

Closed institutions, open institutions and family preservation services working together hand in hand helping juvenile delinquents and their families

Gie Lambeir, Jan Tibo

Draft of the presentation at the EUSARF-conference (22/09/05 Paris)

1. Titel sheet

2. Situation in Belgium

We are participating in the Eusarf-conference, not as researchers, but as practioners working in a residential unit for adolescent boys.

In 2002, our service signed a contract with the Flemish administration to give priority to working with youngsters coming from closed (community) institutions, run by the government. But even in the years before, we already had the same target population.

Only the government has the legal possibility to detain youngsters. The capacity of these closed institutions is very limited: only 200 places for boys between 12 and 18 for a global population of about 6 million people. The boys are referred there by decision of a juvenile court.

3. Closed (community) institutions in Flanders

There are two main reasons to end up in a closed facility:

- criminal behaviour (drug abuse, drug dealing, theft, violence ...)
- serious problems with authority, so that they are no longer accepted in open facilities (aggression, repeatedly running away, refusing to go to school..)

4. Our (open) organisation

We try to work with these boys after a period of detention.

Our main goal now is to maximise chances for reintegration. We can provide three treatment models: classical residential care, intensive family preservation and coaching independent/autonomous living (after-care, only for boys that are at least 17 years old.)

5. History of 'De Pas'

Our unit (called De Pas) started up in 1992 . De Pas means "the step", but has also a second meaning, "balance".

Judges see a referral to De Pas mostly as a (sequel to a)sanction. And they assume that living in a residence gives more guarantees towards good behaviour, than living in the own environment. When we started to work (1992), we accepted this point of view and worked towards independent living of the boys, after a period of residential care. Our profile was a training facility. And we assumed that teaching the youngsters to live on their own was a good overall target.

6.. Political problem

In the period 2000-2001, a political problem arose: delinquent youngsters were run in by the police and back on the street the next day. At some point public perception was that this happened several times a week.

There were also some “critical incidents” with young offenders that got wide media coverage.

e.g. In Schaarbeek A 13 years old youngster threw a metal stick at an accidental passer by, that man was killed.

e.g. On several occasions groups of youngsters threw bricks of concrete from bridges on highways.

Public opinion put forward the question if we had to make a shift from a “youth protection system” (emphasis on education) to a “youth sanction system” (emphasis on detention).

These questions were already being raised within the field of child guidance workers, but were now sharpened by this focus of public opinion.

In this period there was also the double question of overcrowded community institutions (How to get in) , and the matter of “what to do with the youngsters in these institutions?” (How to get out? Community institution as a terminal).

The capacity problem had become acute since the implementation of the European Convention regarding rights of children, had prohibited putting minors in jail (for a restricted period).

Public opinion evolved towards an appeal for harder measures.

Juvenile court magistrates demanded for an increased residential capacity: in a youth detention centre (a genuine “youth prison” did not exist until then), in the community institutions, and in the private open institutions.

The first youth detention centre was created in Everberg (very restricted conditions – the “detention” was organised by the federal government; the “education” by the community services in a “Flemish” and “French” section.)

At the same time the so-called “category 1 B” (private) services got the assignment to work out programs to get youngsters out of the community institutions.

Some alternative programs, different from what existed in the traditional residential care for this target group (under aged male offenders), arose.

Before, there was a legally stated continuum from less to more intervening (far-reaching) measures that could be imposed by the juvenile court magistrates.

The classical discourse contains that youngsters with severe antisocial or delinquent behaviour belong in, preferably closed, residential institutions.

At this point, we worked out our model of intensive family preservation, besides the existing training group, and made the agreement with the government to work towards reintegration.

7. What did happen until then?

In terms of reintegration, our results were very poor. The trainers tried to engage the boys and were very understanding. On the other hand, among themselves, the boys strengthened themselves in antisocial behaviour. Let us take a look at the outcomes. We measured the situation at the end of intervention.

8. Outcome 2000-2002

In the period 2000-2002 43% of the boys had to be referred towards other residential care because we could not longer cope. 27 % ended up in closed institutions. 53% were more successful, among them 33% lived independent, what used to be our primary target.

9. Outcome 2003-June 2004

In the period 2003-june 2004 the situation grew even worse. Since then, our population consisted mainly of boys from closed institutions. When things went wrong, other (open) residential services were reluctant to work with these boys. So the only way out when major problems occurred, was a referral back to a closed governmental facility. 48 % went back to incarceration.

On the other hand, little more boys could go back to their homes than before. We were now in doubt what we should do: work towards reintegration (what we thought we should try) or towards growing independence (what we were used to).

One thing was very clear: we were not doing well at all!

10. Why did we make a shift?

We had to!

- We worked in a traditional residential setting aiming for autonomy of the pupils.
- Staff members and youngsters got stuck in a culture of aggression.
- Trying to make a difference was based on a personal relationship and the strengths (and weaknesses) of the staff members; a personal relationship that was structured through so-called "negotiations" which mostly lead to more blurring of boundaries and limits.

In theory we were oriented towards the families, but in facts, there were few contacts and parents were often disqualified as being unable to raise their kids in a proper manner (part of a more widespread view, which prefers to focus on problems and impossibilities).

