

Summary

Franken, A., Van den Berg, G., Kerkhof, L., & Assink, M. (2018). Specialization in National Specialist Facilities: a literature review. WODC / NJI, Den Haag/ Utrecht.

The Netherlands Youth Institute carried out this research commissioned by the Research and Documentation Centre, WODC, Ministry of Justice and Security. The topic of this research arises from the report 'Custody of Young Offenders (Implementation) Survey' (Verkenning Invulling Vrijheidsbeneming Justitiële Jeugd, VIV JJ), which was presented to the House of Representatives in November 2015 (Van Alphen, Drost & Jongebreur, 2015, Parliamentary Papers, Meeting Year 2015-2016, no. 24587-626). Central to this report is the young person, with his or her support needs and needs for care and security. The report focuses on the continuation of care, involvement of the young person's own network and local cooperation between the Custodial Institutions Agency (DJI), local care partners and municipalities. One of the building blocks of the report is a National Specialist Facility (LSV), in which young people with a specific profile receive specialist care and security. The question remains, however, which specializations are needed within the National Specialist Facilities and how these specializations could be clustered.

Research questions

The Research and Documentation Centre formulated the following research questions in a preliminary memorandum (WODC, May 2017):

- 1) Which specializations are required within the National Specialist Facilities?
 - a) What does the target group look like? What type of problems are involved in National Specialist Facilities?
 - b) Based on the target group, which specializations are required within the National Specialist Facilities?
 - c) Which specializations are needed, based on existing structures in the current system?

- 2) How could these specializations be clustered?
 - a) Is it possible to cluster youth based on underlying problems, overlap in symptoms and co-morbidity?
 - b) Is it possible to cluster youth based on treatment (overlapping elements in protocols)?
 - c) Is another basis for clustering possible? And if so, what?

- 3) How could the formulated specializations best be positioned – e.g., as separate departments, specific staff, internal National Specialist Facility and / or external - and why?

The preliminary memorandum (WODC, May 2017) further specified that the emphasis of this study should be on answering the first two research questions. The memorandum asked for an objective point of view and scientifically based ideas for required specializations and possibilities. Moreover, it stated that the research could benefit from using theories from the fields of psychopathology, developmental psychology and treatment of psychiatric disorders.



Study design

In order to answer the research questions, we carried out a literature review, based on (inter) national studies, policy documents and intervention databases. Based on predefined criteria, we searched the electronic databases PsychInfo, Pubmed and Cochrane to get an overview of the relevant literature of the past ten years. Additionally, we manually searched for other sources of knowledge such as policy documents, additional literature, and relevant websites including overviews of interventions for young people in a judicial institution. Moreover, studies recommended by external parties (such as experts and the advisory committee) were included in this study.

The PIJ-order (Placement in a Correctional Institution for Juvenile Offenders order) is the most severe sanction in Dutch Juvenile Criminal Law. Information about young people receiving a PIJ-order is stored in the Juvenile Forensic Profile database. This database contains ordered information based on young people's file information originating from the Correctional Institutions for Juvenile Offenders. The research proposal included the possibility to request data from the Juvenile Forensic Profile database and to analyze this data. However, many studies and analyses have already been conducted based on these data. For example, the report on 15 years of Mandatory Treatment Order (Brand et al., 2013) uses data from the database between 1995 and 2010. In addition, the latest available information in the database originates from 2013, for example see the studies by Hillege and colleagues (2017). Therefore, it was decided to use the already available findings originating from the Juvenile Forensic Profile database rather than performing additional analyses.

Interim findings from the literature review were presented to six experts. On the basis of this presentation, thoughts were exchanged about the findings. In doing so, we discussed how the experts saw the distribution between local and national facilities, which specializations they deemed necessary, what their view was on the findings of the study and which other suggestions they wanted to make. The results of this discussion have been incorporated in the report.

