

# Summary

The age of criminal responsibility in the Netherlands is 12. When dealing with suspects under the age of 12, police have the choice of either giving a verbal reprimand or referring the child to a youth care agency (in Dutch: *Bureau Jeugdzorg*) for an assessment of his or her needs for care. This so-called *care assessment referral* contains a description of the criminal event and of the reaction of the child and/or his or her parents, as well as a list of relevant risk factors.

The working procedures currently used for the early identification and referral of young offenders under the age of 12 were implemented in 2010. These procedures are fundamentally consistent with pre-existing procedures used for the early identification of at-risk youth more generally. Youth care agencies are responsible for assessing youth needs and organizing (voluntary or forced) assistance.

The current study is an evaluation of the working procedures utilized by police prior to offender referral to youth care. Evaluation of the youth care programs themselves is outside the scope of this study.

The current study focuses on two questions:

- What are the working procedures for early identification and referral of young offenders?
- In what ways do local working procedures differ from national standards?

These two questions are answered in connection with research on the following five themes:

- Implementation
- Intake and handling by police
- Intake and handling by youth care agencies
- Feedback from youth care agencies to police
- General issues

The research has been conducted in three regional police units and their corresponding youth care agencies. The three police units are Noord-Nederland, Den Haag and Brabant-Oost. The corresponding youth care agencies are Groningen, Friesland, Drenthe, Zuid-Holland and Haaglanden. Noord-Brabant's youth care agency refused to participate. The study sample (287 children) contains all children registered as suspects prior to the age of 12 by participating police units during the period January 1 to June 30, 2012.

We followed these young subjects up to the point where they received a care assessment referral, if any. In this process, we looked at each subject's treatment both by police and youth care agencies. These data were enriched via the linking of concurrent (2012) national

statistical files. In addition to this, interviews were conducted with coordinators from the police and the youth care agencies, as well as with 30 police officers who described their encounters with young offenders during their daily street routines. Finally, we organized a focus group meeting with 10 representatives of the participating research regions.

### **Implementation**

The working procedures used in connection with young offenders under the age of 12 are identical with pre-existing procedures used for the early identification of at-risk youth more generally by the police. All referrals for care assessments are covered by a single set of working procedures. The same is true on the side of youth care agencies. Police reports are received under the title *Police Care Referral* and at first no distinction is made concerning the kind of offense or other risk factors. Nor is there any special organisational distinction in the procedures applied to children under/over the age of 12. An exception to this rule is found in the Youth Prevention Team Haaglanden which specializes in children under age 12. Both police and youth care employees have indicated that during the start up phase of the new working procedure it took some effort to convince police officers of the importance of care assessment referrals.

Police officers are well aware of the fact that youth under the age of 12 cannot be criminally prosecuted. Yet not every officer has a clear notion of what to do with these young suspects. Police officers do not regularly encounter offenders under the age of 12 and are therefore often unfamiliar with established working procedures. Nonetheless, it appears that the average police officer is generally resourceful enough to ask a youth officer (police officer working exclusively with youngsters) which procedures to follow or to look the procedures up him or herself.

### **Intake and handling by the police**

Each year, the police register around 1800 children under age 12 as suspects in criminal cases. This number, which represents approximately 0.1% all children ages 4 to 11, was relatively constant during the period 2010 to 2012.

The chance being registered as a suspect is 0.1% for a 9-year old. By the age of 10, this risk has doubled to 0.2%. And for 11-year-olds, it doubles once again to 0.4%. A boy's chance of becoming a suspect is five times greater than that for girls. Children with foreign (immigrant) backgrounds – especially Moroccan, Antillean/Aruban and Turkish – are proportionally more likely to be registered as suspects than children with Dutch backgrounds. One-third of the offenses committed by children under age 12 consist of theft, while another third consist of vandalism and a final third consist of violence, threats, arson or the illegal use of fireworks. In approximately two out of three cases, one or more co-defendants are registered. In 50% of these cases, co-defendants are also under the age of 12. Approximately 7% of the suspects under age 12 that were registered by police in 2012 had been registered for one or more additional offenses in 2011 or 2012.

