

More than Detention

Case studies from the Netherlands.

The selection of practices from the Netherlands is a part of an EU-funded project on:
'Improved opportunities for psychosocial rehabilitation and resocialisation of inmates, former inmates and probationers in Georgia.'

MAIN*line*

Content

Content	2
Introduction	3
1. Approaching crime differently	4
1.1. Discretionary power (police) for non-arrest for drug possession charges	5
1.2. ZSM-approach	7
1.3. Safety houses	9
2. Conditional sentence interventions	12
2.1. Conditional sentences: probation, supervised living and mental health care	13
2.2. Community service	16
2.3. Electronic control	18
2.4. Systematic offenders Act (In Dutch: ISD)	20
2.5. Forensic Flexible Assertive Community Treatment (For-FACT)	22
3. Interventions in prison	24
3.1. Opiate treatment in detention	25
3.2. Mainline outreach in Schutterswei prison	27
3.3. Prison Yoga Project	29
4. Interventions in or after prison	31
4.1. Children of detainees	32
4.2. Language training	34
4.3. Re-integration centres in prison and aftercare by municipalities	35
4.4. Integral approach for detainees with a mild mental challenge	37
4.5. BMHR: Social Recovery and Rehabilitation Agency	39
4.6. Support by volunteers: Bonjo	42

Drug use related:

Discretionary power, Opiate treatment in prison, Mainline outreach, Conditional sentences, ISD

Volunteers involved:

Children of detainees, Language training, 5 pillars of reintegration, Bmhr, Bonjo

Special target group focused:

Safety houses, Conditional sentences, ISD, For-fact, Opiate treatment in prison, Mainline outreach, Children of detainees, Language training, Integral approach mentally challenged, Bmhr

Introduction

More than Detention

When dealing with criminal behaviour and related issues such as the use of drugs or mental health problems, one approach is to respond with detention. In the context of the transition management project cooperation between Tanadgoma and Mainline Foundation, we looked into the Dutch practice to see what is done to promote timely re-integration efforts and avoidable disintegration.

Safety in the Netherlands is developing in a positive direction: registered crime has been declining for years, as has the number of citizens who feel unsafe. An essential factor in this development has been a decentralisation of the approach to crime and a new role for municipalities leading to improvements in the cooperation between local government, the police, the judiciary, entrepreneurs, health care and citizens. The Dutch approach is pragmatic in nature and looks as much as possible at how to connect to the personal and local context in which the crime takes place. Unfortunately, this does not mean that we have found the ultimate solution to prevent all crime. The recidivism rates still leave plenty of room for improvement. 47% of adults and 58% of young people come back into contact with the law within two years after a measure or punishment.

With this document, we intend to give a broad overview of approaches and cases from the Dutch context that offer alternatives and additional interventions to detention. Note that the interventions given are explained in an chronological order; from an alternative approach towards harm reduction interventions in prisons and aftercare in society. As you will see, local authorities and volunteers play an essential role in this process. We aim to inspire further thinking about the question: What can be done besides "just detention" and how does this contribute to (re)integration?

1. Approaching crime differently

Discretionary power

ZSM

Safety houses

1.1. Discretionary power (police) for non-arrest for drug possession charges

The rise of cannabis use and the increasing problems in law enforcement concerning this group of users prompted the Dutch government at the end of the 1960' to take stock of whether the drug legislation at the time was still appropriate for the situation that had arisen. They concluded that the criminalisation of cannabis use caused more damage to the user and society than the use of cannabis itself. They also felt that it would be better to separate the markets for cannabis and other drugs to prevent cannabis users from necessarily coming into contact with drugs like heroin. As a result, a change in the opium act was introduced in 1976, which has since distinguished between drugs with unacceptable and drugs with acceptable risk. This distinction came to be known as hard-drugs and soft-drugs. Cannabis went on the latter list and was henceforth thus called soft drugs; the use and possession of a maximum amount were no longer prosecuted, and the so-called tolerance policy was born.

The view that prosecution of 'user-quantities' and thus criminalising the drug user was counterproductive was later applied to drugs on the hard-drug list too. The current Dutch Opium Act formally still prohibits the possession, production, trafficking and sale of drugs. However, in practice, a discretionary power for non-arrest for drug possession charges is applied by the police. Drug use over the age of 18 and possession up until a certain amount is condoned. You can only buy soft drugs 'legally' at a coffee shop. Hard drugs may not be sold at all. This means that you can own a small quantity of drugs for personal use without being prosecuted. For soft drugs a maximum of 5 grams and for hard drugs, a maximum of 1 pill/half gram powder is condoned. If you own more than this amount, you will be considered a dealer and can be prosecuted. Possession of a small amount of drugs remains officially illegal, and the drugs may be taken. It is only not actively detected and prosecuted by the public prosecutor's office.

User rooms

The tolerance policy for user amounts of drugs gave rise to the so-called user rooms. Since the end of the 1990' initiatives have been developed at the local level to create these spaces. In these user rooms distribution or trafficking - including user quantities of drugs - is not permitted and action is taken against this. Drug users can bring in small amounts for personal use only. These facilities aim to reduce health damage and overdose among hard drug users and to reduce nuisance for the neighbourhood. The drug users themselves subsequently less often end up in jail because of an accumulation of fines for public drug use.

User rooms are an essential link in Dutch drug policy. The areas are protected locations, often in addiction care institutions, where users can use their drugs under the supervision of

trained staff. The drug use areas are used primarily by those who have no other (safe) place to use their drugs. By monitoring and distributing syringes and other materials, overdoses and the spread of infectious diseases such as HIV and hepatitis C is prevented.

Growing Weed

Another practical implementation of the discretionary power for non-arrest for drug possession is the condoning of the growth of weed. For a quantity of 5 plants or less, it is assumed in principle that there is no professional or commercial activity. This situation is treated equally with the case in which it is established that there is a small quantity intended for personal use.

Discretionary power for non-arrest for drug possession & (re)socialization

- ✦ People don't end up in jail or get in contact with the justice system for drug use or possession of small amounts of drugs.
- ✦ People won't get criminal records for issues that could also be approached as a personal choice without damage to society instead of a criminal act.
- ✦ Marginalized drug users don't end up in jail because of public drug use.

1.2. ZSM-approach

Since 2011, the Public Prosecution Service (OM) and the national police, in collaboration with their chain partners (Probation organizations (3RO), Victim Support Netherlands (SHN) and the Child Care and Protection Board (RvdK)), have worked on the setting up of a new procedure in order to be able to deal more efficiently with criminal cases related to frequently occurring crimes. The reason for this being the societal urgency to address the lengthy processing times for criminal cases. This has led to the so-called accelerated procedure ZSM, which has undergone a dynamic development over the past seven years. It has evolved from bottom-up initiated pilots in 2011 in response to the increasing length of procedures in the penal system, to nation broad method in 2014 which is still developing. Of the 177,400 cases brought before the public prosecutor's office in 2017, 104,200 were handled via ZSM and 73,400 cases came before the courts.

ZSM initially stands for As Fast, Smart, Selective, Simple, Together and Societally Targeted as Possible. These ambitions had three objectives: to be 'Fast', 'Meaningful' and 'Meticulous'. In addition to reducing the clogging of the legal system, the ZSM approach was supposed to send the signal that the government is responding decisively to ordinary crime. Faster redress and protection of victims and greater clarity about the consequences of violations of the law for all concerned are also often mentioned as benefits.

The ZSM objectives were to be achieved by changing from successive cooperation to simultaneous cooperation between all parties involved. This was done by placing all the partners involved under one roof, in a so-called Selection and Coordination Centre. Here the lines are short, and all organizations could quickly exchange relevant information with each other. In most cases, the Public Prosecutor then determines what still needs to be done in a criminal case and takes a so-called disposal decision. This decision is the final decision in the criminal case, so there is no jurisdiction by a court of law. In cases where the Public Prosecution Service considers the situation too complicated, it can decide to assess further and take a decision later. Most cases are dealt with in 6 hours to three days.

The 5-year evaluative report by the University of Utrecht and the Scientific Research and Documentation Centre (WODC) published in 2016 showed general positive feedback of the cooperating partners. ZSM has led to better cooperation between the stakeholders and a serious unclogging of the justice system. None of them would want to go back to the situation before the start of ZSM.

