivendi association, in charge of the programme for Belgium: www.modusvivendi-be.org

"Intravenous drug users convey a message to other drug users to prevent AIDS, hepatitis and other risks associated with drug consumption.

This operation is also a way to collect information on drug users' behaviour and practices. This method reaches users experiencing social integration difficulties who are rarely catered for by a centre."

The drug user is considered as a prevention partner: his opinion is solicited and he participates in actions. The users conveying the drug prevention message are referred to as "jobistes" and are remunerated to show them consideration and respect as partners.

The project is implemented in Belgium as part of a national and European partnership. It is also deployed in prisons.

Appendix 9

Glossary of terms

Glossary of the terms used in the workbook

Landlords of social housing:

Public, semi-public or private organisations managing low-cost housing, the allocation of which is based on socio-economic criteria.

Consultation:

Data collection method identifying the problems deemed as important by the community but not necessarily reported to the authorities. In terms of drug and prostitution related public nuisances, consultation is a collection method making it possible to confirm certain nuisances and discover new ones.

Local security diagnosis:

“The local security diagnosis is a systematic and rigorous approach assessing the scope and identifying the causes of crime and insecurity problems within a municipality or neighbourhood. It involves a range of information sources, notably data from the police, data compiled by various civilian institutions and organisations, polls conducted amongst victims and citizens' consultations in order to assess the existing crime factors at local level and jointly determine priorities and a plan of action”.

Doctor Philippe Pinel Foundation's Package: *Key elements for safer municipalities,* 2004

Qualitative data

Data obtained using open-ended questions in interviews, observations and written documents. This provides information on events (nature, location, persons involved, date etc.).

Inspired by Sehl Mary et al. *Evaluation of projects aimed at preventing crime via social development: Workbook for community-based organisations*. National crime prevention centre, Canada's Public security and civil Protection, Ottawa.

Quantitative data

Numerical measurements indicating quantity as well as frequency, intensity and duration.

Inspired by Sehl Mary et al. *Evaluation of projects aimed at preventing crime via social development: Workbook for community-based organisations*. National crime prevention centre, Canada's Public security and civil Protection, Ottawa.

Drugs

So-called psychoactive substance capable of altering one or several physiological or psychic functions (behaviour, thoughts, emotions, mood etc.) and likely to result in a physical and/or psychological dependency. This workbook only refers to substances whose consumption and/or possession are illicit. However, public nuisances are also frequently associated with the public consumption of alcohol.

Evaluation

"Systematic and objective assessment of an ongoing or completed project, programme or policy, of its design, implementation and results. The purpose is to determine the relevance and achievement of objectives, development effectiveness, efficiency, impact and sustainability".

Directorate-General for International Cooperation and Development, *Evaluation guide*, (2004), p.55.

Impact

Long-term effects of actions undertaken, intentional or otherwise, direct or indirect.

Incivilities

Behaviour, whether or not sanctioned by laws and regulations, going against the basic rules of social life, such as spitting, graffiti, degradation of public property, gatherings of potentially threatening individuals, noise in housing buildings, insults in the day-to-day life etc.

Indicator
Element of qualitative or quantitative information on the observable manifestation of a phenomenon or action. Indicators are accompanied by **targets** (figures) to evaluate the scope of the results.

Exploratory walks
Direct observation of a territory by a group of people in order to identify the elements generating insecurity and suggest tentative solutions. Exploratory walks provide qualitative data and also represent a way of mobilising local residents or stakeholders working in the territory.

Drug and prostitution related public nuisances
Types of behaviour or situations directly or indirectly linked with drugs and prostitution, resulting in consequences perceived as negative by local residents and other public area users. They are also called “breach of the peace” (see this term) or “irritants” in Quebec. The use of the term “nuisances” varies depending on the country and can have a pejorative connotation. However, this expression is used in the workbook without any moral judgment.

Operational objectives
Objectives resulting from strategic objectives. They stipulate what should be done to achieve the general orientation.

Strategic objectives
General statements responding to a problem situation and a target group.

General orientation
Long-term change which must be implemented in the municipality, with regard to specific situations or problems.

Plan of action

Set of measures to which partners are committed in order to respond to previously identified situations. The plan of action should mention the initiator, partners, means and resources of each action as well as indicators measuring the results of the action.

Prostitution

Performance of sexual services in exchange for remuneration.

Residents

In light of the linguistic variations between the three cities, the term “residents” was selected to refer to the people living in a given territory. It also sometimes refers to public area users. It was deemed more suitable than the term “inhabitants”. The term “citizen” was deemed too restrictive.

Results

Effects of the implementation of a programme, action or policy. This definition does not apply to the results of the diagnosis, which refer to the conclusions of the diagnosis study.

Statistics

Quantitative data collected regularly according to a pre-established methodological and institutional framework and published on a varying scale.

Breach of the peace

This expression is sometimes used in the workbook in reference to public nuisances. This term sometimes has a pejorative connotation that the participants in the exchange programme rejected.

Appendix 10

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