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Screening for MID in the Dutch juvenile criminal justice system

Evaluation of the SCIL 14-17 pilot

- SUMMARY -

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Summary

Objective, research question and design of the study

In January 2017, the SCIL 14-17 pilot was launched in the Dutch juvenile criminal justice system. The aim of the pilot was to gain experience with the SCIL¹ in the juvenile criminal justice system (for the purpose of possible national implementation of the SCIL 14-17), and to identify problems relating to mild intellectual disability (MID) and improve the approach to juveniles with a MID in the justice system. An additional intention was to appropriately adjust advice and guidance concerning juveniles identified with an assumed MID, if possible and necessary. The pilot was accompanied by an evaluation. The evaluation related to the execution of the pilot, the experience of chain partners with administering the SCIL, the extent to which SCIL results have led to adjustments to approach, advice and guidance, and the appreciation of the SCIL by the pilot staff involved.

The research questions to be answered in this evaluation both required case-level information (SCIL results, circumstances during administration, etc), and information regarding the execution of and experiences with the pilot in its entirety. The case-level information was gathered by means of an online questionnaire. After each SCIL administration, the pilot staff completed an online questionnaire regarding the case concerned (n=179). In the online questionnaire they answered questions on case characteristics, their experience with administering the SCIL, the results of the SCIL, possible adjustments to approach, advice and guidance, etc. The rest of the information was gathered by means of interviews with those involved both at the start and after the pilot (n=24). In addition, interviews were conducted with public prosecutors (n=2) and the William Schrikker Groep (WSG)² (n=1). The developers of the SCIL have also been contacted (n=2).

Below, the conclusions of the study are presented. Furthermore, the evaluation yielded a number of leads for improvement on behalf of possible national implementation of the SCIL 14-17 in the juvenile criminal justice system, which are discussed in the last section.

Design and implementation of the pilot

The SCIL 14-17 pilot was implemented with various chain partners in the juvenile criminal justice system in the regions of Rotterdam, Amsterdam and Gelderland. The Child Care and Protection Board (*Raad voor de Kinderbescherming*, RvdK) and the small-scale local facilities participated in all three regions; the juvenile probation services in the regions of Rotterdam and Gelderland; and Halt³ in the region of Rotterdam. In each region a project group was established, consisting of a minimum of one representative per participating chain partner, the so-called thinkers. The thinkers were the contact points for the pilot project leader.

Before the start of the pilot, coordination took place between the thinkers and the project leader. The cooperation arrangements that were made concerned sharing the SCIL results, so as to enable other partners to use the results in order to prevent the SCIL from being administered twice to the same juvenile. The so-called doers administered the SCIL. Based on the definition of the target group, it was up to the doers themselves to decide which juveniles were eligible for administration of the SCIL.

Beforehand, we spoke with chain partners about their expectations regarding the usability and feasibility of administering the SCIL. With regard to usability, the partners involved were fairly positive about the SCIL. It was anticipated that some juveniles would be identified as persons with an assumed MID, whereas the pilot staff wouldn't have expected this in advance. With respect to feasibility, chain partners were critical of the intended number of SCIL screenings to be administered. With the exception of Halt, nearly all chain partners regarded the intended numbers for the purpose of the pilot as unrealistic due to the low inflow and the small number of cases that qualify for administration of SCIL. During the

¹ The SCIL is a screening instrument for intelligence and mild intellectual disability.

² The William Schrikker Groep is a national organisation for youth protection, juvenile probation and foster care.

³ Halt is a Dutch organisation with a national network of offices which aims to prevent and combat juvenile crime.

pilot practical experience corroborated this expectation and incentives were introduced, the most important of which was to allow SCIL administration in cases of school absenteeism in addition to SCIL administration in 'other criminal cases' only.