There are some harsh critiques though, mainly coming from lawyers and others that consider the rights of the accused and the general state of the rule of law. This criticism was primarily concerned about the deterioration of the quality and diligence of the process that had fallen victim to the emphasis on speed. A report by the Procurator General to the Supreme Court in 2014 showed that in 8% of the cases investigated, there was no legal and convincing evidence at all, and the criminal disposition should never have been issued. In more than half of the cases examined, the constitutional guarantees regarding the determination of the debt were waived because the 'evidence' consisted solely of the verbal provision of information. Another vital point of critique is that according to the standards of the European Court of Human Rights (ECtHR), the public

prosecutor fulfils all the roles in criminal proceedings (investigation, prosecution and trial) and because of the close cooperation with the police questions about impartiality are being raised. Since the application of ZSM is still very much in development warnings against deals with criminals to avoid lengthy trials or regional police plans to use ZSM for purposes such as tackling drug trafficking have been heard.

Finally, there have been concerns about the lack of reasonable time for legal assistance and lack of informed consent. An excellent example of this was the application of ZSM on music festivals that lead to public outcry. Many otherwise law-abiding citizens acquired a criminal record because of drug possession of small quantities of drugs, that would otherwise never have made it to court. This happened because they were given a choice to pay a fine on the spot without legal assistance. People assumed they just received a penalty and could continue partying. Nobody told them that paying the fine would include a criminal record.

ZSM & (re)socialisation

- + Clarity about the consequences of your actions right away.
- + No detention but fines, seizure or community service.

- Three pillars of the legal system are no longer honoured, and the accused could end up with a higher or unlawful sentence.
- ZSM can lead to a criminal record without court intervention without the accused realising it and without proper legal assistance.

More info:

www.wodc.nl

www.om.nl

Beschikt en gewogen. Over de naleving van de wet door het openbaar ministerie bij het uitvaardigen van strafbeschikkingen, Den Haag 2014, <http://www.rechtspraak.nl/Organisatie/Hoge-Raad/Nieuws/Pages/Rapport-PG-strafbeschikkingen-moeten-beter.aspx>

€ The work of public prosecutor, police and probation are paid by the ministry of justice and local governments. The work of Victim Support Netherlands (SHN) is financed by the ministry of justice, the ministry of health and the municipalities. Child Care and Protection Board (RvdK) gets its money from the department of justice.

1.3. Safety houses

Municipalities, partners in the criminal law chain and the care chain sometimes face persistent problems or cases that cannot be solved with a standard approach. Examples are severe multi-problem families or care avoiders who commit criminal acts, cause serious nuisance or refuse to cooperate in assistance, and behind which a complex problem lies hidden. In these cases, the complex nature of the problem requires an approach that goes beyond the own possibilities of care provision or criminal law. If the regular deployment of partners within the own chain no longer works, the network partnership, the Safety House, can be called upon. In practice, the Safety House focuses much attention on frequent offenders, aftercare for ex-prisoners, at-risk youth and domestic violence.

The cooperation in the Safety Houses focuses on solving cases with complex, multiple problems. Safety Houses, therefore, limit themselves to precisely those issues in which the connection between the chain of care, criminal law and interventions by the municipality and its partners is a precondition for a successful, sustainable approach to (potentially) criminal and nuisance-causing behaviour. Each partner in the Safety House can introduce if they think it's eligible for a Safety House approach. However, in practice, it's mainly the police and, to a lesser extent, the municipalities that provide case studies for the Safety House. A case meets the definition of a 'complex problem' if it meets the following criteria:

- There are several problems (multi-problems) that affect more than one habitat and (are expected to) lead to criminal and/or nuisance-causing behaviour or to further decline; **and:**
- Cooperation between several chains is necessary to arrive at an effective approach; in the regular collaboration between partners within one chain it is not possible to tackle these problems effectively; **and:**
- The problem is influenced by and has an impact on the (family) system and/or the immediate social environment (or is expected to have one); **or:**
- There are severe local or area-specific security problems, which require a chain-wide approach.

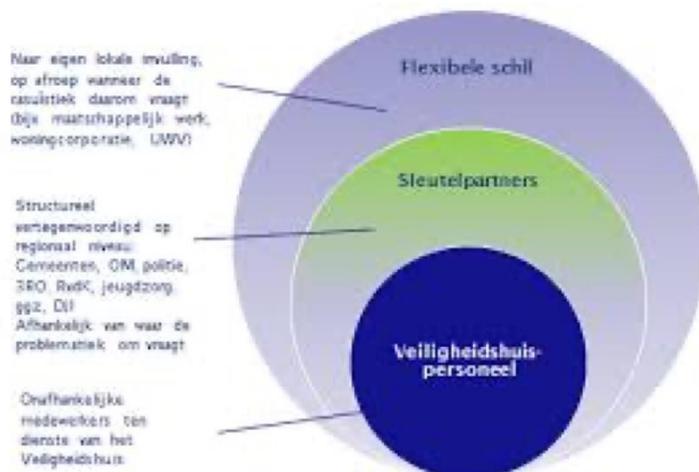
The problematic behaviour of an individual or family system is often (partly) caused or maintained by factors in the surrounding environment. That is why Security Houses work according to a system approach. This means that they view a case within the context of the (social) environment with which there is mutual cohesion and interaction. This can be the family system, but also the social environment, such as friends, neighbours or school. The problem analysis includes the broader system in which the problem occurs, and - if necessary - is given a place in the approach. A system approach includes the family system of which an individual in a case is part. Often there are multiple and complex social problems within the family, so that other family members also run the risk of sliding towards crime or becoming victims. This also means that the analysis in casuistry includes family members, and if there is a reason for concern, future interventions include them too. The aim is to have **one family, one plan, and one director**.

In Safety Houses criminal, care and (other) municipal partners collaborate to arrive at an unambiguous and integrated approach to complex personal, system and area-specific problems to

combat serious nuisance and crime. The focus here is not only on existing offenders of the law but also on individuals or groups with a high risk of slipping into criminal and severe nuisance-causing behaviour. The close cooperation prevents partner organisations from tackling only part of the problem and/or working alongside each other. The proceeds of the collaboration are the realisation of a joint process and the realisation of a joint, integral plan of action. The benefits of cooperation usually involve joint problem exploration, planning and directing of the implementation. The concrete result of the collaboration is an integral plan, in which the efforts of partners are coordinated, with specific agreements about the various interventions (aimed at tackling problems in different habitats) and possible follow-up steps and monitoring.

Since the 1990s, Safety Houses have been formed in the Netherlands from local initiatives in various ways. Initially, this concerned cooperation between judicial partners. To increase the effectiveness of approaches, the network was later broadened to include municipalities and care and assistance services. In recent years, each of the Safety Houses has developed further according to local needs, with the result that Safety Houses differ from each other in organisational structure, in the participating partners and their working methods. Since 2013 there are 31 regional Safety Houses in the Netherlands. A large city in that region is taking the lead, and smaller municipalities can join a regional safety house. The regional Safety Houses cover 91% of all Dutch towns. Nowadays, Safety Houses are an essential link, not only in the connection between punishment and care but also with the central component through the directing role and participation of municipalities. In this safety house chain approach, all partners retain their own (legal) responsibilities

Members of the safety house



Research by the Verwey Jonkers Institute in 2013 showed that among Youths and multiple offenders who have been approached in a Safety House construction there is less recidivism and contact with the police than within the lighter control groups.

Safety House & (re)socialisation

+ By cooperation and joint planning, complex problems can be tackled more efficient and faster. This can prevent problems spiralling out of control (prevent the need for incarceration) or prevent relapse into criminality.

€ The most significant part of the running costs of the Safety Houses are paid by municipalities and sometimes provinces. A smaller contribution comes from members of the Safety House. The participating parties bear the costs of the practical work they do for the cases in the Safety House.

More info:

www.veiligheidshuizen.nl

<https://www.veiligheidshuizen.nl/doc/VHH-Landelijk-Kader-definitief.pdf>

English animation on safety houses.

https://www.veiligheidshuizen.nl/nieuws/2016/120516_engelse-versie-animatiefilm-veiligheidshuizen#.XKNY-6eB3jA

2. Conditional sentence interventions

Conditional sentences

Community service

Electronic control

ISD

For-Fact

2.1. Conditional sentences: probation, supervised living and mental health care

In the Netherlands, in addition to the imposition of a custodial sentence, many people get some conditional sentence. This means that the convicted person has to meet certain conditions and in exchange has to spend less or no time in detention. In practice, all kinds of constructions are possible, and there are too many options to describe them all here. A person can be given a conditional sentence instead of detention or must meet certain conditions in the pre-trial phase. In addition, almost all detainees (unless you refuse to cooperate) are eligible for some form of detention reduction under certain conditions. The alternative conditions roughly classify under:

- Supervision by probation organisation, possibly in combination with following specific behavioural training courses.
- Supervised living
- Admission to a clinic for the treatment of psychiatric and/or addiction problems.

