

Summary

Studies have shown that the return into society of detainees, often termed reintegration, is a process that does not always take place without difficulties, because detainees may experience problems in one or several areas of their lives. Problems with relationships, jobs and income, housing, (health) care, insurance and their ID may hamper ex-detainees' successful return into society in such cases. A significant negative effect that may occur in such a case is for the ex-detainee to lapse, revert to his former behaviour and reoffend.

Aftercare alignment ('Project Aansluiting Nazorg')

As such, it is essential for the transition from 'inside to outside the walls' to be as smooth as possible. To improve this process, an aftercare procedure was introduced in the spring of 2006. In short, that aftercare procedure aims to screen detainees while they are still inside the penal institution (PI), for possible problems in relation to four basic areas of their lives. The municipalities in which the detainees will settle after their release (in most cases the municipalities they came from), can be informed in regard to the detainees' ID, housing, income and (health) care already from the PI. Those municipalities can anticipate the detainees' return and take measures to ensure a smoother transition between 'inside and outside'.

To establish contacts on the professional level between inside and outside the walls, all PI's have engaged social service employees (in Dutch: 'Medewerkers Maatschappelijke Dienstverlening' or 'MMD'ers'); by now, 360 out of 443 municipalities in our country have appointed a contact. All G4 (the 4 largest) municipalities and 25 of the G27 (group of 27 large) municipalities now have such a person. These are the municipalities in which the great majority of detainees were living before they became detained. The various processes are safeguarded inside the aftercare alignment project (in Dutch: 'Project Aansluiting Nazorg'), which has the objective of providing every detainee with the basic requirements for the four areas of their lives at their departure from a PI.

From the inside to the outside

To screen the detainees, the MMD'ers can use a so-called aftercare screening- and transition document: a questionnaire with multiple choice questions and open questions to record information about the detainees and their possible problems. Subsequently, this information can be shared with the municipalities to which the detainees will move after their release.

As of March 2007, the aftercare form has been digitalised in a digital aftercare alignment platform (in Dutch: 'Digitaal Platform Aansluiting Nazorg' or 'DPAN'), a platform to which 148 municipalities have access by now, through Gemnet. The other municipalities receive information about (their) detainees by e-mail, fax or mail. DPAN is not a research tool, but a registration method. However, in this study the DPAN files were used to try to obtain greater insight into the four basic areas of the detainees' lives.

Research questions and research population

The following research questions were formulated by the Ministry of Justice:

1. How many detainees do/do not have a valid ID, and what is the reason for this?
2. What was the detainees' income situation prior to detention, and what is the income situation to be expected after detention has finished?
3. What was the detainees' housing situation prior to detention, and what is their housing situation likely to be after detention has terminated?
4. Was there a (health) care contact prior to detention, what was the nature and content of that (health) care contact, was it continued during detention and is a (health) care contact desirable or necessary after detention?

To answer the research questions, DPAN information supplied by the Custodial Institutions Service (in Dutch: 'Dienst Justitiële Inrichtingen') of the Ministry of Justice was used, which resulted in 6,385 detainee files for the months of September, October and November 2007. This group of detainees originated only from the 39 PI's for adults, since the aftercare procedure was not introduced in the seventeen youth custodial institutions, eight forensic hospitals (in Dutch: 'TBS-klinieken') and six 'special measures' institutions in the Netherlands.

The information gathered

Before going into the results of the study a brief look should be taken at the interpretation, value and quality of the data concerned. These were gathered by the MMD'ers with the purpose of transferring information to the municipalities. Where the report mentions the groups 'multiple offenders' (in Dutch: 'veelplegers') or 'social care group' (in Dutch: 'maatschappelijke opvanggroep' or 'MO-groep'), these are not definitions established by the government but interpretations on the part of the MMD'er in question. This information, which stems mainly from the detainees themselves, was subsequently entered into the aftercare file by these MMD'ers, and constitutes the basis for this study.

Inside the 6,385 files, a lot of information has turned out to be lacking. In a general sense, the number of data about detainees in the file becomes increasingly smaller as more specific information is required about the four areas of life. In brief: the quality of the data leaves a lot to be desired in some respects. Because of this, it was decided not to split up the information for municipality size, types of detainees (multiple offender and social care groups) and long- and short-stay detainees. The quality of the data simply does not allow for such depth.

22 Percent of detainees have a problem with their ID

According to an estimation of the MMD'ers, 22 percent of all detainees experience problems with their ID. Further analyses have shown that thirteen percent of the detainees do not really have an ID at the moment of screening by the MMD'er. Apparently, in spite of the fact that they may have an ID, some detainees still have problems: it may be locked away somewhere, for example, so that they do not have access to it.

Over forty percent of detainees have income problems

Over forty percent of the detainees indicated income problems to their MMD'ers: mostly problems with their benefits agency or debt problems. Incidentally, almost two-thirds of the detainees admitted to having debts.

Before the start of their detention the majority of detainees (nearly eighty percent) had some form of lawful income. Besides this, their partners usually provide income.

Accommodation is a problem for thirty percent of the detainees

Thirty percent of the detainees indicated that they have problems in the 'housing' area. Further analysis shows that around forty percent of the detainees rent a house. Rent arrears and/or termination of the lease might be seen as problems.

Eight Percent have problems in the area of (health) care

In the MMD'ers' view, eight percent of detainees have some (health) care problem at the time of screening. This may pertain to addiction care, psychiatric and/or medical care.

As researchers, we feel great doubt about the quality of the data on (health) care problems. In particular in regard to this area of life, the information of the MMD'ers is quite minimal, which raises doubt about the percentages of problems found in this area. A cause for the limited information may be found in the substantive nature of this area of life; the MMD'ers are not qualified to provide substantive care or give a medical indication for it.

Zooming in on care contacts teaches us that nearly one-third of the detainees had a care contact prior to detention. It is unclear what the nature of these contacts was and whether they were continued during detention. We do know that for 22.9 percent of all detainees some care contact is advisable after detention. Also in this respect, the data leave us uncertain about the nature of the care contacts desired.

Three quarters of the detainees have a problem in only one area of life

For this outcome, problems were assessed for each separate area of life. In total, over three quarters of the detainees (76.9 percent) turn out to have problems in one of the areas of life. There are also multi-problem detainees: one fifth (20.0 percent) has problems in two areas. For 3.0 percent of the detainees, there are problems in three areas of their lives; finally, 0.1 percent of the detainees in this study had problems in all four areas.

In case of problems in two areas, mainly accommodation and income are concerned. If problems manifest in three areas, the combination of ID, income and housing occurs most often.

By-catch

The correctness of the extent to which problems occur in the area of (health) care is doubtful. In view of the more factual nature of the other three areas of life it is probably logical that this item is least easy to fill in by the MMD'ers. As yet, DPAN is too weak a tool to provide sufficient clarity regarding the situation of the need for (health) care prior to and after detention.

Although the study was not focused on making recommendations, the research process did yield a by-catch in the shape of a number of suggestions for improvement. These suggestions relate mainly to the way in which DPAN might be more appropriately filled with data in the future. This may improve the quality of the information, which will benefit the exchange of information from the inside (the PI's) to the outside (the municipalities), so that aftercare may be more adequately geared to the actual needs. In addition, this may facilitate monitoring in the future to get a better insight into how the detainee population is doing on the four areas of life.