Summary

Background

On 4 March 2007, an Enschede resident detained under a hospital order caused a fatal shooting incident in Enschede. As a result, Ms F. Joldersma, member of the Lower House, tabled a motion on 8 March 2007 regarding the provision of information to the mayor. This motion requests that the national government take measures to ensure that forensic hospitals always inform the mayor about forensic psychiatric patients and forensic facilities in the municipality1. The incident also caused the mayor of Enschede to commission the pilot scheme Zicht op Enschedese Tbs-gestelden (ZOET – A View of Forensic psychiatric patients in Enschede), which was launched in Enschede on 1 January 2008.

The Research and Documentation Centre (WODC) of the Ministry of Justice requested KplusV organisatieadvies (KplusV) to evaluate the ZOET pilot scheme and to explore ways in which the Joldersma motion can be implemented.

The ZOET pilot scheme is not an isolated scheme, but should be regarded in the context of the broad social and political discussion about the supervision of forensic psychiatric patients who live outside a forensic psychiatric centre (FPC), which has led to several initiatives to improve collaboration in the rehabilitation and supervision of forensic psychiatric patients in recent years. ZOET was compared (in broad outline) with two other initiatives: forensic psychiatric supervision (FPS) and covenants concluded between the police and probation services.

Aim of the study

The aim of the study has been formulated as follows:

"To gain insight into the execution and valuation of the pilot scheme Zicht op Enschedese Tbs-gestelden (ZOET) for the purpose of exchanging information about forensic psychiatric patients in the light of the implementation of the Joldersma motion and fleshing out and enhancing the supervision of psychiatric patients."

The study looks into three questions:

1. How successfully is the ZOET pilot scheme being carried out?
2. How does the method of exchanging information, as fleshed out in the ZOET pilot scheme, compare to other forms of exchanging information about the supervision of forensic psychiatric patients?
3. How can the provision of information to the mayor, as proposed in the Joldersma motion, be organised? What are the advantages and disadvantages?

Methods

During the study, the following research methods were employed:

- *Literature study*: The study started with a document study, which looked into existing project plans, policy memoranda and reports about the ZOET pilot scheme, FPS, the covenants, the Joldersma motion, and other documents.

[1] Lower House: enforcement of the hospital order; motion by Lower House member Joldersma & co. 2006-2007, 29 452 no. 60.

- *Interviews*: In total, 21 interviews were held with those directly involved in the ZOET pilot scheme (13 interviews), with representatives of the Ministry of Justice and the Dutch Probation Service involved in setting up FPS (2 interviews) and with representatives of organisations involved in the covenants (3 interviews). In addition, a limited number of mayors (3 interviews) were interviewed about what they think of the provision of information about forensic psychiatric patients.
- *Information analysis:* The information analysis focused on the use, content and quality of the VIADESK information system used in the ZOET pilot scheme, yielding insight into how the information system operates in practice and how comprehensive it is.
- *Observations:* Finally, the researchers observed how the casuistry meeting[2] functions within the ZOET pilot scheme to determine whether this meeting functions as it should and as indicated by the interviewees.

The Oldenkotte FPC took part in the pilot scheme and the study. The researchers contacted other FPCs for an interview about the method of exchanging information about forensic psychiatric patients in the context of with the implementation of the Joldersma motion. The FPCs chose not to participate in the interviews, contending that they were not familiar with the results of the pilot scheme. The FPCs employ different practices in informing the mayor. Once the results of the pilot scheme are available, the FPCs will formulate a joint standpoint on the present study.

The study involves a plan and process evaluation. Given the short completion time, the effect that the pilot scheme has on public order and safety and on the rehabilitation process cannot be determined.

The ZOET pilot scheme

The core of the ZOET approach is a structure for the exchange of information and co-ordination that supports those directly involved with forensic psychiatric patients in Enschede (police, public prosecution, probation service, Oldenkotte FPC) in the performance of their duties.

The target group of ZOET consists of the following categories of forensic psychiatric patients residing in Enschede:

- forensic psychiatric patients on transmural leave;
- forensic psychiatric patients on trial leave;
- forensic psychiatric patients on parole;
- forensic psychiatric patients under a conditional hospital order.

The first three groups only include forensic psychiatric patients who are or were treated in the Oldenkotte FPC.

The target group of ZOET does not include forensic psychiatric patients who undergo compulsory treatment and are not yet permitted to go on leave and forensic psychiatric patients who undergo compulsory treatment and are permitted to go on (secured) escorted leave. Forensic psychiatric patients with an unescorted leave authorisation were also excluded from ZOET, assuming that the number and frequency of unescorted leave movements would stand in the way of a meaningful casuistry discussion.

[2] The casuistry meeting that was attended was held on 5 December 2008.

The consultation structure within ZOET makes a distinction between the control, co-ordination and implementation functions. The control function is assigned to the *Forensic Psychiatry Control Group*, which consists of the mayor, the district head of police, the (district) public prosecutor, a representative of the three probation services (3RO), the director of Oldenkotte FPC, the project leader and the chair of the casuistry meeting. This control group convenes twice a year and is concerned with policy matters. It monitors the exchange and co-ordination of information, and identifies and discusses problems.