If a prisoner abandons the agreements made, the alternative programme may be cancelled, and the prisoner will have to serve his full term of imprisonment.

Supervision and/or behavioural training by probation services

In the Netherlands, various probation organisations supervise suspects and convicts. They do this on behalf of the public prosecution service, judges, municipalities or the prison system. They check appointments and motivate suspects and perpetrators to live without crime. In the case of supervision, a person must comply with rules and special conditions as part of a punishment. Community service and electronic control are two examples of this (see specific chapters). The arrangements for supervision vary from person to person. Every offender receives a (re)socialisation plan that focuses on his situation and his recidivism and risk profile. It is a tailor-made plan that looks at criminogenic factors in the offender/defendant that increase the risk of recidivism. These are crime history, current crime, housing and housing, education, work and learning, Income and dealing with work, relationships with partner/family, relationships with friends, drug use, alcohol consumption, emotional well-being, thinking patterns, behaviour, skills and attitude. The probation service uses three levels of supervision, whereby the intensity of supervision is related to the three risk categories mentioned above: low, medium and high. The degree in which a delinquent is classified determines the means of control and guidance during supervision.

In addition to supervision and personal guidance, the probation organisations also offer training aimed at behavioural change. During a training course, the participant gains insight into how he or she reacts under challenging situations. For example, by thinking first and then acting (cognitive skills training) or by facing the consequences of specific behaviour (problematic substance use) and by developing alternatives, the participant practises other ways of responding. Other frequently given training courses aim at dealing with money, looking for work, being able to deal with tensions within a relationship, being able to handle emotions and regulating aggression.

€ The costs of supervision and training are primarily paid by the Ministry of Justice. The municipalities also contribute to financing.

More info:

www.reclassering.nl

www.legerdesheils.nl/reclassering

www.svg.nl

Supervised living

The various assisted living programmes consist of a combination of living, supervision and daily guidance. The best known and most extensive project is of Exodus Foundation, with houses throughout the Netherlands. Exodus offers a supervised living trajectory of eight to twelve months in which the participant works within a clear structure towards finding a (voluntary) job, a house, a healthy social network and meaningful life perspectives. The participant works with a personal supervisor towards an independent existence within his capacities. He is addressed on his responsibility and works on goals in the different phases of the programme. In each stage, the resident receives more and more freedom. For admission to the Exodus programme, it is an essential condition that those involved are motivated to stop delinquent behaviour and to actively participate in the curriculum. If placement as part of a conditional sentence was not possible, ex-prisoners can also voluntarily register to go through the Exodus programme to help them get their life back on track.

Research by the University of Leiden (2010) showed that people who had completed the entire Exodus programme were 30% less likely to repeat offences within two years after detention than the total population of ex-prisoners. However, it is unclear whether this reduction is due to the programme or that selection based on motivation to leave the criminal life, plays an important role.

€ Depending on the type of placement, the costs are paid by municipalities and/or the Ministry of Justice.

www.exodus.nl

Admission to a clinic for the treatment of psychiatric and/or addiction problems

Since some of the detainees have psychiatric or addiction problems and the crimes committed are often related to these problems, these people can get treatment in a clinic as an alternative to (part of) detention. Here, too, there are many variants, and the chosen option mainly depends on the seriousness of the offence committed and the related mental health problem and whether or not someone voluntarily cooperates in treatment. The lighter cases receive treatment within the regular mental health care system. For more severe cases, there are specialised clinics for forensic psychiatric care.

€ Depending on the type of arrangement with which the person in question comes under treatment, the care is paid for by Ministry of Justice, Ministry of Public health, Municipalities and health insurances.

Conditional sentences & (re)socialisation

+ The chances of successful (re)socialisation are increased by not only focusing on detention but also by looking at where the needs and possibilities for counselling lie and by working with tailor-made solutions.

+ Conditional sentences provide time to work on (re)socialisation issues under supervision.

2.2. Community service

Instead of only time in jail, the judge can impose a maximum of 240 hours of community service for an offence. A community service penalty is regularly imposed in combination with another penalty. For example, the judge can impose community service together with a (short) prison sentence, supervision of probation or a fine. In combination with community service, the maximum term of imprisonment is six months. In 2016 32.540 of 115.780 penalties were community service in over 1,500 non-profit organisations. In addition to an extensive network of criminal-law projects, the Netherlands also has group projects. On the group projects, groups of community service-sentenced work under the supervision of a manager of *Probation Netherlands*.

A person who is sentenced to community service must do unpaid work. For example, for the municipality, a care institution or the Forestry Commission. It concerns work such as help in the kitchen of the home for the elderly, park service, pricking dirt on the street or graffiti removal. *Probation Netherlands* ensures that the offender is given appropriate community service. This must be as close as possible to the crime. If someone is punished for spraying graffiti, he may have to remove graffiti as a punishment.

Probation Netherlands ensures that adults sentenced to work can carry out their community service and determines where and when the community service is carried out. Probation Netherlands does the majority of the supervision of community service in the Netherlands. The *Salvation Army* does a small percentage. The average term of community service in 2017 was 60 hours

For youth between the age of 12 and 18 Bureau Halt¹ Halt takes care of the implementation of the community service. There are certain conditions for referral. The crime committed must be a minor offence such as minor destruction or public drunkenness. Also, the young person must agree with reference to Bureau Halt. It is a voluntary alternative to prevent real punishment or measure. This does not mean that it is non-committal. If a young person does not cooperate with his Halt-sanction, he still comes into contact with the Justice Department. A positively completed Halt-based penalty will not be included in the legal documentation. A young person will therefore not receive a 'criminal record'. If a young person refuses or does not complete a Halt-measure, and his case is forwarded to the public prosecutor, then generally speaking this is included in the legal documentation.

¹ Halt is an NGO with a national network of offices which aim to prevent and combat juvenile crime. The crime prevention activities of Halt consist of advisory services, educational programs and the development and implementation of crime prevention projects. The activities are carried out at local and regional levels. Halt is also responsible for the enforcement of alternative punishment given to young people up to the age of 18.

Success rate

Three-quarters of all community service penalties were positively completed in 2017. 12% of the community service sentences were prematurely terminated during the execution of the community service. 13% of community service sentences could not be started; they were redirected to the judicial authorities.

Community service penalties reduce the chance of relapse into criminal behaviour, compared to short prison sentences. With community service, there is less chance that someone loses their job and/or home. In addition, training can be continued. This is one of the reasons why the risk of recidivism is lower than with a (short) prison sentence. Research of the University of Groningen that was published in the *Journal of Criminology* (2009) shows that offenders with community service are 47% less likely to commit another crime than offenders with short prison sentences. People that are sentenced to community service and don't have a job, experience work rhythm and learn employee skills during their community service. It can also be the first step towards a regular job. *Probation Nederland* works together with municipalities and reintegration companies to guide former community service sentenced to regular employment.

At the beginning of 2017, Halt commissioned the Central Bureau of Statistics (CBS) to research recidivism among Halt-sentenced. The CBS has investigated whether young people who completed a Halt-Time in the period 2010-2015 have again come into contact with the police within five years as a suspect of a crime. This study showed that 73% of Halt-young people do not repeat offending.

Community service & (re)socialization

- + Staying in society and therefore not having to lose contact with the social network.
- + Not having to lose house, job, education etc.
- + Learning self-discipline and work skills which can lead up to a regular job for those that are unemployed or without much work experience.
- + It could prevent 'small-time criminals' and first offenders to get in contact with more seasoned criminals which could increase the chances of recidivism.
- + Young people could avoid a criminal record which could diminish their prospects in life.
- € The cost of supervision of the community service sentences are paid by the ministry of justice.

More info:

<https://www.reclassering.nl>

<https://www.halt.nl/en>

<https://www.legerdesheils.nl/reclassering>

2.3. Electronic control

Electronic Control (EC) is the collective name for electronic instruments that are used to either supervise or detain people (house arrest). In Electronic Control, an offender or suspect wears an ankle band day and night. The radiofrequency identification (RFID) band checks if the band-wearer is in the vicinity of a certain home-station (usually the home address). A GPS-band registers the location of the offender or suspect and transmits this to the supervising probation organisation. This band is generally used for location prohibitions.