Our study followed 287 children registered with the police for an offense. These children originated from the three regional police units participating in the study (Noord-Nederland, Den Haag and Brabant-Oost). A care assessment referral was made for 136 (47%) of these children. Yet a national dataset accessed at a later stage of our research suggests that there are more children (337 instead of 287) under the age of 12 registered in police systems than the data collected from our research units (regions) indicate. According to national guidelines, 66 (20%) of the 337 cases involving these children were not suitable for a care assessment referral. Among the remaining 80% of cases (involving 271 children), half of the suspects (n=135) received a reprimand while the other half (n=136) received a referral.

The likelihood of requesting a care assessment referral for criminal suspects differs from officer to officer and unit to unit. The personal choice of the officer is partly influenced by the policy of his or her region. In some regions, this policy can be characterized as “report unless”, while units in other regions frown upon the filing of referrals unless there are clear grounds to require them. Our analyses indicate that theft offenses are three times more likely than other offense types to result in care assessment referrals. Meanwhile, the decision to file a referral appears to be unrelated to the age or gender of young suspects. Both the content of the referrals themselves and our interviews suggest that the conduct of the child and of his or her parents plays an important role in the decision to file a referral. Other important factors include type of offense (considered in conjunction with the child’s age) and family circumstances. Reasons for not filing a referral are the mirror image of those for filing. For example, the police officer may decide that both the child and his or her parents have reacted “appropriately” to the reprimand and do not appear at risk of future problems. Fifty percent of the children receiving referrals come from broken families – as compared to 20% of all children in the Netherlands. In 40% of cases, the police note one or more additional risk factors, such as crime within the family or bullying at school. In three out of four cases resulting in referral, police pay a visit to parents or other caretakers. Regardless of whether they are visited, all parents/caretakers are – according to the police registrations – informed if a care assessment referral is sent to a youth care agency.

### **Intake and handling by youth care agencies**

The care assessment referral is sent to a youth care agency. Here it is decided whether the child and/or his family are in need of help from a care agency. This care is in principle voluntarily, but may be forced if deemed necessary. The Netherlands distinguishes between *first-line care aid* and *second-line care aid*. The second-line deals with more complex forms of treatment and is only available to persons deemed in need of it by a youth care agency.

We had planned to follow all 136 care assessment referrals filed within our sample. This was not possible, however, because the youth care agency of Noord-Brabant refused to collaborate with our research. This left 122 referrals to follow.

We traced 117 of these 122 referrals. In all cases it was clear that they had been received by youth care agencies and we were able to establish the final judgement that had been given. In 86 cases we succeeded in collecting additional information from the Youth Care

Administrative System (IJ), for instance information about the time line and whether the child was visited at home. There are three reasons why we could not retrieve all of the care assessment referrals from the Youth Care Administrative System. First, some referrals – in cases of child abuse – are sent directly to a special agency that monitors such cases and does not share information with the broader Youth Care Administration. Second, children already enrolled in a care program from a first- or second-tier care aid organisation are often not registered in the Youth Care Administrative System. The third reason we could not retrieve all care assessment referrals from the Youth Care Administrative System is that some care agencies only register their clients after it is clear that a child needs second-tier care aid. Different care agencies have different registration practices. For this reason, it is more difficult in some regions than others to trace the care assessment referrals sent by police to the youth care agencies. Approximately 37% of the children for whom care assessment referrals were written were already known to youth care agencies. Twenty percent of the children appear to have been undergoing or to have previously undergone treatment at an existing care program; one-third of these 20% in a basic (first-tier) care program and two-thirds in a second-tier care program.

Eleven of the 117 referrals resulted in “consultations” between child suspects and the youth care agency of Friesland. It is not clear precisely what these consultations entailed; they may have involved basic care or simply the dispensation of advice. If we disregard these eleven cases, 106 care assessment referrals are left. In approximately 20% of the remaining referrals, the case is closed by giving information and advice to the parents of the child or with the parents refusing to comply with the contents of a care project. In the other 80% of referrals, the children or the family are referred to a care organisation (or are already participating in a care project). About half of the referrals are for basic care while the other half are for second-tier care.