A total number of 179 SCIL screenings were administered (including 148 'other criminal cases' and 31 school absenteeism cases). The majority of the SCIL screenings were administered by the RvdK and Halt. Due to the definition of the target group (inclusion criteria and contraindications) not all case histories qualified for administration of the SCIL. Ultimately, it turned out that in 22 unique cases in which the SCIL was administered, the juveniles concerned did not meet all inclusion criteria, or that a contraindication applied. Subsequently, based on the SCIL scores, in half of these cases a MID indication was decided. It is not known whether or not this has resulted in incorrect indications, however, in case of national implementation of the SCIL, it is of vital importance to pay attention to the correct application of the inclusion and exclusion criteria in order to prevent incorrect conclusions as to whether or not a juvenile presumably functions at MID level.

After the pilot, the pilot staff were asked about the number of SCIL screenings they had administered in relation to their total caseload/inflow, to gain insight into whether or not the intended SCIL target group was reached. An estimate of approximately two out of three juveniles who had had contact with the pilot staff had not been subjected to the SCIL. Possibly these juveniles were not eligible for the SCIL, or practical factors were involved, including a lack of time. According to the pilot staff, the main cause of ineligibility for the SCIL was the age of the juveniles involved.

Experiences with administering the SCIL 14-17

In most cases administering the SCIL took between 5 and 15 minutes. In cases where administering the SCIL took longer than 15 minutes, a MID indication was often decided. In two-thirds of the cases the SCIL was administered at the office. Most other SCIL screenings were administered at the police station, followed by a smaller number which were administered in the juvenile's home. Most SCIL screenings were administered at the end of the conversation. The pilot staff chose to administer the SCIL at the end of the conversation, because it was important to discuss other issues first (such as current affairs or assignments the juvenile had to do). However, the advantage of administering the SCIL at the beginning of the conversation is that this allows the pilot staff to adjust the way they approach the juvenile, if necessary.

Juveniles had a cooperative attitude towards the SCIL. In only 7 cases (5%) SCIL administration was met with resistance; these juveniles thought the screening was tiring and belittling; they felt controlled when filling out the SCIL; or were sceptical about the purpose of the SCIL. Parents/guardians also reacted cooperatively to the SCIL. In fewer than half of the cases the SCIL results were discussed with the juveniles and in fewer than a quarter of the cases with parents. In the online questionnaire, several reasons were mentioned for not (yet) discussing the results, most of them practical in nature. However, it was brought up several times in the interviews that there is a need for more guidelines to discuss the results with juveniles and parents when a MID is indicated. This also applies to the introduction of the SCIL to juveniles (and parent(s)). In the training that preceded the pilot, too little attention was paid to these aspects according to the experience of the pilot staff. With regard to the possible national implementation of the SCIL this is an area of attention. Attention should not only be paid to discussing the results, but also to the ensuing process. What possibilities for action do the pilot staff have/what action perspectives can they provide juveniles and parents with?

SCIL results and adjustments to approach, advice and guidance

The interpretations of the pilot staff of the SCIL scores do not completely match the specified cut-off values regarding an assumed MID. In 8 cases, no MID indication was decided by the pilot staff, whereas based on the cut-off values, the SCIL scores in fact pointed to an assumed MID. Furthermore, in 3 cases

the pilot staff incorrectly identified an assumed MID. Here too, information on and compliance with the cut-off values of the individual age groups is of vital importance to prevent incorrect identification of a MID assumption (or vice versa).

Based on the SCIL scores, in 38 percent of the criminal cases (excluding school absenteeism cases) a MID indication was decided. It should be emphasised that, partly because of the definition of the target group, the number of times an assumed MID was identified is not representative of the actual prevalence of MID in the juvenile criminal justice system. Moreover, there are signs that a preselection was made, in other words, that the juveniles who were already assumed to have a MID were subjected to the SCIL.

In 3 out of 5 cases there is a match between the assumption of the pilot staff regarding the possible presence of a MID before administering the SCIL and the eventual SCIL score. This may mean that in the other cases an assumption of a MID would not be identified by the pilot staff (or only at a later point in time). The potential added value of the SCIL first and foremost manifests itself in these cases. In addition, the SCIL may be of additional value in the other cases too, because the SCIL score could confirm that the pilot staff are on the right track (or the opposite).

