

Summary

Since the 'covenant on placing supervision order wards in crisis care in juvenile custodial institutions' came into effect in the summer of 2001, the number of remand home crisis care placements has increased sharply (from 255 young people in 2000 to 652 in 2003). At the end of 2003, the Ministry of Justice ordered an investigation into the situation surrounding crisis care placement. The main question was: what are the distinguishing characteristics of the young people in custodial crisis care, what are their needs and what services do these young people require? Another question was about the perceived problem areas in the current situation.

Distinguishing characteristics of the population

The young people who are placed in crisis care in remand homes are boys and girls with serious behavioural disorders (antisocial behaviour, oppositional defiant behaviour, aggression), and, to a lesser extent, attention deficit disorders (18%). The application information of 45% of the group mentions offences that have been committed. Almost half of the group have run away from home, a hostel, or a crisis care facility at least once, and 21% have no fixed abode at the time of application.

For a little over half the group, the serious behavioural disorders coincide with psychiatric disorders (mainly depressive symptoms, serious forms of self-mutilation, attempted suicide and suicidal thoughts).

The application information of 19% of the group refers to moderate learning disabilities, and almost all the young people have received outpatient or residential help at least once (on average four times).

Problem areas in the current services

There would appear to be no suitable care services for this group within youth care at present. The most severe problem area is that serious behavioural disorders (antisocial behaviour, aggression, drug use, oppositional defiant behaviour) are contraindications for many of the current forms of youth care. The same is true for mainstream crisis care. It remains unclear whether crisis care is available for this group within youth mental health care or within the sector for persons with a moderate mental disability (the LVG sector). No relevant data are available.

Placement in crisis care in a juvenile custodial institution is at any rate unsatisfactory. The fact that young people often live in a single communal group with young people detained in the residential institution for committing a criminal offence is seen as a problem. Furthermore, most young people with a crisis placement remain in the residential institutions longer than those detained for crimes, and their stay is protected by fewer legal safeguards. The waiting lists for both diagnostic investigation and follow-up help mean that the stay takes far too long. In this period, all that is offered is crisis care, while what is needed is crisis *intervention*.

Needs

An interdisciplinary group of nine youth care professionals has formulated the needs on the basis of information available at the time of application. The study involved a representative random sample of young people, and followed the *Matching Needs and Services* method.

The young people in the sample were sorted into six need groups on the basis of their most urgent need. Each category therefore consisted of a group of young people with roughly similar needs. As well as these most urgent needs, all the young people need treatment for their serious behavioural disorders and any psychiatric problems. In many cases, the parents also need help in coping with aggression, drinking, drug taking, debts and other problems.

Need groups	%
I. The juvenile needs a place to live, to maintain relationships within his or her own network (in particular the immediate family and other relatives) and an occupation.	36
II. The immediate family needs an improvement in the parenting situation and family relationships, respect for authority to be restored, and for the young person to learn to cope with or manage the behavioural disorders. Part of this group first need a short time-out outside the family, and one third of this group also needs to be prevented from running away.	27
III. A need exists for a temporary place to live and for clarity on the nature of the problem and of the necessary help in solving the problem (diagnostic investigation). In addition there may be a need for enhancing motivation in order to facilitate help. Half of this group needs to be prevented from running away.	21
IV. Juveniles need a place to live that protects them from themselves, and prevents them from running away, or both.	7
V. The juvenile needs protection against abuse, threats and coercion from the environment, if necessary in safe accommodation.	4
VI. The juvenile needs to develop assertiveness, an ability to cope, independence and self-reliance. If necessary, a place to live.	3

Services

A gathering of 30 participants from judicial and non-judicial youth care, youth mental health care and the LVG sector and several representatives of national and provincial governments took a first step towards formulating the desirable services for the young people in the above need groups. Various new forms of youth care are needed in the short term. In some cases, what is needed is adjustments to the current services, as follows.

- For the young people in need group 1 (36%), a new type of intensive residential treatment is desirable. This would appropriately be a home where the main element is learning a trade (participating in a training course). The underlying idea is that learning a trade provides these extremely difficult juveniles (and their parents) with the legitimacy to take action. The idea of the 'old' approved school traineeships touches on this idea, but in the new care services the focus on 'learning a trade' must be more intense. Learning skills, managing aggression and accepting authority are matters that these young people accept more readily in a 'work situation' than in a communal group. Furthermore, explicit treatment must be offered for psychiatric problems.
- The young people in need group 2 (27%) need a new type of family intervention: a very intensive variant. Use could be made of *evidence-based* techniques, as already

developed in other countries, such as *Multisystemic Therapy* (MST) and *Functional Family Therapy* (FFT).

- In both cases, the new care services must be truly intersectoral in nature. In other words: not only cooperation and consultation, but also knowledge drawn from all sectors, integrated within a single team.
- The new services demand a new type of social worker able to project authority, to dare to set norms and to establish and monitor requirements.
- In a large proportion of the cases calling for intensive help in the family (87%), there is a need for allowing a short time-out module prior to the intervention. 20% of the total group of young people are in this category. Part of the group needs a time-out in a secure setting (10% of the total group).
- 21% of the young people need a module for supplementary or specialized diagnostics in a residential setting. In half the cases, the diagnostics must take place in a secure environment (this involves 11% of the total group of young people).
- Better diagnostics are needed earlier in the chain.
- 7% of the total group need intensive treatment in a secure (residential) setting with an intersectoral approach.
- A safe and secret place is necessary for those needing protection and who are otherwise extremely difficult to handle. Care providers should make tailored services available to them (4% of the total group).

The specialized diagnostics and time-out modules could effectively be combined both inside and outside a secure setting into a module for *crisis intervention* specifically for this group of young people with serious behavioural disorders and possible psychiatric problems. A question to be answered regarding the secure variant is whether it can be realized only within a juvenile custodial treatment institution, or also outside.

Finally

Developing these new types of youth care in an *evidence-based* way will call for a thorough design phase incorporating knowledge both from experience and research to serve as the basis for the further development of the new youth care services. The design must culminate in an implementation and evaluation plan to facilitate assessing whether the new care services actually meet the care needs.