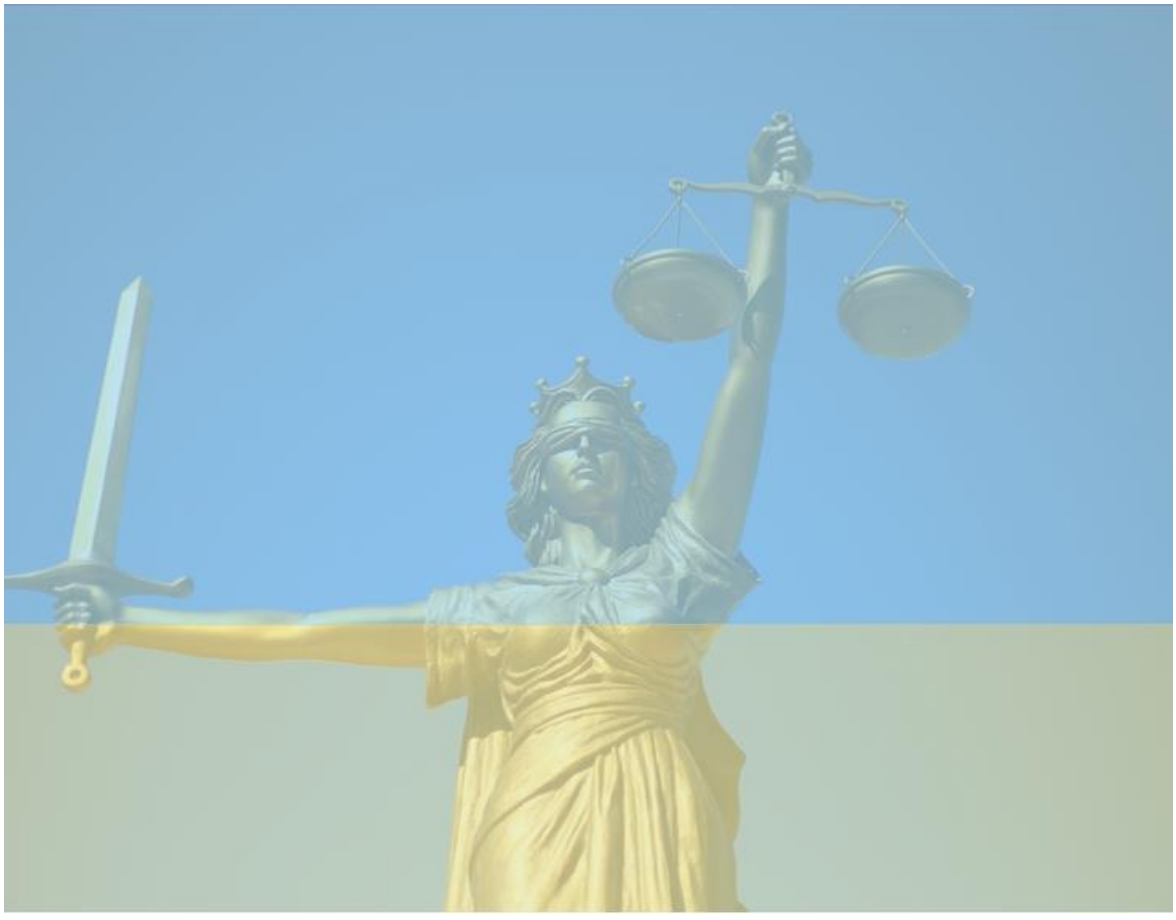
Onderzoek naar welzijn, zorg & verslaving

Samenvatting

Untapped potential

Qualitative research into active factors in the design and practice of the safety measure placement in an Institution for Repeat Offenders (ISD)



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Summary

We thank all interviewees, focus group participants and especially the employees of the five participating ISD-locations for their time and expertise.

Edition

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Summary

This report describes a qualitative study into the design and practice of the safety measure placement in an Institution for Repeat Offenders (*Inrichting Stelselmatige Daders,* ISD). We researched how the ISD measure came about, what the assumptions are underlying its legal framework and policy, how these assumptions relate to the literature and what this means for its execution and efficacy. The most quintessential research result is that there is uncertainty surrounding the purpose of the ISD. The measure comprises two objectives, each with its own perspective. On the one hand there is the short-term perspective: the protection of society against criminal behaviour and nuisance caused by habitual offenders, through confinement in a special facility within a Penitentiary Institution (PI) for a maximum of two years. On the other hand, there is the long-term perspective: rehabilitation and reintegration by reducing criminogenic needs of persons who have been sentenced to the ISD, by offering an intensive care and treatment program during their detention period.