Electronic control has different applications in different phases of the disciplinary process. It can either be used when someone is awaiting trial or as a conditional sentence instead of detention. This prevents damage caused by the disruptive influence of being detained (detention damage). Electronic control can also be used in later phases where the focus is more on resocialization. In all these cases the offender or suspect has to comply with certain conditions. Usually, this means they have to be at home unless they have legitimate reasons to be elsewhere, think work, study, or other pre-negotiated activities.

An electronic ankle band can also be used to check whether an offender or suspect complies with special conditions such as an area prohibition or injunction. An area prohibition is used to reduce risk or contact with former or possible victims. Examples of these are prohibitions to enter the street of a victim, a specific area of bars, a soccer stadium or the vicinity of schools. A location injunction usually applies to the home or work address. People can, for instance, be ordered to be at home between 8 pm and 8 am.

In 2017 2,386 suspects and convicts had an ankle bracelet supervised by *Probation Netherlands*. There were about 2850 ankle band connections nationwide - also the SVG (foundation focused on mental health, addiction and probation) and the Salvation Army provide Electronic Control. In approximately 98% of cases, electronic control was conducted as planned.

At the moment the third kind of electronic control is in a pilot phase. In this pilot, an electronic device that measures alcohol intake monitors convicts of violent crimes under the influence of alcohol.

Contraindications for electronic control are:

- When one expects that the suspect will not strictly adhere to the agreements;
- If an acceptable address is missing;
- If there is a possible danger of flight.

Electronic control and (re)integration

- + Can prevent 'detention damage' for non-convicted
- + Can be a means in resocialization because of the possibilities to practice with 'real life' under certain conditions
- + Can support a behavioural change like not drinking or help to structure life by a steady day and night rhythm or work discipline.
- + Can be a palpable reminder of being supervised and thus decrease impulsive action
- + In juvenile criminal law pedagogical goals like school attendance can be pursued.
- _ Electronic control might not look or feel a sentence which could prevent the offender from adjusting his actions.
- _ The offender could stay in contact with a criminal network and thus continue criminal acts.

€ Electronic control and its supervision are paid by the ministry of justice.

2.4. Systematic offenders Act (In Dutch: ISD)

The ISD measure is for systematic adult offenders. The Act entered into force on 1 October 2004 and ISD has been pronounced on average about 300 times a year. People, who cause a lot of crime and insecurity by committing a series of offences, are placed in an institution intended explicitly for them for a maximum period of two years. The legislator's aim with this law is to give society a break by incapacitation and to hopefully reduce the risk of recidivism by offering additional treatment and support. People sentenced to ISD have committed offences for which the judge usually imposes prison sentences that are too short to give sufficient cause for voluntary admission and treatment in a rehab clinic in the context of a provisional suspension. Often the ISD convicted have a background with psychiatric and/or addiction problems.

In practice, this means that a suspect who has committed simple shoplifting and meets the ISD criteria may qualify for the ISD measure. The new offence is not seen as an isolated one but is placed and considered in the light of the systematic way in which a suspect has committed crimes. ISD is deemed to be the very last chance facility, intended for the most severe target group. The ISD measure can solely be pronounced by a multiple court if the Public Prosecution (OM) requests it. A number of legal requirements must be met. The offence is an offence for which pre-trial detention is permitted. The accused must have been convicted at least three times in the previous five years. In addition to the legal requirements, the accused must meet some other conditions. These include the number of antecedents, types of offences and personal and social circumstances of the suspect.

Depending on the motivation of the ISD-convicted person, either a motivation training course or a specific treatment is offered. In short, the therapy involves forced reception in a specially designated institution. It does not provide for coercive treatment. Treatment programmes are, for example, focussed on developing cognitive skills or aggression control. Ideally, the process supports ISD sentenced in returning into society.

There has been considerable criticism of the ISD measure since its introduction. The most prominent point of critique has been that the measure would be disproportionate because many offenders are locked up for two years for a relatively minor offence. In the 2016 report on systematic offenders de scientific research & documentation centre (WODC) concluded that in the period from 2004 till 2014 the ISD sentence had been given to increasingly lighter cases.

Another vital point of discontent was the quality of the treatment and support, which should have been one of the pillars of the entire ISD. Judges have shown some reservations about the implementation practice of ISD. The reason is that in many cases the treatment of the convicted persons left a lot to be desired.

A 2012 WODC report on the effects of ISD concluded that there is some effect on recidivism in comparison with systematic offenders that received a 'normal prison sentence'. However, the recidivism among the ex-ISDs is still considerable. Two years after completing the measure, 72% of the former ISD-convicted appear to have been in contact with the judicial authorities again because of a crime. However, in comparison with sentenced who have completed a standard freedom sentence, the risk of recidivism among former ISDs appears to be significantly lower. Two to four years after leaving, ex-ISDs have a 16% to 19% less chance of coming into contact with the justice system again than the control group. However, these differences could also come from the lengths of the sentence or the different demographics of the two groups.

ISD & (re)socialisation

+ If the treatment and support approach is functioning as intended, people who have an addiction or psychiatric problems and are caught in a never-ending spiral of detention and problems could be getting some 'forced rest and distance' from their hectic life. Ideally, this could break the cycle and be the first step in the direction of change.

- In practice, the execution of the treatment and support part of the ISD-sentence is often lacking. In this case, people who committed small crimes are disproportionately punished.

€ ISD is paid by the ministry of justice.

More info:

www.om.nl

www.wodc.nl

2.5. Forensic Flexible Assertive Community Treatment (For-FACT)

Assertive Community Treatment (ACT) is internationally recognised as an EBM (Evidence-Based Medicine) intervention which was introduced in the 1970s. In ACT a multidisciplinary team consisting of 10 FTE cares for about 100 clients with a shared caseload, so that all the members of the team know all the clients. The approach focuses on outreach and on providing persistent and very intensive care and treatment. ACT is indicated for the most severely ill 20% of persons with severe mental illness (SMI) in the community, in particular, hard-to-engage patients at risk of hospitalisation, homelessness or neglect.

FACT is a Dutch adaptation to the ACT model. In the FACT approach, a multidisciplinary team of 11–12 FTE monitors about 200 clients in a particular district or region of 40,000 to 50,000 inhabitants. The target group is the broad group of all individuals with SMI in a catchment area: both the 20% for whom ACT is indicated and the other 80% of the group, who need less intensive treatment and support. To combine care for these two groups, the FACT team employs a flexible switching system. When clients become more stable, they do not have to be transferred (as in ACT, through 'graduation') to a different team; they stay with the same FACT team. This flexibility to switch between the two modes of service delivery in the same team enhances continuity of care and reduces drop-out. This system also provides better opportunities for recovery, recovery support and rehabilitation.

FACT teams provide long-term care for people with severe mental illness who are not in psychiatric hospitals. In addition to psychiatric problems, these people have many limitations in their social functioning, for instance concerning housing, self-care, employment and finances. It is difficult for them to participate in society, to 'belong'. Their support systems and contacts are often limited. FACT is a broad biopsychosocial model, providing (a) management of illness and symptoms (treatment), (b) guidance and practical assistance with daily living, (c) rehabilitation and (d) recovery support. One integrated team provides all of this. FACT aims to ensure continuity of care, to prevent admissions to psychiatric hospitals and to stimulate inclusion, so that clients can participate in society. The team tries to establish close contacts with the family and with other services in the district. FACT teams work during office hours, but some teams also visit clients at home during weekends. Every region in the Netherlands has a readily accessible psychiatric emergency service, available 24/7 and FACT teams work in close conjunction with regional inpatient clinics.

The FACT-team is multidisciplinary, with members from a wide variety of disciplines (including a psychiatrist, nurses, a community psychiatric nurse, a psychologist, an employment specialist (IPS), an addiction specialist and a peer support worker); approximately 10-11 FTE.

The multidisciplinary team can switch back and forth between two modes of care delivery:

1. Individual case management by a member of the team
2. Intensive (ACT) team care, which involves the clients having contact with several team members.

In both situation 1) and 2) the care is provided at the client's place of residence. As a result, the attention is more personal, and the client's care needs become more specific. For instance, sources of help in the family and possibilities in the neighbourhood are used better. For most clients, individual supervision (1) suffices. However, if a psychosis recurs (or threatens to reappear), if

hospitalisation is imminent or if an individual needs extra care for some other reason, the care is stepped up (2). This may be long-term, but it may also be short-term. Once the crisis is over, the team switches back to individual care (1). This flexible switching seems to be the response needed for the natural course of severe mental illness with its remissions and relapses.