Target group of the National Specialist Facilities

Assuming that young people with the most complex profile are the target group of the National Specialist Facilities it is possible to describe the provisional target group of these facilities. The target group is defined in three ways, based on (1) criteria from the report 'Custody of Young Offenders (Implementation) Survey' (VIV JJ report), (2) criteria based on longitudinal profiles and (3) profiles based on current characteristics and behavior of young people. In order to estimate the latter two in the target group, we used the Risk Needs Responsivity model (RNR; Andrews & Bonta, 2010; Andrews, Bonta, & Hoge, 1990; Bonta & Andrews, 2007). The RNR model is based on the risk of recidivism and the needs and responsiveness of young people, which in turn is used to identify those with the most complex profile based on longitudinal profiles and based on current characteristics and behavior. Although there are no known studies investigating the overlap between the three identified groups, the three defined target groups seem quite similar.

The provisional target group is described as follows. These are young people who often grow up in an environment characterized by multiple problems and who have been involved in delinquency for a longer period of time. During adolescence they experience many psychological and developmental problems. The young people with a higher risk of recidivism have committed serious violent and property crimes and have a larger history of offending. The psychosocial problems associated with a higher risk of recidivism among youth who are placed with a PIJ-order are mainly related to an antisocial identity, psychopathology, problems with conscience and empathy, and addiction problems. Moreover, it is possible that youth who do not generally benefit from conventional treatments will need to rely on specialist placement. This includes young people with severe psychopathology, young people with lower IQ, and young people who



are not motivated to participate in treatment. Based on suggestions from the report 'Custody of Young Offenders (Implementation) Survey' (VIV JJ report, 2015), the target group also includes youth who end up in the National Specialist Facilities due to the needs of the criminal investigation (for example due to media sensitivity and non-co-placement of perpetrators) and / or an (urgent) security need for society (recidivism, high risk of escaping, etc.), for the victim, and / or for the suspect.

Specializations

The (inter) national literature does not provide any information about the specializations needed within National Specialist Facilities. Many of the target group may be able to receive specialist services in the current Correctional Institutions for Juvenile Offenders. However, basing the system on existing structures entails the risk that innovative options will be overlooked. It is vital to base the system on the nature and severity of the problems which form the basis for the care demands and needs of these young people, rather than on the basis of characteristics of these young people. Given the nature and severity of the problems, it may be that certain characteristics have to be taken into account (such as gender or intelligence) to ensure that a treatment fits the young person's needs.

Below is an overview of the target groups that may be placed in the specialized departments of the current Correctional Institutions for Juvenile Offenders.

Individual Trajectory Department (ITA)

- Young people who mainly experience problems with their antisocial identity and psychopathology.
- Young people who mainly experience problems with empathy and conscience development.
- Young people who are placed nationally due to media restrictions.

Very Intensive Care (VIC)

- Young people who mainly experience problems with their antisocial identity and psychopathology.
- Young people who mainly experience problems with empathy and conscience development.

Forensic observation department / Forensic observation and guidance department

- Young people who mainly experience problems with their antisocial identity and psychopathology.
- Young people who mainly experience problems with empathy and conscience development.

Serious Sexual Problems

- Young people who mainly experience sexual problems, possibly in combination with cognitive and social problems.

Severe intellectual problems / severe intellectual problems with Very Intensive Care

- Young people who gain little or do not benefit from the usual treatments because of their limited intellectual capabilities. This refers to young people with a high risk of recidivism and / or special treatment needs.



Girls department

- The group of girls. Some girls have a high risk of recidivism, which means that more intensive treatment is required according to the RNR model.

The departments are currently partly based on the problems of the young people. Perhaps it is possible to divide departments according to the needs of the young people. For example, both young people at the ITA and young people with serious psychological problems seem to need an individual approach and guidance. Although some young people need this because they cannot be part of a group and others need it because of severe psychological or psychiatric problems, they might be placed in similar departments if the right expertise and guidance is available. Through such clustering, expertise can be accumulated. Young people who are both unable to function in a group and experience severe psychological / psychiatric problems might benefit from this accumulation of expertise.

Two proposals for departments emerged from the discussion with the expert group. Firstly, a specialist department to assist young people who mainly suffer from problems related to addiction. Secondly, the expert group indicated a desire for high quality screening and diagnostics, so that more targeted treatment can be provided. Tests with a screening and diagnostics department appear to show positive results (Souverijn et al., 2017). Possible additional departments are:

- Addiction problems.
- Screening and diagnostics.