This duality and its far from clear explanation in the ISD-policy, make it difficult for those involved in the execution of the measure to legitimize activities that are necessary for good care and treatment within the ISD, which is situated in a context where security is paramount. Another result of this situation is that it weakens the accountability of all partner-organizations involved. As a result, the current practice of the ISD can hardly be distinguished from that of the regular PI. An important recommendation, therefore, is to develop an integral vision of the ISD with – more than in the current policy – attention for care and treatment programs that are tailored to the ISD-population.

Background and research questions

Since 2004, the ISD measure can be imposed on highly active repeat offenders. It is a custodial measure lasting up to two years, based on the nuisance caused by the criminal behaviour, the high risk of its recurrence and the perceived need to better protect society against it. The implementation of the measure (partly) takes place intramurally in one of the ISD-locations that are housed in nine PI's throughout the Netherlands. A PI is in principle a (remand) prison. The implementation of the ISD may also partly take place extramurally at a forensic mental health facility or a (protected or assisted) form of housing under supervision. The ISD is moderately effective in reducing recidivism. Receiving such extramural 'forensic care' (care paid for by the Ministry of Justice and Security) during the ISD seems to have an extra dampening effect on recidivism. However, there is still little insight into how this is achieved. Moreover, after a number of improvement measures implemented in 2009, the recidivism rate (one to three years) after ISD appears to be higher than before.

This prompted the Ministry of Justice and Security to evaluate the ISD measure and to see if there are opportunities for improvement. To this end a plan- and process evaluation, as described in the current report, was commissioned by the Scientific Research and Documentation Centre (WODC). The research was carried out in five of the nine PI's in which the ISD is implemented, namely the PI Rotterdam (location Hoogvliet), PI Veenhuizen, PI Vught, JC Zaanstad and PI Zwolle.

This report focuses on the following questions:

Plan evaluation

- What is the policy theory of the ISD, including the role of forensic care and the reintegration after the ISD, and how does it relate to the literature?

Process evaluation part 1

- How are (policy) procedures of the ISD designed and how do they relate to policy theory?

Process evaluation part 2

- How is the ISD implemented in practice and how does this practice relate to the policy of the PI?
- How does the ISD attempt to maintain intended and achieved results after the measure?
- How does the practice of the ISD relate to the (policy) procedures and the policy theory?
- Which areas for improvement can be identified?

To answer these questions, the following methods were used:

- Policy analysis
- Literature review and document study
- Semi-structured (group) interviews with professionals and experts involved in the ISD
- Focus groups with professionals and experts involved in the ISD, including experiential experts

Plan evaluation: Policy theory ISD

In the reconstruction of the policy theory of the ISD, this report first describes the historical context: how did the ISD arise from the measure Rehabilitation of Drug-addicted Offenders (SOV)? The SOV made deprivation of liberty possible for men with a hard drug addiction who posed a danger to themselves or to others. The aim of the SOV was to reduce nuisance and to make the addiction problem manageable for the individual and society, for the benefit of both rehabilitation and reduction of recidivism. The ISD extended the scope of this custodial measure to a heterogeneous target group of both male and female very active repeat offenders, dropping addiction as a precondition. In addition, the policy objective of the ISD – more so than with the SOV – emphasized the protection of society through detention with lesser stress on the solving of personal problems and rehabilitation of the offender.

In line with this emphasis, the current ISD policy theory assumes that with the longer detention of repeat offenders, crime (and therefore insecurity and nuisance) decreases, because they are prevented from committing new offences during the detention period. This is the so-called incapacitation effect. The scientific literature confirms this supposed effect of detention on crime and recidivism in the short term.

However, the ISD also has the subsidiary objective of contributing to addressing the criminogenic needs of the offender through an intensive approach with care and support, in order to reduce the (risk of) recidivism and social nuisance in the long term. The assumption here is that certain personal problems of offenders are related to their criminal behaviour. However, the policy theory underlying this subsidiary objective is less clear. Moreover, the context in which this objective should be addressed has also changed since the introduction of the ISD. For example, it was first assumed that the ISD measure would take place in a very limited regime (mere detention). An intensive intervention would only take place if there were clear opportunities due to the motivation of the offender. In this sense, the ISD was therefore primarily a measure to keep repeat offenders off the streets. The current point of departure, on the other hand, is an ISD measure that includes a process of high intensity care. Only when all possible treatment efforts and attempts to motivate the offender have failed, the switch to a limited regime is made. The ISD has thus become more of a ‘treatment measure’. As such, the sanction also qualifies as a legal title on the basis of which ‘forensic care’ can be administered. According to the policy theory, how this treatment goal is achieved is in principle tailor-made, depending on the person in question. In any case, different

stages (with an intramural, partial extramural and fully extramural phases), forensic care and support from social and community partner-organizations can be part of the ISD-trajectory.