The pilot scheme entailed the initiation of *casuistry meetings* at which information about forensic psychiatric patients is exchanged multilaterally between the public prosecution service, probation service, police and Oldenkotte FPC. All these parties send a permanently designated delegate to the casuistry meeting. These delegates also contact one another on other occasions, for example in the event of an incident involving a forensic psychiatric patient.

In 2008, about forty forensic psychiatric patients[3] were discussed at eight casuistry meetings. Of these 40 forensic psychiatric patients, 6 are under a conditional hospital order and 34 under a treatment order.

This list of forensic psychiatric patients eligible for ZOET is drawn up by the project leader on the basis of information from the FPC and the probation service (in the event of a conditional hospital order). Each casuistry meeting goes through the entire – updated – list of forensic psychiatric patients. Participants can indicate before or during the meeting which case they wish to discuss in more detail. By default, changes on the list are discussed (for example, changes in the conditions, new forensic psychiatric patients, termination of an order, etc.). Each casuistry consultation meeting discusses 2 to 3 cases in more detail, such as changes on the list, cases following tips from the police and cases presented by another party. No criteria have been established on the basis of which a case is discussed more extensively.

As part of the pilot scheme, forensic psychiatric patients are flagged in the police information system and the local beat officer meets with the forensic psychiatric patient who is to be rehabilitated in Enschede.

The underlying idea of ZOET (and the casuistry meeting) is that pooling information from the various organisations leads to a better insight into forensic psychiatric patients in society, which, in turn, increases the chance that risk signals are picked up at an earlier stage and shared with the responsible partners: the FPC, the probation service, the police and the public prosecution service. They can use these signals for treatment and supervision purposes. ZOET (and the associated exchange of information) is not a goal in itself but a means of improving public order and safety, supervision and the rehabilitation process.

The evaluation leads to the conclusion that, according to the participants, the approach adopted within ZOET has helped to improve the exchange of information regarding the supervision of forensic psychiatric patients because:

- the expertise and information available at the Oldenkotte FPC, probation service, police and the public prosecution service is gathered and exchanged systematically, which helps all parties to perform their tasks and duties regarding the supervision of forensic psychiatric patients;

[3] Reference date 5 December 2008.

- the approach helps the police to better understand the problems surrounding forensic psychiatric patients and gain knowledge about forensic psychiatric patients, as a result of which they are better able to pass on information to FPC or the probation service;
- the approach offers short lines of communication between the organisations, which is beneficial to (informal) consultations and the exchange of information in the event of incidents.

The study reviewed ZOET on the basis of a number of formal prerequisites found in the literature regarding the exchange of information, chain collaboration and provision of information to the mayor. The conclusion is that ZOET meets these prerequisites.

The mayor has indicated that he is highly satisfied with the pilot scheme. The method employed at the casuistry meeting satisfies his demand for information in two ways. Firstly, the casuistry meeting provides sufficient guarantees for a satisfactory provision of information to the mayor through the involvement of the police. Secondly, this structure provides guarantees that the necessary information about forensic psychiatric patients is shared between parties in time. According to the mayor, the actual presence of (a representative of) the municipality was not necessary for this.

The extent to which ZOET has made a contribution to public order and safety and the rehabilitation process cannot be determined on the basis of this study, because an adequate baseline measurement is lacking and the pilot scheme period is short. In addition, there is no systematic registration of the actions resulting from the exchange of information at the casuistry meeting.

However, there is one result of the pilot scheme that has become apparent in a number of incidents with forensic psychiatric patients in Enschede where the police quickly informed the FPC and/or the probation service. Those involved indicate that without the pilot scheme, the police would not have shared the information about the forensic psychiatric patient with the FPC in all cases, as they would not have known which forensic psychiatric patients were on leave in Enschede. As a result of the casuistry meeting, the introductory meeting between the forensic psychiatric patient and local beat officer and the flagging of forensic psychiatric patients in the police information system, the police knows which forensic psychiatric patients are on leave in Enschede.

The way in which ZOET was carried out gives rise to the following critical comments:

- It was agreed to draw up a covenant relating to privacy aspects before conducting the study (with respect to the exchange of information about forensic psychiatric patients). This was not done during the pilot scheme phase due to a lack of time. The parties work according to the privacy regulations that apply within their respective organisations.
- The exchange of information is guaranteed to only a limited extent. The parties involved decide for themselves which information is shared with others and are not bound by mandatory agreements or process descriptions.
- The inclusion criteria for ZOET were not applied strictly enough. Five forensic psychiatric patients discussed at the casuistry meeting were not part of the target group: one was not resident in Enschede; three did not come from the Oldenkotte FPC, and one of the forensic psychiatric patients' orders had been terminated.
- Certain parts of the pilot scheme did not go according to the project plan. For example, the local beat officer and the forensic psychiatric patient did not have an introductory talk in all cases and the Viadesk information system was not fully completed.