In addition to improved identification of problems relating to MID, the SCIL result provides the opportunity to take these problems into account in the approach, advice and guidance concerning the juvenile, with the aim to find adequate assistance and support. In the cases where, according to the pilot staff, a MID indication had been decided based on the SCIL, the question was asked whether the pilot staff had started approaching the juveniles differently. Only one out of five pilot staff members said this was the case. With regard to RvdK-cases with a MID indication, the question was asked whether the MID indication had led to the recommendation of a community service order or training order aimed at the MID target group, and whether the indication had led to the recommendation of WSG involvement. With regard to both questions, this only applied to 18 percent of the cases with a MID indication. When cases of the juvenile probation service, Halt or small-scale local facilities were concerned, the question was asked whether the MID indication had had an influence on the assistance/guidance offered. In 47 percent of the cases it was mentioned that the indication had (probably) had an influence.

Thus, during the pilot, the SCIL results only to a very limited extent had an influence on the advice of the RvdK. Possibly, the questions on compliance with the SCIL were not relevant in all cases (for instance in cases where the advice of the RvdK did not include a training order or juvenile probation), however, in the interviews a discussion also took place on the question whether IQ data are necessary before recommending a MID-specific training order and/or the involvement of the WSG. By contrast, in cases of the juvenile probation service, Halt and small-scale local facilities the SCIL results have a somewhat larger influence on the follow-up process. Nevertheless, it has become clear that the question ‘how to proceed further?’ in cases with a MID indication requires further detailing on behalf of the individual chain partners in case the SCIL is to be implemented nationally.

Areas of attention regarding possible implementation

The evaluation of the SCIL pilot offers a number of leads for improvement in case it is decided that the SCIL 14-17 is implemented nationally at (a number of) chain partners in the criminal justice system.

The pilot shows that it is important to pay attention to inclusion criteria, contraindications, and cut-off values in order to prevent incorrect identification of a MID assumption (or vice versa). Digitalising the SCIL might correct this bottleneck. An additional practical advantage of digitalisation is that it enables the pilot staff to use the SCIL at any time. The problem that SCIL is ‘not in stock’ no longer exists then.

There were no difficulties with regard to the actual administration of the SCIL. The pilot staff are satisfied with the simplicity of the instrument and both the juveniles and parents mainly reacted positively to the SCIL. There is, however, a need among the pilot staff for guidelines on how to introduce the SCIL to juveniles. During the pilot, the screening was introduced in various ways: from very vague to very specif-

ic. The developer of the SCIL advocates a neutral introduction: “I would like to use the SCIL to obtain a picture of your understanding, so I can take this into account in the future.” A neutral introduction prevents discussion of the emotionally charged notion of ‘MID’. This also applies to the way the SCIL results (the assumed MID) are entered in the reports/assistance plans. On the one hand, with an eye to careful referral to chain partners, on the other hand to prevent stigmatisation of the juveniles involved.

The simplicity of the instrument carries the risk that the pilot staff do not give much weight to and/or act upon the SCIL results. Therefore, with regard to possible national implementation, partly in the context of creating a broad base, it is important to emphasise that the SCIL is a scientifically based and validated screening instrument and not a random list of 14 questions. With the SCIL, the assumption that someone functions at MID level can be identified with a reasonable level of reliability. The fact that the pilot staff had insufficient knowledge/understanding of the expressiveness and predictive value of the SCIL is, in all likelihood, one of the causes that the SCIL only had a limited influence on the advice and guidance concerning the juveniles during the pilot. Furthermore, unambiguous guidelines are lacking as to what diagnostic research is required when in addition to the SCIL to be able to make more reliable statements about the intellectual capabilities of the juveniles concerned. To conclude, the juvenile criminal justice system will have to develop a view on the range of adjustments to the approach, advice and guidance concerning juveniles with a MID indication based on the SCIL.



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