That the supplementation of the ISD with care, treatment and (behavioural) interventions can contribute to stabilizing and reducing personal problems, and thus reducing the risk of recidivism, is plausible and can partly be substantiated with literature. However, the relationship between the care needs of the ISD target group on the one hand, and the duration (two years) and content of the criminal and penitentiary law framework for the deprivation of liberty on the other hand is unclear. As a result, there is no detailed (treatment) vision on how (and for how long) repeat offenders with multiple problems including substance addiction should be supported and treated in a detention or outpatient setting in order to achieve (sustainable) behavioural change. There is also no reference to visions that have been developed in the forensic care sector on this topic, such as the Forensic Care Quality Framework, the Basic Care Programme Forensic Care or the Care Programme Forensic Addiction Care.

Process evaluation part 1: ISD procedures

The implementation of the ISD involves many actors and organizations working together in the chain of justice, forensic care, and municipalities. Various documents give substance to this at the national or local level. After inquiries, it turned out that such documents with visions or procedures were not known or present at all the researched ISD locations and the status and degree of implementing documents that were found is unclear.

In line with the above-mentioned principles of the policy theory, the national Product Specification ISD describes in general terms how the ISD should be implemented. The content of the product specification is not very concrete. For example, it describes which positions (personnel) should be available in an ISD, but not the (minimum) number of FTE, required knowledge and expertise or tasks to which they must contribute. In short, various roles, skills and activities of staff are described for stimulating and motivating the offender to behavioral change. In this respect a tailored approach is the starting point of the product specification. However, as in policy theory, there is no detailed vision of care (or a reference to an existing document). The importance of cooperation with partner-organizations is always emphasized but, just like in the policy theory, how this cooperation can be realized or sustained is not clarified.

Locally, at the level of the ISD locations, procedures have been designed very differently and in two of the five locations examined, we found no documents at all describing the implementation of the ISD. Furthermore, the local vision documents, manuals and a workbook (intended for the repeat offenders) obtained for this research are very different and global in character. General statements about how local procedures relate to the policy theory are therefore not possible. Overall, it can be said that the local documents follow and describe the phased set-up of the ISD as described by law and national policy.

The local documents describe an intramural phase of the ISD that is not primarily about providing intensive care and treatment, but more about doing psychological research and assessment as well as trajectory determination (for a follow-up outside the PI). In this phase, repeat offenders follow a day program (similar to that of the rest of the PI) and are subject to the same rules and procedures as regular prisoners placed on a different judicial title. The implementation of the partial extramural phase is not elaborated upon in procedures. Additionally, the description of the implementation of the extramural phase is very limited. Based on the documents obtained, it is not possible to deduce how ISD locations facilitate these phases.

The scope of the documents therefore mainly concerns the intramural phase of the ISD. When it comes to (organizing or leading to) care and treatment, little has been made concrete. Therefore, implementation of these tasks seems to depend on partner-organizations, the availability of local support and treatment, and (expertise and networks of) individual professionals. The local documents also show that all activities within the ISD are secondary to and framed by the strict frameworks of the PI (aimed at security), which also apply to the ISD. The distinctive character of the ISD compared to other detention regimes – in terms of the nature of the safety measure instead of a prison sentence, the target group and in terms of emphasis on care and treatment – is thus undermined. For example, in the ISD there is a day program for offenders that is almost equal to that of the regular regimes in the PI, with a great emphasis on work and little room for diagnostics, care and guidance. In two studied vision documents, extra attention is asked for the living climate at the ISD. It expresses the need to break free from the restrictive frameworks of the PI and to instead emphasize the specific character of the ISD. This crucial point also emerges from the analysis of the ISD practice, as will be described below.