Since 2007, forensic (F)ACT teams have been set up in various locations in the Netherlands to help bridge the gap between judicial facilities and mental health care organisations. Unlike regular (F)ACT teams, forensic (F)ACT teams focus specifically on people with both forensic and psychiatric problems. Although different definitions of forensic psychiatric problems are used in both research and practice, these are usually patients who, in addition to severe and long-term mental issues, have (had) police and/or judicial contacts and have often had various detentions, alternated with admissions to psychiatric hospitals or addiction clinics.

In addition to the target group, forensic (F)ACT teams also distinguish themselves from regular (F)ACT teams in other ways. Whereas regular (F)ACT teams are primarily aimed at improving the wellbeing of the patient, for forensic (F)ACT teams the prevention of recidivism and the promotion of safety in society are equally important goals. Risk assessment, relapse prevention and risk management, therefore, occupy a prominent place within forensic (F)ACT teams, and there is intensive cooperation with the judicial authorities. The function of a forensic (F)ACT team is twofold. It can be used as outpatient treatment after treatment in a clinical forensic setting. Alternatively, it can also be used in the context of intensifying or 'scaling up' care, i.e. for individuals with psychiatric disorders who previously resided freely in society or were detained but who did not receive or did not want (sufficient) treatment before.

For-FACT & (re)socialization

✦ By the intensive supervision of the For-FACT teams the care for people with psychiatric problems that came in contact with the justice system has been improved. This leads to early interventions and thus preventing situations spiralling out of control and becoming unmanageable.

€ If the treatment by the For-FACT team is voluntary, the care is paid for by the health insurance. When treatment is in a mandatory framework, the care is funded by the Ministry of Justice.

More info:

Website FACT

<https://fact-facts.nl>

English FACT manual:

<https://fact-facts.nl/wp-content/uploads/2018/07/FACT-Manual-ENGLISH-2013.pdf>

Description For-FACT model (Dutch):

<https://www.trimbos.nl/docs/e7fa29ca-bb6c-4415-9c26-18ec5511cffa.pdf>

3. Interventions in prison

Opiate treatment in prison

Mainline outreach

Prison Yoga project

3.1. Opiate treatment in detention

About half of all prisoners in the Netherlands regularly use drugs. Of these, one third are severely drug-dependent, and half have psychiatric comorbidities. A significant group has such chronic addiction- and psychological problems that complete abstinence is not considered feasible without further treatment. For this group, it is about care instead of cure. The assistance offered in the judicial institutions is therefore aimed, on the one hand, at abstaining from the use of illegal drugs, but on the other hand also at limiting the damage to the health of the individual user (harm reduction).

In principle, any rational medicinal treatment is continued in the same dosage while incarcerated. This also applies to the provision of opiate substitutes. The period of detention can be a favourable period to start a methadone substitution treatment, although this is not very common, as most opiate users in the Netherlands already receive opiate maintenance treatment. Opiate maintenance treatment usually involves treatment indicated and started by an addiction care doctor. Methadone is considered the first choice for opiate substitution. For reasons of patient safety, liquid dispensing is recommended, utilising closed cups of 5 mg/ml, with once daily dispensation in the morning.

Sometimes there are reasons to reduce the methadone maintenance treatment to a lower dosage during detention or to reduce it completely. Detoxification (phasing out of opiates) is in principle a treatment aimed at abstinence of opiates and only takes place if there is a clear indication for this. Forced phasing out, i.e. phasing out against the prisoner's will, should no longer take place in the Netherlands. Dose reductions should always be made in consultation with the detainee and, if possible, with the physician who started the treatment before the detention. Opiate dose reduction can trigger exacerbations of infectious diseases and recurrences of severe psychiatric disorders. In such cases, the detainee will be motivated to continue with the opiate replacement medication.

Methadone is considered the first choice in opiate maintenance treatment, although buprenorphine, a partial opiate agonist-antagonist, also achieves good results. In the Netherlands, a combination preparation of buprenorphine and naloxone, a complete opiate antagonist is often used. The latter has been added to prevent intravenous abuse of buprenorphine.

In the event of discontinuation of opiate maintenance treatment, intensive aftercare following the detention period is an absolute condition and must, therefore, be arranged appropriately. During this period, the risk of overdose, possibly fatal, is considerable due to the reduced tolerance to opiates. Because of the high percentage of patients who relapse in the use of opiates after detoxification alone, this intervention must always be linked to a psychosocial or medicinal intervention aimed at relapse prevention. Naltrexone is currently

the only available opiate antagonist that can be offered after detoxification of opiates to prevent relapse. The depot form of this antagonist, which is already available abroad, probably provides a solution for the often observed medication non-compliance.

The combination of opiate use and benzodiazepine use is common. There are no data available on the use of benzodiazepines by opiate users in prisons in the Netherlands. There are risks associated with the use of benzodiazepines. If methadone patients also use benzodiazepines, this results in more psychopathological abnormalities, more social dysfunction and more risky behaviour, such as injecting and sharing needles. It is strongly recommended to reduce benzodiazepines dosages among opiate users who also use benzodiazepines without a valid indication.

Opiate treatment & (re)socialisation

+ By continuing the opiate maintenance treatment that has already been started, you prevent destabilisation of a balance that has often been achieved with great difficulty. Dislocation of this balance can lead to various problems after detention.

€ Opiate treatment is paid for from the prison budget.

More info:

Guideline Medicinal Care for Detained Addicts

http://www.emcdda.europa.eu/attachements.cfm/att_231338_EN_NL03_DJI%20Richtlijn%20Med%20zorg%20geetineerde%20addicts.pdf

3.2. Mainline outreach in Schutterswei prison

From 1999 till the closure of the Schutterswei prison, Mainline Foundation outreach workers have been working within the prison walls to provide harm reduction information and support to (drug-using) prisoners. They stimulated safe behaviour concerning the prevention of infectious diseases and the reduction of psychological and physical harm resulting from the use of drugs. In addition, the development of self-control over destructive drug use patterns was a central focus. Every week an outreach worker would visit the prison and would be in direct contact with prisoners for four hours during 'recreational hours', the time spent outside of the prison cell.

Mainline attaches great value to the outreach work in detention, because outreach workers can get in contact with people who use drugs when they are in a period of 'forced rest and contemplation about the future'. In that context, they are often more receptive for new insights and perhaps ultimately behavioural change. Apart from giving concrete information about drugs and drug use, the outreach workers have the opportunity to establish a relationship of trust with detainees and informing them about Mainline's activities in and outside detention. This is seen as an investment in the future, so that after detention prisoners know that they can turn to Mainline for advice and help. Building a relationship of trust takes place without obligation, independent of medical assistance, with acceptance of drug use, with empathy and an eye for the world of the people using drugs. According to Mainline, it is substantially different from transferring a health message via a doctor or nurse. Mainline, therefore, sees its activities in prison complementary to the programmes of the medical service.

Qualitative evaluation

In 2008, requested by DJI (National Agency of Correctional Institutions) and by order of the WODC (Research and Documentation Centre), research bureau IVO has evaluated the activities of Mainline in Schutterswei prison.

The central research question was: In which aspects does health education in the detention centre Schutterswei regarding infectious diseases, harm reduction and self-control related to drug use, have surplus value when provided by Mainline compared to the medical staff? No statements can be made about the effectiveness of outreach work in prison. However, based on the qualitative data the report concluded that the presence of Mainline on several points added value to achieving the objectives within the health policy of DJI.

The study showed that in the detention centre, Mainline outreach workers often do not have much opportunity to provide extensive health education to detainees. Due to limited time and space (privacy) in the detention centre, outreach workers therefore mainly focus on getting acquainted with detainees and establishing a relationship with them that is based

on trust. Both detainees and the medical staff in Schutterswei are positive about the activities of Mainline in the detention centre. Detainees judge conversations with field workers as pleasant, report acquiring new knowledge and appreciate the noncommittal contacts with Mainline outreach workers. Because the medical staff in Schutterswei has insufficient knowledge on drug use, they allow Mainline to establish contact with the drug-using detainees. The medical staff acknowledges the expertise of Mainline as a valuable supplement to health education provided by nurses and doctors in the detention centre, which focuses primarily on prevention of infectious diseases. The fact that Mainline had a very 'low threshold approach' and was able to provide continuation of care after detention was seen as a significant advantage. The report concludes that on several aspects (low threshold, specific knowledge about drug use and the scene, the possibility of continued contact after detention) the activities of Mainline in the detention centre Schutterswei have surplus value in the achievement of the goals within the health policies of DJI.

