



Marjolein Goderie

Problems and care needs of ISD subjects

Final report

SUMMARY

December 2008

Summary of the publication

The Act introducing the Institution for Repeat Offenders Committal Order (ISD Order) took effect on 1 October 2004. Committal to an institution for repeat offenders is intended as a way of dealing effectively with the persistent offenders responsible for a substantial volume of crime and public nuisance.

The ISD population is proving a more difficult target group than originally foreseen, in that the care needs would appear to have been underestimated. The available facilities would also appear inappropriate for the ISD population. The Custodial Institutions Department needs a better understanding of the ISD population. One of the questions is whether any subgroups can be distinguished. The answer could help improve the range of programmes and supervision, and match them better to the section of the population concerned. The objective of this study is to illuminate the backgrounds and care needs of ISD subjects, while taking a wide range of factors into account. The outcomes of the research may lead to an audit of and improvements to the facilities for ISD subjects (e.g. behavioural interventions, day programmes, the detention climate, general approach, and extramural interventions).

The three main research questions are as follows. What are the background characteristics of ISD subjects, and which social and medical problems characterize the ISD population? What care need do ISD subjects have? Can any subgroups be distinguished in terms of their problems and care needs?

In order to answer these questions, the Verwey-Jonker Institute studied penal institution files from five sites (Amsterdam, Vught, Zoetermeer, Zutphen and Zwolle). The inclusion of Zwolle allowed information to be gathered about female ISD subjects (albeit that women are now overrepresented in the random sample). In total, ninety-seven penal institution files were consulted in this study. Case descriptions were drawn up with reference to the file concerned, and where possible also to information provided by the personal case officer, psychologist and social services department staff. The case descriptions cover fourteen problem areas as thoroughly as possible, along with the associated care needs. Subsequently the information about each life area was scored quantitatively according to seventeen items, in order to support statistical analyses.

Far from all the penal institution files provided sufficient information about all seventeen items, and neither was the information always forthcoming in supplementary interviews. Ultimately, there was insufficient information about seven of the items, which means that for 25 per cent or more of the ISD subjects in the research group the information that was being sought is unknown. Consequently, it is impossible to present a valid picture of these items. The seven items were physical health, trauma, intellectual level, housing situation, work experience, debts and social network.

This means that we cannot describe the research group in terms of these items. Therefore, the first lesson is that hardly any information is available from the penal institution files about many relevant subjects.

Information about the following subjects was available for more than 75 percent of the ISD subjects in the research group: psychiatric problems, educational level, problematic substance use, the age at which drug use started, delinquent behaviour, and the age at which this behaviour started. It is observed that this information is neither specific nor firm. For example, we could usually ascertain whether a psychiatric disorder was involved, but the files do not give the DSM classification. What did emerge from the files was a picture of an ISD subject's youth and their family composition, but these aspects are not explored systematically in interviews, and are merely the subjective impression of the ISD subject. Nonetheless, penal institution files provide sufficient indications for the items.

More than half of the research group was characterized by not growing up in an adequate family composition, frequent incidence of psychiatric problems (not always officially diagnosed), a lack of basic qualifications for the labour market (unfinished training), addiction problems, starting at a young age with a form of problematic drug use, committing both property-related and violent offences, and an early start on criminal behaviour.

For research question 2 into the care needs of ISD subjects, we have to take into account the changeable nature of ISD subjects' motivation and of whether they have care needs. The penal institution files have only an initial survey of the care needs in the early stages of the order. In the early stages of the order ISD subjects are most likely to raise the subject of care needs in the area of training and work, or of housing and addiction. No relationship could be established in a statistical sense between care needs and observed problems. In order to obtain a clearer view of the care needs of the ISD subjects, instead of an initial document, a digital growth document for the care needs should be designed and introduced.

Regarding research question 3, extensive cluster analyses yield no identifiable subgroups. There is insufficient information available, and what is available is not hard. The conclusion, therefore, is that research question 3 into distinguishable subgroups cannot be answered using the current database. It would appear worthwhile to use a small random sample from the medical files to investigate whether these files have enough reliable information about physical health (the presence of physical problems), psychiatric problems (diagnosed, and better differentiated) and the presence of learning difficulties. It is also possible that additional information could be obtained by consulting probation files. No information about ISD subjects' attitudes to the offence and the sanction, their inclination to change and their strengths, can be obtained from the files. This information will have to come directly from ISD subjects themselves in interviews.

The background for the study is that the ISD population is a complex group with a long-term problem, on which widely ranging forms of assistance, supervision and repression have been applied in the past. There is a need for more knowledge about ISD subjects' backgrounds and their associated care needs, in order to tailor the range of interventions accordingly. However, statistical analyses based on the material available to us indicate no clear clusters of care needs or problems.

The ninety-seven case descriptions also show how heterogeneous the ISD population is. A division into several homogeneous subgroups might be possible with more (reliable) information from medical files, probation service files and interviews with ISD subjects. Nonetheless, an equally legitimate, but tentative, conclusion would be that this group is extremely heterogeneous and complex, and that improving their quality of life and thus preventing recidivism will be feasible only with tailored measures, and through a process of trial and error.

231208,
D6781340_summary

Verwey-Jonker Instituut

uk