Process evaluation part 2: Experiences with the ISD practice

Five ISD locations were visited, where several times has been spoken with ISD employees and representatives from partner-organizations (probation services, forensic care institutions and municipalities) about practical experiences with staffing capacity, the setting and context of the PI in which the ISD is located, the role and deployment of forensic care and the reintegration and recidivism(risk) of repeat offenders. Striking in this exploration was that the approach and (physical and substantive) design of the ISD locations visited appear to differ considerably. For example, one ISD location places more emphasis on diagnostics and referral to care for repeat offenders outside of the ISD and PI, while at another location emphasis is placed more on support via a therapeutic living environment within the ISD. These differences are partly the result of the history of the ISD location, the expertise and experience of the staff, the building (of the PI), the management and the presence of certain facilities in the PI, such as a Penitentiary Psychiatric Centre (PPC).

At almost every location, those involved experience the ISD as the poor relation of the PI (and of the Department of Correctional Institutions, DJI). For example, it is found that the ISD's behaviour-influencing care objective is compromised by both the dominant rules and climate of the PI (and DJI) focused on risk management, and the lack of resources, such as the limited availability of behavioural experts (psychologists and psychiatrists). Respondents are convinced that the target group of the ISD differs from that of the rest of the PI in terms of their treatment, care and support needs. They also consider the nature of the ISD measure to be clearly different from that of a regular prison sentence. Yet, in the current practice, this distinctive character of the ISD is not sufficiently reflected, despite great efforts of the ISD staff involved who regularly experience the limits of working from within a PI. This is also experienced by partner-organizations of the ISD.

Staff funding and capacity

At all locations visited, the available deployment of behavioural experts is perceived as insufficient. As a result, diagnostics and psychological examinations are not carried out or are of insufficient quality. Networks with partner-organizations in forensic care are also less well maintained than desired due to the shortage. This experienced shortage can be partially explained by DJI's standards for financing the ISD staff. The full daily price per capacity place of the inpatient phase of the ISD (€ 360) is slightly higher than that of the house of detention (€ 297) and of the prison (€ 304), but a lot lower than that of a PPC (€

706). Those involved in the ISD indicate that both the work in and the target group of the ISD are much more similar to that of the PPC, than to those of the regular regimes. Since 2008, the budget for the ISD's staffing has increased slightly, but it is still lower than that of the SOV which was in place until 2004.

It also became clear that psychologists and psychiatrists not only work for the ISD, but also for other departments and regimes. In contrast, the experienced staffing capacity of guards specialized in care and treatment (ZBIW), senior case managers and department heads is better perceived. However, the low occupancy rates of the ISD cells during the COVID-19 pandemic period showed the advantages of a better detainee-staff ratio for implementing the ISD measure: more personal attention, more guidance for offenders in outpatient activities and more room for therapeutic activities.

Local interpretation ISD

There are significant differences in day-to-day performance and work culture between the different ISD locations. These arise mainly from the way in which they are organized, both physically and substantively. For example, one visited location has separate intake (intramural) and intermediate (partially extramural) departments between which the ISD detainees can be transferred. Another location has four departments, in which detainees can be placed on the basis of certain individual characteristics or behaviour. Other locations do not make a substantive distinction between ISD departments. In some cases, the arrangement of the departments has been deliberately chosen, based on a vision on the expected positive effects of such an arrangement. Such views and expected effects differ between ISD locations. In other cases, the arrangement is accidental or the result of possibilities (or limitations) of the building in which the ISD is situated. Despite local variation in the organization and work culture between ISD locations, ISD-employees unanimously express and underline the individual character of the ISD. Compared to regular regimes in the PI, the ISD should have less emphasis on security and sanctioning and actually more emphasis on the care and treatment program. To illustrate, (relapse in the) use of drugs or incidents in the ISD setting are matters to discuss and learn from and should not necessarily need to be sanctioned.

Context factors of the PI

The context of the PI as an organization and as a physical area in which the ISD is located, appears to have a major influence on the implementation of the ISD. This PI-context is mainly experienced as limiting. Involved ISD personnel often experience a struggle with management and security personnel of the PI when they try to do things differently in the ISD. ISD-employees share the opinion that it is almost impossible to realize a therapeutic living environment in the ISD-departments, due to the restrictive rules and limited space that the PI offers. For example, there is a PI drug prohibition policy aimed at sanctioning that also applies to the ISD, but there is a lack of support for ISD-offenders to adhere to it, while many have a drug addiction in combination with other mental health problems.