Harm-reduction outreach in prison & (re)socialisation

- + During a time of rest and time out from drug use, seeds for behavioural change can be planted
- + Trust-based relationships that can provide support after detention can be built.

More info:

https://www.wodc.nl/binaries/1641_volledige_tekst_tcm28-70072.pdf

€ The outreach work by Mainline in Schutterswei prison was subsidised by the ministry of public health as a part of their annual budget for outreach-work.

3.3. Prison Yoga Project

Prison Yoga Project The Netherlands (PYPNL) offers trauma-sensitive based yoga and mindfulness training to detainees to support their rehabilitation, reduce recidivism, and improve public safety. PYPNL was inspired by the work of the Prison Yoga Project in the US, started by Mat Fox in 2010. PYPNL works from the assumption that most, if not all (ex)prisoners have some kind of trauma. Unprocessed trauma and accompanying prolonged stress leave a lasting impression on the brain and body. This unresolved trauma is likely to contribute significantly to criminal behaviour. According to PYPNL punishing people for a crime by locking them away in an environment that further traumatises them, without providing meaningful, transformative lifestyle skills does not promote rehabilitation. Unless this unresolved trauma is addressed, the tendency to re-offend will remain.

PYPNL believes that a restorative approach to addressing crime, instead of the current punitive system, will create a more humane and effective system of justice. Disciplinary justice systems place the offender at the centre of the process in seeking only punishment for a crime. Unaddressed are the personal and systemic circumstances and conditions that have led to the offence; the root causes of crime. Research has shown that trauma-sensitive based yoga and mindfulness helps to reduce the symptoms of trauma and therefore addresses the root causes that contribute to ongoing criminal involvement.

PYPNL evidence-supported, trauma-informed approach to yoga and mindfulness supports people to face and release unresolved trauma safely and effectively. Prison Yoga is a body-oriented intervention which provides prisoners with resources and tools for recognising and reducing aggression, impulsivity, reactivity, and despair and dealing more constructively with tensions, stress, and emotions such as anger and sadness. By doing this, prisoners develop the self-awareness, self-worth, empathy, and compassion that lead to positive personal and pro-social choices which can function as a means of self-empowerment and self-rehabilitation. Frequently heard experiences of participants: fewer injuries, better sleep, more focus, self-control and inner peace.

“Staff also say that I have become calmer, that I think before I respond.” - Participant
“Yoga gives them a push, energy to do things differently.” - Correction officer

“In the beginning, I thought: yoga? Now I say: please continue!” - Director Lelystad prison

So far PYPNL works with female detainees and adolescent male prisoners in the region around Amsterdam and Utrecht. While the majority of PYPNL work is directed toward incarcerated people, they recently started teaching staff of detention facilities too. Long-term stress on people working in the criminal justice system, especially the officers, often

negatively impacts their health and quality of life. PYPNL works to foster a more peaceful incarceration environment so that they can do their work with greater ease.

Prison Yoga and (re)socialisation

+ With the tools and resources to deal more constructively with triggering circumstances and accompanying emotions, prisoners have a higher chance of taking personal responsibility and thinking and behaving in a more constructive and social- and emotionally intelligent way. This, in turn, can contribute to (re)socialisation after detention.

€ The classes from PYPNL are funded from the budget of the prisons.

More info:

www.prisonyoga.nl

www.prisonyoga.org

4. Interventions in or after prison

Children of detainees

Language training

5 pillars of reintegration

Integral approach mentally challenged

BMHR

Bonjo

4.1. Children of detainees

In the Netherlands, there are about 25,000 children with a detained parent every year. Children, but also the parent or caregivers that stay behind suddenly find themselves in the middle of a painful process that can have far-reaching effects. Children miss their parent and experience sadness, anger, shame, loss and loneliness. What happens to them affects the stability of their youth and their development. Many children get emotional-, learning- and/or behavioural problems that sometimes remain into adulthood and can eventually even contribute to future criminal behaviour. The absence of the parent who is in prison interrupts family relationships and family rituals. Collaboration between the parents about the upbringing or the daily family issues is also tricky. Moreover, there is often little or even no contact between the parent in prison and the child(ren), so that there is a risk of growing apart. After detention, the tensions in a family are often high, and many prisoners experience problems returning to their families, which increases the risk of recidivism.

Various organisations (Exodus, Humanitas and Gevangenzorg Nederland) that focus on the support of detainees by volunteers, also have programmes to help those who are left behind and specifically the children.

Parents, Children and Detention Programme (OKD) of Exodus

The OKD is a collaboration between different prisons and Exodus. In principle, children are allowed to visit during regular visiting hours, but in some prisons, there are unique visiting rooms and times (OKD) where only children visit. The OKD is primarily intended for the child. In the OKD the child (from 3 to 16 years of age) without other adult family members can play and talk with his/her detained parent informally. There are always corrections officers and volunteers from Exodus present. The OKD intends that the detained parent and the child keep in touch in order to get through the detention as well as possible without alienating from each other. Exodus volunteers drive the children to the prison once a month. Volunteers are also available to support parents in jail, or the parent left behind.

www.exodus.nl/okd

Training My child and me from Exodus

The My child and I training contributes to the recovery and building of the relationship between the imprisoned father and his children. Fathers learn to look from the child's perspective and to apply this in their daily lives. Much attention is also paid to the consequences of the detention on the family and the (possible) recovery of the relationship with the co-parent. The workshop consists of 8 weekly meetings of about 2.5 hours in prison. Trained volunteers give the courses.

www.exodus.nl/diensten/training-mijn-kind-en-ik

Humanitas family in Balance

The Family in balance programma helps detained parents during and after their imprisonment with care for their families. Voluntary 'buddies' who also have experience in raising children support the detainees. The 'buddies' focus on both the guidance of the whole family, so the detainee and the parent and children who remain behind. In addition to the buddies, the programme organises information meetings for parents within the prison and training for detainees to prepare them for

their return to the family. They have also published two booklets for young children about a parent in prison.

www.humanitas.nl/programmas/gezin-in-balans

Gift programme of Gevangenenzorg Nederland

For children, it's often essential to hear from their parent in prison. That is why *Gevangenenzorg Nederland* has a Children's Gift Programme. Prisoners can request a present for their child for their birthday and Christmas. This is possible for children up to the age of 12. The gift has a value of about 10 euros and is paid for by *Gevangenenzorg Nederland*. After coordination with the other parent, a volunteer brings the gift with a personal message to the child.

www.gevangenenzorg.nl/doelgroep/familie-van-gevangenen/kinderen

KIND Expertise Centre

Children and other family members of prisoners do not always know where to go for help. In 2018, to reduce the psychological and social consequences of the imprisonment of their parent, the volunteer organisation Exodus and Avans Hogeschool founded the KIND Expertise Centre. KIND is a national information, advice and training centre, where all knowledge in the field of children of detainees comes together. Children, but also their close relatives, volunteers, social workers and other professionals can go here for advice and training.

www.expertisecentrumkind.nl

Film for children with a parent in prison

When a parent goes to jail, a child is often left with questions and uncertainty. What is the prison like? How does my mother or father live there? And how can I visit in prison? To answer these questions, The national service of correctional facilities (DJI) made a video in vlog style especially for these children, which shows how they can visit their parent in prison.

www.dji.nl/pers-media/nieuws/2018/mijn-ouder-zit-in-de-gevangenis.aspx

€ Volunteers run all described projects. Donations generally finance the overhead costs of these organisations. OKD spaces are paid for by the PIs.

Projects for children of detainees and (re)socialisation

- + By having attention for the needs of children of detainees you can reduce the disruptive effect of a parent in prison and minimise the ripple effect of criminality through the family system.
- + By supporting detainees in their contact with their children and help them to have some parental role while in prison, you strengthen the recidivism preventing function a stable family system can give.

4.2. Language training

Some form of illiteracy is a regular occurrence among prisoners. Illiteracy lowers your chances in society and can also lead to all kinds of practical problems. Reason enough to use the time in detention to do something about this. At many reintegration centres (RIC) in the prisons, prisoners can work independently on their language skills. Also, in some prisons, there are volunteers who can support illiterate prisoners one-on-one. This also happens at the RIC. To assess the level of literacy, prisoners fill in *the language meter* online when they work on their reintegration plan. In most institutions, *the language meter* is taken standard before *the reflector* (see five pillars of reintegration). In about 15 minutes this test gives a good indication of whether someone needs support. In some prisons, this test is also used to select candidates for extra language lessons by volunteers.