11. No perspective-no future

Because most of the boys dropped out of school, were daily drug abusers, and had poor social skills, they only associated with antisocial peers (it was not hard to find them: they lived in the same house, and just outside the door (often waiting on the threshold)).

12. No perspectives

And then there was this coach, this educator, who put his/her shoulder to the wheel, and it didn't work out: youngsters had no perspective, parents had no perspective, the staff had no perspectives, but spiralling down and making an end to each of these individual processes of fading away, getting blurred of boundaries and limits in an "procession of Echternach" like manner. (Juvenile court magistrates uttering threats at several occasions, but nothing really happening until there was a vacancy in a closed institution).

- Daily drug abuse in our residence which made boys giggling and inaccessible
- Nearly daily physical aggression (sometimes with weapons), often threatening for money.
- No school, no work: dwelling through the day – day and night is the same blur
- Always verbal aggression
- Coming and going out without permission, staying away overnight.
- Daily vandalism
- Imminent risk of physical aggression on behalf of the staff

13. New goals

Our attitude, inevitably, changed to:

- asking parents if they could help us
- asking parents and youngsters what **they** expected from us
- asking parents and youngsters who else could help, and trying to engage these people.

But at the time, april – june 2004, we experienced a serious crisis.

This crisis made it possible to consider change.

We actually closed down the facility for a few weeks and set new goals. All staff members were involved. We set new goals and changed the way we worked. All procedures and checklists were discussed and altered. Also, half of the staff members stopped working: some of them because they did not dare to hope that things could go better.

14. Staff issues

Since the goals were altered, we had to organise training to develop the skills, needed to engage families. We were most influenced by models of family preservation.

15. Principles MST

Especially multi-systemic treatment, developed in South-Carolina for the same target population as the one we worked with, could give us directions. But we were also influenced by the "Homebuilders" model.

16. Beliefs "Homebuilders"

In Europe, it is known as "Families First" in the Netherlands and the United kingdom and "FIM/FAM" in Germany. Luckily, we had a small group of trained family therapists

available in the broader organisation and working in our unit became an attractive challenge for them.

17. Recent outcomes

Although since then, the target population did not change, our outcome figures did. We now have 65% living in their own family, and 10 % living on their own at the end of intervention. Living back in the own environment has tripled! There is still a 20% negative outcome.

18. Evolution Outcome

But this is much better than the 43 - 48% negative endings in the former periods. We do not longer prefer independence, but now it can be a valid second choice, when we combine living on their own with restoring family relations. The figures show now a successful outcome of 75%, but when we dig deeper, we also find a huge **drop** of incidents with aggression and drug abuse, and a growth of a well-being at the workers level.

19.. Consequences for clinical practice

Changing the goals of a service demands changing the way of thinking and acting at all levels within the organisation

It also means that new skills will be needed. Developing new skills asks efforts, Workers will sometimes rely on old values. Also, at the point of formally changing directions, not everybody will make the same choice. Over a period of six months, when changing became inevitable, half of the staff members voluntarily chose to apply for another job; some because of loss of hope things could go better, but also some who were reluctant to change;

The choice to alter service goals in one of the departments of the whole organisation leads also to discuss service goals for other departments. By now, it is expected that the changes made will also affect other departments, where similar problems occur with their target population. The changes made in our facility also find their way in the business plan for the whole organisation (protocols for training, supervision, in job descriptions and so on).

20. Consequences for governmental policy

By changing the goals of our unit, results became better. Other services in other regions, with the same target population (adolescents with anti-social behaviour) have the same experience. In fact, we participate in a network of eight organisations which subscribe the same goals and use similar methods (the CANO-group in Flanders).

If the results of these services are valued by the government, the government will have to use other, appropriated standards.

It means that evaluation of the service can no longer focus on how many beds are occupied. More money must be assigned for transportation and communication. Residential facilities with different levels of containment will be able to serve as a backup for a much bigger group of clients, which can be served outreaching.

For the population we work with, different modules will be temporarily needed, as our experience teaches us.:

- Residential care and time-out projects to cope with crises, when violence, drug abuse and so on endanger safety.
- Alternative training activity programs for youngster that are no longer welcome in the classic school/work system. It is crucial they find themselves accepted and have meaningful occupancies.
- Residential care with focus on social skills and accepting rules. During residential care, the boys must know that the workers will lobby for them, until judges are willing to give permission and parents can find new courage to coach the boys in a more natural environment. How the boys behave, evidently has a huge impact on how their parents assess their own coping, and on the willingness of the judges to choose for non-punishing interventions.
- Organisation should be responsible for outcomes, and should be able to combine different treatment modules (for now, youngsters are referred towards one module, and the organisations are not held responsible for an ongoing multidimensional approach).
- By having these possibilities, relapses will no longer lead to rejection. The organisation will shift gears, until youngsters and the adults around them are no longer over asked and can regain self-confidence.

There is a lack of proper research towards these issues. This should be a priority for the government, as well as providing to possibility to further experimentation in this area, with recognition for the changed organisational needs.

21. Contact Sheet

gie.lambeir@sporen.be
jan.tibo@sporen.be