The Threat Management pilot
Summary

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The Threat Management pilot is one of the methods employed by the government in its efforts to protect public figures such as the Prime Minister and members of the royal family from potential danger. The pilot focuses on individuals who do not collude with others but who pose a threat to public figures as a result of psychiatric problems. A well-known example is the man who threw a tea light holder at the Golden Coach on Prinsjesdag, 21 September 2010. The Threat Management pilot aims to reduce the threats from such individuals by means of close collaboration between law enforcement agencies and healthcare authorities. The approach is coordinated at the national level and implemented regionally.

The pilot was launched on 1 January 2011, commissioned by the then ministers of Security & Justice and the Interior, and on their behalf the National Coordinator for Counterterrorism and Security. The contractor and leader of the pilot is the National Police Intelligence Service (IPOL) of the National Police Services Agency (KLPD) (now the National Policy Agency or *Landelijke Eenheid*).

The research

Prior to the start of the pilot, Maastricht University conducted an ex-ante evaluation of its objectives and underlying assumptions. To investigate the progress of the pilot since 2011, the present process evaluation was conducted. The research questions focus on three main areas: 1) project design and implementation, 2) work processes, and 3) achievements and outcomes. The evaluation is based on thorough analysis of policy documents and records, 20 in-depth interviews and 13 case studies. Given the short duration of both the research and the pilot itself, this evaluation should be considered largely exploratory.

Results with respect to project design and implementation

The process evaluation shows that, after some common teething problems, many activities went according to plan. The pilot team has been assembled and the tasks clearly assigned. The definition of the target group has been clarified, the working methods have been or are being developed, and a risk assessment tool has been put into practice. Despite the limited capacity a great deal of work has been done. To this end, it should be noted that, on request, the team also performs analyses on individuals who fall outside the target group. A nationwide network is still in the process of being developed; contacts with practitioners and police have not yet been made in all relevant areas and, outside the four major cities, little is known about the pilot.

The two main substantive changes to the original plans are as follows. First, the pilot team has gradually refined the definition of the target group and placed greater emphasis on the psychological/psychiatric problems of the individuals concerned. Efforts have been made to sharpen the distinction between individuals who pose a risk due to ideological motives as opposed to those seeking an outlet for their social-psychological problems. The second change concerns the objectives and products of the pilot. Originally, the pilot was supposed to result in "threat assessments", allowing for relatively concrete estimations of what threats exist against the Prime Minister or members of the royal family and when. These have been replaced with "risk appraisals", which focus on the risks posed by the individual concerned. The consequence of these changes is that the pilot is now seen as being of less value to the intelligence services, which are no longer directly involved. In addition, a number of law enforcement agencies have found themselves somewhat disappointed, as the pilot does not always produce what is needed.

Results with respect to work processes

The work processes consist of four main elements: 1) registering and screening reports, 2) conducting risk appraisals, 3) instigating a regional, person-oriented approach, and 4) monitoring the progress. A method has been developed for registering reports and criteria established for screening them, but a system is still being sought that can be shielded from the police and analysed systematically. A scientifically underpinned instrument is being used for the risk appraisals. Pilot staff participate in regional case meetings, or initiate them if they are not already in place. Attention is also paid to information exchange between the police and healthcare organisations. At present, no specific methods have been established for the regional approaches, such that it is not always clear what the options are and what is effective. The progress of the person-oriented approach is being monitored by way of information from police systems and case meetings. The regions will continue to be responsible for monitoring. No clear criteria have been set with respect to when the involvement of the pilot team can be reduced or stopped.

Results with respect to achievements and outcomes of the pilot

The available records (from 1 January 2013) show that the pilot began with a list of approximately 300 individuals deemed to pose a threat to public figures. Of these, 136 were in the pilot target group. Risk appraisals were not conducted for all these individuals, partly due to lack of capacity and partly because a number of them were not considered high risk and thus require only loose monitoring. According to the records, 13 people belonged to the highest risk group. They are or were being intensively monitored, in cooperation with regional partners. Most of them suffer from psychosis in combination with other psychiatric problems. Many have been known for years to healthcare and other authorities and are known as "care avoiders": people who cause nuisance to others but who reject attempts to help them. The approach cannot and should not always consist in treatment by a psychologist or psychiatrist. However, case management and information

exchange allow the efforts made by the different organisations to be clustered and directed at the risks identified.

The repeated risk appraisals show that the risks posed by individuals in the highest risk group decreased after some time: for 5 of these 13 individuals, the risks had decreased such that they were no longer being intensively monitored; for 4 of them the intensity of monitoring had been downgraded by 1 January 2013 and for the remaining individual this was effected in early 2013. It should be noted, however, that the records were not entirely unambiguous. For future data analyses, a more systematic, reliable and 'analysis-friendly' system is needed.

Conclusions

This process evaluation of the Threat Management pilot has been conducted at an early stage. As parts of the pilot are, naturally, still being developed, it is too early to make a final judgement. However, this evaluation can provide insight into points that can be elaborated at a later stage. One promising aspect is that there appears to be less resistance in mental health circles to the objectives and methodology of the pilot than initially expected. As a result of various social developments, law enforcement agencies and healthcare authorities are increasingly recognising the societal importance of cooperating in this project. The collaboration issues therefore stem less from unwillingness than from a lack of knowledge on the part of many stakeholders, which contributes to their initial reluctance. However, when more information is exchanged and successful collaboration takes place, trusting partnerships seem to arise. In this regard it should be noted that the contacts with healthcare organisations are still limited and fragmented, and this tentative conclusion is based on limited observations. It would therefore be premature to speak of successful implementation in the healthcare arena. However, there are opportunities for collaboration; for example, with crisis services, forensic care institutions and networks, the Netherlands Institute for Forensic Psychiatry and Psychology and/or care and safety houses. To this end the regional stakeholders have called for further elaboration of the possibilities involved in developing a person-oriented approach. A further recommendation is to synthesise the (limited) knowledge available in other countries on the treatment of the individuals concerned.

The pilot team has established a solid project design. However, more control is needed – including on the part of the steering committee – over the direction in which the project is to evolve and the target group to be addressed. This will also influence the different expectations of the partners, which at present do not always match. In addition, more intensive contact is needed with the Public Prosecution Service and the Ministry of Health, Welfare and Sport to promote both the drive and the ability to achieve the project objectives.

Two questions that cannot be answered on the basis of this study but that are nevertheless relevant are 1) whether the pilot actually lowers the risks posed by known individuals, and 2) whether the energy is being expended on those individuals who form the greatest threat to society. To answer the first question, an impact evaluation is needed. With respect to the second question, it should be kept in mind that individuals not known to the police remain outside the scope of the project, although they could well be dangerous. This should not be seen as a shortcoming of the pilot, but rather as confirmation of the fact that individuals who pose a threat to public figures as a result of psychiatric problems, but give no signals to their environment, are difficult to detect. With regard to known threats, the study shows that various parties are aware of the importance of threat management. The advantages of more integrated, structured and multidisciplinary cooperation between police and healthcare organisations are acknowledged. Such cooperation, according to the majority of participants, results in more and better care for the individuals concerned, which is both cheaper and more effective than criminal sanctions.