Programme Language for life

Taal voor het Leven (Language for Life) is a collaborative programme of *Stichting Lezen en Schrijven* (Reading and Writing Foundation), which, together with hundreds of municipalities, partners, teachers and volunteers throughout the Netherlands, provides training for the illiterate. This also applies to detainees. The programme provides training and guidance for volunteers and publishes teaching materials.

Since 2017, volunteers of *Taalpunt Almelo* (associated with *Taal voor het leven*) are present in the Almelo prison to give one-on-one language lessons there. The volunteer helps the prisoners with reading, writing and speaking the Dutch language, but can also support them with arithmetic and dealing with a computer. After detention, participants can continue the language lessons.

In 2018 the prison in Alphen aan den Rijn started with the project *Taalmaatjes* (Language Mates), in which low-literate prisoners are linked to literate fellow detainees ('the Language Mates'). Together with their *Taalmaatje* they practice speaking and understanding the Dutch language, and/or learning to read and write. In this, they are supported by experienced teachers of the PI and language volunteers connected to a local language for life project. In addition to the fact that illiterate prisoners work on their language skills through this project, the Language Mates who accompany them gain experience in volunteering. In this way, they gain insight into themselves and their motivation. This is expected to contribute to an increased social involvement and a stronger CV, with a greater chance of work after detention.

€ Volunteers give language trainingvolunteers. Running costs of language for life projects are generally paid for by donations and fundings by municipalities. Facilities of the RIC's and volunteer support by teachers within the RIC's is paid for by the prison.

Language skills and (re) socialisation

✦ Improving literacy and language abilities improves chances of employment and integration in society.

www.lezenenschrijven.nl

www.taalvoorhetleven.nl

4.3. Re-integration centres in prison and aftercare by municipalities

To reduce the relatively high recidivism rates among former prisoners, Dutch penitentiaries and municipalities aim to tackle reintegration-related issues, preferably before people are released, so during their imprisonment. The Dutch reintegration policy stipulates that five basic conditions need to be met: keeping or obtaining a valid identity card; finding employment and/or a source of income; keeping or acquiring accommodation; an inventory of outstanding debts and strategies for how to deal with these debts; and receiving adequate physical and psychological care. Since 2009, municipalities have been responsible for the aftercare of adult citizens released from detention. Before that time, many ex-prisoners returned to society unprepared without having the necessary basic facilities mentioned before. Most municipalities have a coordinator who assists ex-prisoners in arranging their five basic conditions for reintegration.

Does a detainee stay in prison for longer than ten days? Then he and his case manager will draw up a Detention and Reintegration Plan (D&R plan), which maps out goals, issues to work on and steps to take. Prisoners receive a booklet with information about the five pillars of re-integration (ID, income, housing, work/daily activities and debts). This booklet contains checklists, explanations about the importance of the different issues, information about options available at the re-integration centre (RIC) within the prison and references to outside help and resources. Working on the 5 pillars of re-integration is considered the responsibility of the prisoner himself and is not mandatory. Prisoners must demonstrate that they are motivated to work on their future by filling in a questionnaire “the Reflector” and following the training “Choosing Change”. Once the detainee has completed these two parts, he will get permission to visit the Reintegration Centre, where he can consult the databank on re-integration options available. For each prisoner, approximately four hours per week are scheduled for reintegration activities. Case-managers and staff (usually interns and volunteers) of the RIC’s can assist and facilitate help when needed and asked for.

All prisons have a reintegration centre. The RIC is a space where prisoners can work on the basic conditions of their reintegration, independently or with support when needed. In the RIC prisoners have access to secured computers with ‘integration related’ websites, such as sites with job vacancies, housing options or health insurance information. Computers can also be used to write documents such as CV or job applications. People can work on acquiring job qualifications or learning new skills too. In the RIC’s prisoners can visit consultation hours of municipality or care institutions. Moreover, it is often easier for a municipality to contact the detained citizen via a RIC.

To promote continuity of care before, during and after detention and smooth cooperation between prison, municipalities and other stakeholders, information about detainees is shared in a central digital platform focussed on aftercare (DPAN). There are also regular

meetings between municipality coordinators and penitentiary case-managers of the relevant (regional) prisons. During the final stage of his detention, the detained citizen will be placed as much as possible in their residence region. This placing promotes the facilitation of face to face consultation with coordinators of relevant municipalities.

Recidivism and the five pillars

The scientific research and documentation centre (WODC) regularly monitors the influence of the five pillars of reintegration on recidivism by following the detainees that received some support in arranging their basic conditions for re-integration. The last monitor that was published in 2018 came to the following conclusions.

- Within the two years following imprisonment, 50% of the aftercare candidates committed a crime for which they were convicted. Approximately 27% of the aftercare candidates committed a crime within this two-year period for which a custodial sentence was imposed.
- The possession of a valid identity card, being in work or education, having housing, and not being treated for addiction before imprisonment is related to a smaller chance of recidivism, even when other background characteristics, such as age, type of offence and the number of previous convictions, are taken into account. The correlation between having work or attending education and recidivism is the strongest.
- Being in debt is not related to recidivism when controlling for background characteristics.
- The correlation between recidivism and obtaining or losing a valid identity card is not statistically significant. Only aftercare candidates that did not possess a valid identity card either before or after imprisonment had a greater chance of recidivism than the group that held a valid identity card at both times.
- Aftercare candidates who did not have work or who did not attend education after imprisonment re-offend significantly more than aftercare candidates who did have a job or who attended education before and after detention. The chance of recidivism by aftercare candidates who obtained work or were in training after imprisonment does not differ statistically significantly from the aftercare candidates that had work or attended education before and after detention.

4.4. Integral approach for detainees with a mild mental challenge

In 35 to 40 per cent of Dutch detainees there is a strong suspicion that they have a mild mental challenge (LVB). A large group of them are likely to be repetitively detained as a result of small crimes. This not only leads to much trouble for people with an LVB, but also to high social costs and feelings of insecurity in society. This led the Dutch organisation of care for the mentally challenged (VGN) to issue a study in the form of a social business case. Based on actual prisoners information in the region of Rotterdam they studied what social and financial benefits an integral approach of intense support for detainees with LVB focussed on the five basic conditions for reintegration could have.

The core message of the study is that every euro invested in the integrated approach for clients with an LVB in detention saves about 3 euros in cost later. The integral approach leads to a better quality of life for the individual by helping them to be more resilient, to develop more self-confidence and to be able to cope better in society. However, it also has positive social impacts, such as less recidivism and lower social costs. For instance by less need for crisis care or less public nuisance for which police assistance is needed. In other words: appropriate, early support prevents problems and costs at a later date.

Central to the integrated approach is the 'integral life course supporter' (IL'er).

Characteristics of the role of this supporter:

- treating the client in a way that is in line with his specific limitations on the site of cognitive, social, emotional and adaptive functioning;
- entering into a long-term cooperative relationship with the client, aimed at motivating the client to participate in and take charge of his own support process;
- connecting 'spider in the web', working together with the client to ensure that the cross-organisational approach optimally matches the client's basic needs;
- offering generalistic and pragmatic guidance and support that focuses on the careful resocialisation of the client.

The implementation of the integrated approach requires various parties working closely together. These involve the prisons, municipalities care providers (disabled care, mental health care, general practitioners), probation. The (in)formal network of the client (family, family, friends, volunteers and other aid workers) is very important too. In addition, there are chain partners who are involved and play an important signalling role: Police, housing corporations, civil society organisations and social benefit agency.

Working on the five pillars & (re)socialisation

✦ Starting to work on the five pillars during imprisonment makes it easier to be part of society after release from prison.

✦ Especially having a job or getting an education (and thus have a meaningful involvement with society) reduces the chances of recidivism.

✦ Integral support to detainees with a mild mental challenge is expected to have especially positive effects on resocialisation.