In addition to the aforementioned resource and staff shortages, professionals who are involved with the ISD experience a contrasting work culture between the ISD and the rest of the PI (and DJI), as it emphasizes risk management and adherence to the full day program for ISD detainees. In addition, there are no suitable systems for reporting and restoring files (for progress- and final reports). Finally, the physical terrain of the PI is also perceived as limiting, because it is difficult for ISD detainees to move from the inside out (and vice versa). Both ISD staff and detainees regularly encounter misunderstandings from other PI-employees when the detainees conduct (work or treatment) activities outside the ISD,

something that is crucial for ISD offenders in the partially extramural phase. With its different working method, the ISD therefore encounters the limits of the PI climate in all kinds of ways.

Role and deployment of forensic care

In the context of the ISD, forensic care and treatment is something that is 'added' to the ISD-program. Despite the presence of behavioural experts and ZBIW-employees, merely staying in the ISD is not in itself a treatment. The tasks of ISD personnel are limited to controlling, stabilizing, diagnosing and determining trajectories. Treatment is always hired from and carried out by external parties. In a trajectory determination meeting (TBO), the professionals involved determine whether they are going to focus on a *clinical* or a *practical* (also called outpatient) ISD trajectory. In a clinical trajectory, offenders usually remain intramural until there is a place at a clinic outside of the PI. From the clinic, they then start building up freedoms. In a practical trajectory, offenders often first receive 'outpatient treatment in house', or treatment from an external care institution delivered within the walls of the PI. If that goes well, it is followed by activities, treatment and social leave outside the PI. Diagnostics can, depending on the available information before the start of the ISD (for example from a probation advice), be part of the trajectory determination.

Although the (intramural) initial phase of the ISD offers an opportunity (time and space) to perform thorough diagnostics, in many cases this opportunity cannot be exploited due to insufficient staff capacity. The lack of thorough diagnostics can make it difficult to assign offenders to the right place (forensic care institution) and to motivate them for a trajectory. In addition, it depends on the region where the ISD is located and on the networks of the ISD staff whether that right place (within forensic care) is available at all. In some regions, there is sufficient supply with the required expertise for the ISD population, while in other regions this is limited. Consequences of a limited supply of treatment are, for example, waiting lists, but also (temporary) transfers from the clinics back to the PI. As ISD-offenders are placed upon availability of capacity, but not necessarily where the required expertise is available for their complex multiproblematic behaviour, they will sometimes get reinstated in the ISD institution as a sanction for problematic behaviour. The limited available care and treatment options is even worse for female ISD-offenders.

Reintegration

Supporting the reintegration of ISD-offenders aims to prevent recidivism in the long term. The professionals involved indicate that the intramural phase in particular is focused on small goals, such as providing structure and a safe environment in which the offender can stabilize. For this purpose, externally bought in interventions are offered, such as mentors, cooking and art projects, reintegration trainers, training from the probation service (such as the Lifestyle Training) and cognitive skills training. A limitation of these inpatient activities is that offenders cannot practice going outside and reintegrating into the community. This is different for the extramural phase of the ISD which is characterized by reintegration activities. Partner-organizations, including forensic care providers, the probation service and municipalities, carry out these activities or supervise them. Despite the fact that partner-organizations were involved in the (group) interviews, a clear picture of what these activities may be did not arise from this research. However, those involved indicate that coordination and the early involvement of partner-organizations in an ISD-trajectory is essential for a smooth implementation of this extramural phase. The extent to which this is successfully achieved differs per location and partner-organization.

The cooperation with the probation service and forensic care providers is generally going well. However, both partner-organizations indicate that they could do more if they were involved in a more structural way from the start of the ISD-trajectory, for example by assisting with diagnostics and guidance. Cooperation with municipalities varies among the ISD locations. Some municipalities are hesitant and only take action when an offender starts to receive extramural treatment, while other municipalities are involved in the processes from the start through the partnership of the so called Care and Safety Houses.

Recidivism reduction
As mentioned, an important goal of the ISD is to contribute to ending recidivism. The professionals involved consider this goal unattainable in many cases as recidivism of former ISD-offenders is common. A more realistic goal is to reduce the frequency or time of the first recidivism or to reduce the severity of the new offence. Whatever outcome measure is chosen, reducing recidivism is difficult because of the long-term complex problems of the ISD offenders, where major steps cannot always be made within the two years of the measure. Also, the current support options are too minimal. In particular, the transition from a closed institution or a forensic clinic to society is huge and significant. Whereas after the ISD measure individual support needs often remain, there is no longer a legal framework to provide forensic care.