The pilot scheme included a case of a person whose order had been terminated. This is remarkable given the fact that there is no basis for intervention in the target group other than criminal law. Given the absence of a court order or any other legal grounds, the government did not have any specific statutory responsibility in this case. The participants in the casuistry meetings decided at their own discretion – based on an assessment of the risk of recidivism – that it would nevertheless be useful to continue to follow this case within ZOET.

Comparison between ZOET – FPS – covenants

An assessment was made of the ways in which the method of exchanging information and co-ordination in ZOET differs from the exchange of information as organised in forensic psychiatric supervision (FPS) and in the covenants concluded between the police and the probation service.

The development of *FPS* is the result of one of the recommendations of the Visser Committee that conducted a review of the hospital order system in 2006[4]. The FPS started in the form of a pilot scheme in May 2008. An important element of FPS is intensification of the collaboration between FPCs and the probation service during the forensic psychiatric patient's rehabilitation process. This intensified collaboration is designed to lead to more intensive use of forensic psychiatric expertise available at the FPCs, multidisciplinary supervision[5], more continuity and a gradual reduction of treatment, and rehabilitation[6].

In addition, the police and the three probation services have concluded *covenants* in a number of police districts concerning the manner in which information is exchanged about forensic psychiatric patients living in or moving into the municipality. The first covenant was concluded in May 2005, in the Rotterdam-Rijnmond police district.

According to those involved in all three initiatives, the exchange of information leads to a better picture of forensic psychiatric patients, providing all parties with more information than they had before. As a result, the responsible organisations are better able to assess whether a forensic psychiatric patient complies with the conditions of leave or parole and whether the conditions still match the forensic psychiatric patient's situation.

The prime differences and similarities between ZOET, FPS and the covenants are:

- *Aim*: All three initiatives are geared to sharing information between the parties involved with forensic psychiatric patients. While ZOET and the covenants focus primarily on supervision, FPS concentrates on rehabilitation.
- *Participants*: The FPS participants are the forensic psychiatric centre, the probation service and chain partners (institutions for mental welfare and sheltered housing). The covenants are concluded between the probation service and the police. The ZOET participants are FPC, the probation service, the police and the public prosecution service. The mayor participates in ZOET by way of the control group. The mayor and municipality do not participate in FPS and the covenants.

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[4] Parliamentary inquiry into the hospital order system, report 'TBS, vandaag over gisteren en morgen' (The hospital order system, discussing yesterday and tomorrow, today), Lower House 2005-2006, 30250, nos. 4-5.

[5] Source: Ministry of Justice, FPS project group, Process Description, forensic psychiatric supervision, 2008, p. 8.

[6] Source: Ministry of Justice, FPS project group, Forensic Psychiatric Supervision, a new method of supervising forensic psychiatric patients, 2008, p. 5.

- *Target group*: ZOET focuses on forensic psychiatric patients that are placed in the Oldenkotte FPC under a treatment order and forensic psychiatric patients under a conditional hospital order, confining itself to forensic psychiatric patients who are rehabilitated in Enschede. FPS targets forensic psychiatric patients under a treatment order. The covenants' target group comprises forensic psychiatric patients under a treatment order, forensic psychiatric patients under a conditional hospital order and sex offenders who are placed under the supervision of the probation service.

Provision of information to the mayor

The study included interviews with a limited number of mayors regarding the manner in which they would like to be informed about forensic psychiatric patients. The need for information about individual forensic psychiatric patients differs greatly among mayors in terms of both nature and amount.However, the interviewed mayors share the wish for two guarantees regarding the exchange of information about forensic psychiatric patients:

- the organisations responsible for the supervision of forensic psychiatric patients should effectively guarantee the quality of collaboration and mutual exchange of information for the supervision of forensic psychiatric patients;
- the mayor should be informed promptly and fully when an incident that may impact public order and safety has occurred or is about to occur.

However, there appears to be no consensus on the parties to be involved in this chain collaboration, the intensity of the collaboration and the desired form of collaboration. The mayors also have different views on their role in this collaboration (from actively initiating consultations to no involvement at all) and on the municipality's role in the supervision of forensic psychiatric patients.

ZOET offers the municipality of Enschede an approach that meets both of the above-mentioned guarantees because:

- the approach involves all parties that are responsible for the supervision of forensic psychiatric patients during the various forms of leave, ensuring a broad exchange of information, a more effective co-ordination of tasks and responsibilities and sufficient involvement of forensic psychiatric expertise in the practice of supervision;
- the responsibility for the provision of information to the mayor has been unequivocally assigned to the police, who thus serve as the link between the information exchanged within ZOET and the mayor – this is done immediately in the event of incidents, and otherwise through the control group/the local triangle;
- the appointment of an independent chairperson of the casuistry meeting and regular control consultations allow the mayor to control the assurance of the exchange of information between the parties professionally involved.