More info:

www.vgn.nl

<https://legacy.vgn.nl/media/5bfe574b51e4a/Maatschappelijke+Businesscase+%27Integrale+aanpak+voor+mensen+met+een+licht+verstandelijke+beperking+in+detentie%27+.pdf>

www.wodc.nl

https://www.wodc.nl/binaries/Cahier%202018-12_2698_Summary_tcm28-345746.pdf

www.dji.nl

[www.dji.nl/binaries/convenant-re-integratie-van-\(ex-\)-gedetineerden_tcm41-128006.pdf](http://www.dji.nl/binaries/convenant-re-integratie-van-(ex-)-gedetineerden_tcm41-128006.pdf)

€ All 'in-prison work' is financed by the ministry of justice. Each year, the state provides 2.5 million euros in subsidy to municipalities for the supervision of former detainees in the field of the five basic conditions. Each year, this scheme finances approximately 1900 trajectories for former detainees. In 2017, a total of 298 municipalities made use of this scheme. Almost 90% of the towns have a municipal coordinator aftercare (GCN) for adult prisoners.

4.5. BMHR: Social Recovery and Rehabilitation Agency

BMHR works from the heart of neighbourhoods with a lot of socio-economic problems on effective rehabilitation and reintegration of ex-imprisoned youth of non-Western origin and thus contributes to solving social issues such as nuisance and recidivism. BMHR was founded in 2008 because it had become apparent that regular assistance to this target group often did not work. Unique about BMHR's work is that they work from expertise with the target group regarding problems of growing up in two cultures. They do this by providing restorative guidance and reconnecting families and (ex-)prisoners and thus creating new opportunities for all parties. They also focus on greater participation and social cohesion in neighbourhoods and districts by deploying trained volunteers from the same cultural background as the youth; buddies (for the young person himself) and confidants (for family members). BMHR recently received a quality mark from the NOV (Dutch Volunteer Organization) for its professional way of working and their good care for its volunteers.

BMHR focuses on those young people who still have a chance to prevent a criminal career. These young people generally come from 'multi-problem' families with issues in the area of health, unemployment, finances, isolation, segregation etc. The often complex problems justify a longer follow-up and counselling process. The offer of Bureau MHR, therefore, focuses on the following target groups:

- the group of problem youngsters aged 17 to 27 years, with signs of an increased risk of slipping into crime as a result of behavioural problems and/or environmental factors (project Forsa!)
- their immediate environment, mainly focussed on the parents (project Al Nour and Horizon)
- victims and potential stakeholders.

Forsa!

Project *Forsa!* (Arabic for chance, Spanish for strength: "grab your chance from your strength") focuses on problem youth. The youngster receives guidance from "a buddy", who also serves as a role model. Within project *Forsa!* the Pre-Job training aims at preparing the youngsters in a short time for their return to society and supporting them towards education or work. In a six-week programme, six training days take place in which meaning, interpretation of life, daily activities, work, education, leisure activities, etc. are central. The training teaches young people to analyse their behaviour, emotional skills, and social skills that are useful in society. In practice, this means, for example: learning the importance of coming on time, accepting authority, speaking civilised Dutch, looking representative, application training and learning techniques to achieve what you desire in a civilised way. Throughout the training, the young person is guided by his "buddy. For example, he helps with homework, reflects on the training courses, supports the search for vacancies and training opportunities and guides the young person to information evenings at schools.

In 2017, 235 young people took part in the *Forsal*, of whom 189 completed the programme. BMHR is thus making a substantial contribution to reducing recidivism. Follow-up shows that these ex-prisoners do not fall back into criminal activities anymore or much later.

System restoration: *Al Nour* and *Horizon*

To prevent recidivism, it is essential to restore trust within the family and the immediate environment (the system) of the (ex-)prisoner. Often the contact with the relevant young person is severely disrupted, and the feeling of trust is damaged. In a programme aimed at system recovery, family members are supported by confidants trained by BMHR. These confidants supervise and coach family members from the moment a young person is arrested in connection with committing a criminal offence. This coaching could include the processing of emotions, contacts with lawyers, youth care, etc., but also stimulating activities that promote more active participation in Dutch society. Because parents often lost grip on their son/daughter, the pedagogical support of the parents is very important. The confidants guide them in preparing for the release of their son/daughter.

Al Nour focuses on mothers and sisters. *Horizon* focuses on fathers and brothers. In addition to sharing experiences and emotions, both projects focus on empowerment. Through information and courses, participants gain in self-confidence and decisiveness so that they are better able to deal with their son/daughter/brother/sister after detention and support them in the rehabilitation process. Participants in *Al Nour* and *Horizon* often become voluntary confidants for other families after completion of their trajectory.

Victims

BMHR also works with victims of acts committed by the young people involved in *Forsal*. Where possible, the relationship with the victim is re-established, and the victim helps in the process of awareness of the consequences of the act. Together with *Victim Support Netherlands*, the possibilities and expectations for contact between the victim and (young) perpetrator are discussed. A form of mediation is chosen in which both the perpetrator and the victim and their environment can achieve the best recovery. In a recovery interview, the perpetrator is given the opportunity to make up for something towards the victim. It is a moment when the young offender can be raised morally and become aware of the consequences of his/her deed. Most perpetrators ultimately do not want to go through life as 'bad people'. Victims are often better off letting go of the incident after a recovery interview and picking up the thread of life again.

BMHR and (re)socialisation

✦ By the active support of both detainee and his/her family system by volunteers from the same cultural background, the BMHR approach contributes to reducing recidivism and the creation of new chances for both individual detainee as the family system as a whole.

€ The work of BMHR is funded by the ministry of justice, municipalities, subsidies from private funds and donations from individuals.

More info:

www.bureaumhr.nl

4.6. Support by volunteers: Bonjo

Bonjo is a network organisation that was established in the 1980'. At that time there were many small volunteer-driven organisations that in some way focus on people in detention. At the request of the Ministry of Justice, Bonjo took the role of an umbrella organisation with a coordinating focus. Through the Bonjo-website and their bimonthly newspaper prisoners are made aware of the possibilities of the affiliated organisations. Bonjo can actively refer on request.

Bonjo has about 60 affiliated organisations. These organisations, which often heavily rely on volunteers, focus mainly on 4 activities.

- They visit prisoners in detention.
- They are a buddy and accompany inmates inside and outside prisons.
- They help to find temporary accommodation after detention.
- They help ex-prisoners with finding work.

Any organisation that is involved in the prison system in a non-repressive way can join Bonjo. Besides the four main activities, there are also affiliated organisations that give legal advice, that do alternative probation or that deal with debts. There is even an organisation that takes care of prisoners' animals. All in all, it concerns about 1500 to 1600 volunteers nationally.

Bonjo itself has four employees, of which three have a judicial past, who focus on:

- House stewardship. If detainees have a rented house and a short sentence (up to one year) Bonjo can mediate with the landlord to have someone temporarily take over the rent so that the detainee will not lose the house because of detention.
- Contact office. Prisoners place an advertisement in the Bonjo newspaper or on the website requesting correspondence with other prisoners or people from outside. The Bonjo office is the hinge between the communications.
- Bonjo newspaper. Bonjo publishes a bimonthly newspaper about crime and the prison system. It is distributed in all detention facilities nationally. The circulation is 10,000 copies. It's also read by politicians, policymakers, aftercare workers and news bulletin.
- Together with the affiliated organisation Relationships of Prisoners, they pay particular attention to the social network of prisoners. For reintegration after detention, a good network is needed. Bonjo tries to get the relationships of detainees recognised as a stakeholder.

Besides these concrete activities, Bonjo is also the interest organisation for detainees and ex-prisoners. Through their free phone number, people can contact them with questions, complaints and concerns. They have about 2300 conversations annually. To be able to

answer all the questions adequately, Bonjo maintains a network of lawyers and other relevant professionals. Where necessary and possible, Bonjo has contacts with the Ministry of Justice and Security and with political parties to get issues on the agenda.

Bonjo is recognised as a place of knowledge about the functioning and experience of the penitentiary system. As such it communicates with the broader public through contact and cooperation with the education system and media.

Bonjo and (re)integration

✚ Bonjo and affiliated organisations can support in retaining or regaining basis needs for integration such contact with the outside world, social network, housing, and work.

€ Bonjo is subsidised by the Ministry of Justice. Additional revenues are raised by paid advertisement in the Bonjo Newspaper, mainly by law offices.

- ◇ The core activities that are offered by the Bonjo affiliates are also provided by three large organisations that are not operating under the Bonjo umbrella. *Gevangenzorg Nederland* is a large volunteer organisation specifically focussed on detention and rehabilitation and has a Christian basis. *Exodus* provides the help mentioned above but also facilitates half-way houses and care for families and children of detainees. *Humanitas* is a large national volunteer-based organisation focussed on supporting marginalised people. Helping (ex)detainees is one of their activities.

More info:

www.bonjo.nl

www.gevangenzorg.nl

www.exodus.nl

www.humanitas.nl