### **Feedback from youth care agencies to police**

Youth care agencies provide police with feedback on the outcome of care assessment referrals in one of two ways. The first is a simple confirmation stating that the referral was received in good order. In our research data, we can see that a simple confirmation was the only form of feedback given in the majority (two-thirds) of the cases. The second form of feedback consists of a statement as to what has happened in response to the referral. This second form of feedback is given less often than the simple confirmation that a referral has been received. In fact, some agencies consider a simple confirmation as a definitive form of feedback. The youth care agency of Groningen represents a positive exception to these lax forms of feedback. In this province, the administrative system is adapted in such a way that a personal file can only be closed if the feedback form has been filled out.

The police officers we surveyed report various reactions to the feedback given by youth care agencies. Some of them appreciate it while others are not anxious for feedback. Most of the feedback sent to police by youth care agencies on the care assessment referrals police have sent them is not available in police files. This is partly due to a failure on the part of youth

care agencies to send feedback through proper channels (if at all) and partly due to a failure of the police to properly organize and retain feedback received.

### **General issues**

The national model instructs police to send in care assessment referrals within two weeks of the suspect becoming known to police. Police successfully meet this deadline in three out of four cases. The youth care agency then has one week to speak with the child. The Youth Prevention Teams at Haaglanden and Hollands-Midden even try to accomplish this within 48 hours. Within two weeks of receiving a care assessment referral, youth care agencies should report back to police with feedback telling what they did in response to the referral. This feedback is not always given. In fact, our data indicate that in two-thirds of the cases the youth care agencies had not decided how to proceed with the cases within that time period. It seems clear then that most youth care agencies do not take their deadlines very seriously.

The cooperation between police and youth care agencies is generally good. Employees from both sides tell that communication between the two organisations functions well. Employees from both organisations know each other and the atmosphere in which they communicate is friendly. In some regions police officers and youth care employees have contact on a daily or weekly basis, while in other regions regular meetings are scheduled (weekly or monthly) between police and youth care employees on an operational level. Consultations on a strategic, tactical level are rarer. Most of the regions have a formal consultation structure, but it seems that these formal meetings are sometimes neglected.

The police officers we interviewed stated that they are not always clear on procedures for dealing with suspects under 12 years of age. As mentioned earlier, this is because few officers have the experience with young offenders necessary to have made these procedures routine. Police youth specialists and employees of the youth care agencies, on the other hand, report no lack of knowledge or experience in dealing with offenders under the age of 12.

The working procedures used by the police are supported with the administrative system known as BVH. This system allows a care assessment referral to be automatically mailed from the police to the central mailing address of a youth care agency. The system also offers the possibility to spot offenders under 12 and to generate overviews. The youth care agencies' work is supported by the Youth Care Administrative System known as IJ. Agencies differ in the extent to which IJ is capable of generating management information and directly supporting working procedures. In the end, however, it is not so much the IJ software that leads to differences in working methods, but differences in the types of data different agencies enter into the system.

### **Overarching conclusions concerning the working procedures**

The working procedures used in the research regions for early identification and referral of offenders under age 12 generally follow national guidelines, but do so with local accents. The main difference is found in the merging of police and youth care agencies into so-called Youth Prevention Teams as opposed to a model based on two separate organisations. The

original philosophy behind the working procedures, i.e., that police officers should spot children at risk and youth care agencies determine what, if any, care is needed, appears to function somewhat differently in practise. The police do not refer all underage suspects to youth care agencies. In fact, in the regions we studied, an average of only half of registered suspects under the age of 12 who qualified for a care assessment referral were ultimately referred to the youth care agency.

Two out of three referrals regarding suspects under the age of 12 concern children who were previously unknown to youth care agencies. This suggests that the working procedures in place play an important role in identifying children with a (potential) need for care.