The report has identified several groups that cannot be properly accommodated in the current specialist departments. Based on currently available literature, it is not possible to formulate guidelines for placing these young people. However, the National Specialist Facilities should take into account that young people with the following characteristics must be treated and receive support in their facilities. Some groups of young people benefit from more intensive treatment and guidance, while others may benefit from less. The groups of young people who are less well accommodated in the current specialist departments are:

- Young people who mainly experience problems with substance use.
- Young people who mainly experience problems in their family.
- Young people with problems in all areas but no specific very extreme problems.
- Young people with a high risk of recidivism, who experience few problems with their psychosocial development.
- Young people who are in National Specialist Facilities because of investigation interests (such as media sensitivity and non-co-placement of perpetrators) and / or an (urgent) security need for society (recidivism, high risk of escaping, etc.), for the victim, and / or for the suspect.

Groups that may additionally be considered are:

- Young people with extremist ideas.
- Younger adolescents, taking into account their specific care needs.

Clustering

The decreasing number of youth in the Correctional Institutions for Juvenile Offenders makes it necessary to consider the possibility of clustering these young people. Moreover, most of these young people are characterized with complex and co-occurring problems and most young people who are placed with a PIJ-order commit multiple types of offenses (Brand et al., 2013). It is possible to *cluster* the subgroups identified by the PIJ-order *based on problems and co-morbidity* (Hillege et al., 2017). Although the groups Hillege and colleagues identified differ in the problems they experience, there is also overlap. The young people who mainly experience problems with



their antisocial identity and psychopathology also experience above-average problems in their family, substance use, conscience and empathy development, and cognitive and social skills. The expertise needed to treat these problems can also be used in treating three other groups: young people who mainly experience problems with empathy and conscience development, young people who mainly experience family problems, and young people who mainly suffer from psychopathology. It is important to keep in mind that young people who mainly experience problems with their antisocial identity and psychopathology also have weaker cognitive and social skills, which means they may not be able to be placed with some other young people.

Clustering on the basis of treatment is difficult, because few treatment studies have been conducted among juveniles in Correctional Institutions for Juvenile Offenders. The method YOUTURN focuses on all young people, while other interventions mainly focus on specific types of problems. These young people often have multiple and complex problems. Current interventions often focus on specific types of problems, and therefore do not suggest obvious treatment clusters. Nor does the international literature offer, as far as is known, leads for possible clustering. However, some considerations might be helpful when planning treatment clustering for young people. For example, individual treatments are not so much dependent on the department they take place. Rather, they depend on the expertise present among staff in these departments. For youth who cannot participate in conventional treatments due to contraindications, (temporary) alternatives must be sought. Although there is some doubt about the effectiveness of group treatments (see, among others, De Vries et al., 2015), it is necessary for group treatment that enough young people with the same profile take part in the treatment. This is especially true for the group of girls and the group of boys with sexual problems.

Concluding remarks

The (scientific) literature offers insufficient knowledge to determine which young people belong to the target group of the National Specialist Facilities and which specializations are needed in those facilities. It is advisable to use knowledge and experience from the Correctional Institution for Juvenile Offenders and from the Small-scale Facilities to further answer these questions. Practice-based research will also be needed.

The young individual should be at the center of care. Decisions about what is best for the young person should be made on the basis of thorough screening and diagnostics (including at least a thorough risk, need and responsiveness assessment). In order to be able to serve these young people with complex, overlapping and divergent care needs, sufficient expertise must be available in the National Specialist Facilities.

During the expert group meeting, which was organized on the basis of the first findings of this research, it was indicated that it is important to keep in mind what is currently effective. There is a lot of practical knowledge, even though thorough scientific experimental effectiveness research is not yet widely available. Additionally, the current specialist departments meet the needs of staff, who can focus on a specific target group and develop their expertise in dealing with such a group.

The research questions can only be fully answered after more extensive experience has been gained working with young people who have been placed locally or nationally. To learn as much as possible from these experiences, it seems sensible to keep a clear and up-to-date database and to continuously monitor treatment progress, the risk of recidivism, existing risk factors, and other relevant data. As a result, analyzing up-to-date data will be possible and it will be possible to generate knowledge about success factors in the treatment and placement of juvenile offenders.