There are various means to continue to provide support after the ISD, such as with a Long-term Care Indication (WLZ) or Involuntary Care Authorization (*Zorgmachtiging*), but there are not always suitable places available. Moreover, regular mental health care is often insufficiently equipped for the complex ISD population, resulting in restraint for fear of nuisance and unsafe situations in and around mental health care locations. When asked for an explanation of the higher recidivism rates after the ISD improvement measures of 2009, those involved indicate that the population in the ISD (and in the entire prison system) has become ‘more difficult’ and 'more hopeless' and their problems more complex. At the same time, society has become more complex, while more self-reliance is also expected from citizens. As an explanation for the more difficult population, major social transitions are mentioned, such as budget cuts and the steered transition from inpatient to outpatient care in the mental health sector – resulting in, among other things, the aforementioned lack of suitable places with reintegration support after the ISD.

Conclusions
From the foregoing, we conclude that the policy theory of the ISD is primarily based on the principles of the former measure Rehabilitation of Drug-addicted Offenders (SOV), but with a broader target group and more emphasis on protecting society by detaining the repeat offenders and less on their resocialization and care. Another ISD characteristic is that the measure aims to achieve the behaviourally influencing goal through a tailored approach, depending on the problems and motivation of the ISD offender. Some elements of the policy theory of the ISD measure can be substantiated with scientific insights and are probably valid. Other elements are insufficiently elaborated upon in policy documents and cannot be tested against scientific insights.

For example, the policy theory is unclear and incomplete about how activities in ISD trajectories can contribute to solving or reducing individual problems of the offender, such as drug addiction, and it makes no reference to existing visions and guidelines from forensic care. The translation from this part of the policy theory into procedures and practice is lacking. This also counts for the desired ratio between care and treatment on the one hand and detention and security on the other. This is reflected in the

practice of the ISD, for example, in the different interpretation of the secondary care and treatment goal of the ISD and the largely missing individual character of the ISD compared to the rest of PI.

While the policy theory and national procedures provide few frameworks, the ISD locations have developed their own visions and procedures around the ISD. However, our exploration of practice also shows that the ISD is secondary to and undermined by the restrictive setting (the PI) in which it is located and by the limited operationalization of how one aims to achieve recidivism reduction on the long term. Still, the (maximum) two-year deprivation of liberty offers an opportunity to conduct better diagnostics and to offer structure and treatment in a therapeutic climate. Due to the insufficiently operationalized policy vision – including a treatment vision – this potential is insufficiently exploited in the current practice, despite the high motivation and commitment of the ISD staff.

Furthermore, procedures and documents on how the ISD measure should be implemented – nationally and locally – appear to be hard to find. The status and degree of implementation of a number of documents found is unclear. The nationally drawn up product specification is mainly limited to the duties and responsibilities that the ISD has from a legislative and policy perspective. Locally, there are also handbooks that describe the working methods and responsibilities of certain functions in the ISD. In two ISD locations visited, we noticed attempts to provide more clarity and direction through vision documents about the purpose and expectations of the ISD and how activities, treatment and a living environment within the ISD can contribute to this. According to those involved in the ISD, the existence of these local vision documents points to omissions in policy. There is a lack of clarity in the policy theory about how the ISD aims to contribute to reducing problems and about what the expected outcomes are, apart from a short-term termination of recidivism during detention.

In summary, those who are working in or around the ISD try to make the most of this custodial measure each day, to serve both societal and individual interests. They emphasize on care and treatment, despite limited resources and a restrictive setting of the PI. Most importantly, it is the duality of the legal ISD objectives and the insufficiently operationalized policy vision – including a treatment vision – that hinders the practice.

Improvement possibilities for the ISD are:

- Strengthening the individual character of the ISD, so that the care and treatment goal can be better realized.
- To achieve this, it is necessary to develop a joint national ISD vision, with specific and condition-creating frameworks aimed at stimulating behavioural change within and after the two years.
- As part of this ISD vision, it is also important to develop a multidisciplinary treatment vision that substantiates how and which forensic care can reduce the chance, frequency and severity of recidivism in the long term.
- Consequently it is also important that the ISD is not, or to a lesser extent, limited by the risk-reducing climate of the setting (PI) or the building in which it is located.
- Finally, there are opportunities to improve and safeguard cooperation with partner-organizations through structural agreements in which the various roles and responsibilities of the ISD, the PI and its partners are concretely operationalized.