



WHO HEALTH IN PRISONS PROJECT(WHO HIPP)
BEST PRACTICE AWARDS SCHEME 2009
APPLICATION FORM

Before filling in the form please visit the web site of the Collaborating Centre of the Health in Prisons Project (which is hosted by the University of Central Lancashire) at the following web address, where you will find useful background information on the award: <http://www.uclan.ac.uk/health/schools/sphcs/wcc.php>

When completed please return the form electronically to your WHO Health in Prisons Project National Counterpart for consideration. The decision to forward applications to the International Judging Panel rests with your National Counterpart.

Please indicate the category (you may choose only one) for your application, by typing an **X** in the box against the correct category

Category 1: an example of best practice regarding *health care services provided to prisoners*. This category includes any aspect of the clinical care provided to prisoners by doctors, nurses or other healthcare professionals.

Category 2: an example of best practice regarding any of the following, or a combination of the following: *prevention, health education or health promotion services provided to prisoners*. For example, members of staff (not necessarily medically trained staff) working within the prison might provide the service, or it may involve peer education i.e. using specially trained prisoners.

Category 3: an example of best practice, which demonstrates *effective co-operation between a prison and the outside community, in the area of health improvement*. This category includes any aspect of improving the health and well being of prisoners.

Contact details of the person in the prison managing the application:

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BACKGROUND INFORMATION

Title of your piece of work: Behavioural Scientist

Name of country: the Netherlands

Name of prison: Heuvelrug Correctional Institution for Young Offenders, Overberg location

Brief description of the prison and prisoners (not more than 200 words):

PURPOSE OF THE WORK

1. What is the **aim** or **general objective** of your initiative or piece of work (in just one sentence please)?

The aim of Open & Alert is as follows:

1. To develop an alcohol and drug policy with the focus on prevention;
2. To promote professional development in all disciplines within the institution to improve the knowledge of substance use, and to improve the training in the use of skills to identify, provide guidance, and refer young people whose substance use has taken on problematic forms;
3. To enter into a partnership with an institute for ambulant addiction treatment to provide proper care to young people in the institution.

2. What are the main characteristics of the **target group(s)**?

- Is it targeted at all prisoners, or a particular group or groups? e.g. a particular age group.
- Are **others being targeted** e.g. such as staff involvement or involvement of families.
- What is the coverage of the work e.g. how many persons are being reached?

Open & Alert was conducted as a pilot project in the Heuvelrug Correctional Institution for Young Offenders, location Overberg, in the period 2007-2008. Partly because of the success of this pilot project, the management decided to assign a prominent role to Open & Alert in the treatment of all young people in the institution and to the promotion of professional development of staff members of all disciplines. Open & Alert directly and indirectly influences the education and treatment of all young people in the institution.

The following target groups are involved in Open & Alert:

- Supervisory Committee (representative of the Custodial Institutions Agency, representatives of 5 different Correctional Institution for Young Offenders, acting Overberg Contents Manager, Overberg Location Manager, representative of the Trimbos Institute, and a representative of Centrum Maliebaan);
- Steering group (acting Overberg Contents Director, two representatives of the Trimbos Institute, and two representatives of Centrum Maliebaan);
- Working group (2 group leaders, medical service, Personal Case Officer,

behavioural scientist, Unit Manager, Head of Security, and Head of Education);

- Professional Development Training given by a representative of Centrum Maliebaan to 4 groups of staff members in different disciplines (group leaders (40), health care professionals (2), teachers (10), security employees (6 employees of the security), nursing staff (2), and unit managers (2)). In total, 58 staff members have finished the training course.
In January 2009, the second training course will be given. Once again, 4 groups of staff members in different disciplines will be trained;
- The alcohol and drug policy that has been developed by the working group has been implemented in the entire institution and will be followed by each discipline.

3. Why this initiative is important?

- What is the health need you are addressing?
- Has there been any form of needs assessment undertaken?
- Were you drawing upon any evidence or research to inform the piece of work? If yes please briefly refer to it here.

Situation in Correctional Institutions for Young Offenders in the Netherlands and the Reason for Initiating the Open & Alert Project

Young people who stay in a Correctional Institution for Young Offenders constitute a risk group for problematic substances use. In the Correctional Institutions for Young Offenders, 92% of the young people have drunk alcohol once in a while, 86% have used cannabis once in a while, and 33% have used other drugs once in a while. The Custodial Institutions Agency reported that 80% of the young people were heavy users before they ended up in the institution.

Besides the fact that substance use occurs, there is often question of problematic substance use. Research has revealed that 55% of the boys in the Dutch Correctional Institutions for Young Offenders abuse substances or are addicted. With respect to girls in Correctional Institutions for Young Offenders, as well, 52% are drug abusers and 30% are drugs dependants. Among the same group of 218 girls, the percentages for alcohol abuse and alcohol dependency were much lower, 19% and 6% respectively.

Recidivism among young people who come into contact with the criminal justice system is high. With regard to the group of the young people who have received a training order, approximately 60% come into contact with the criminal justice system again within 5 years. As for the young people who have been in a correctional institution, more than half of them (54%) come into contact with the criminal justice system again within 2 years. The use of alcohol and/or drugs is considered to be one of the criminogenic factors influencing the risk of recidivism.

Situation in Heuvelrug, Overberg location

At Overberg, the use of drugs, whether problematic or non-problematic, is a major problem. It is estimated that 70% of the young people use soft drugs. The degree in which alcohol and drugs are used has an adverse influence on the functioning of young people at Overberg, on their performances in work and education, and on the boys' prospects for the future. Young people frequently break off training and guidance programmes due to the problematic or non-problematic use of drugs. Young people also frequently reoffend after release from the Correctional Institutions for Young Offenders, and drug use is a contributory factor in this tendency.

Overberg pursued a zero-tolerance policy to combat the problematic and non-problematic use of drugs. In short this means that the use of drugs was prohibited and that this prohibition was enforced by means of urine tests. This policy did not leave scope for the prevention of substance use. The zero-tolerance approach did not have the desired effect; the young people still used in spite of the prohibition, and young people whose use was problematic did not receive any guidance. More than three quarters of the staff members, 77% (n=35), at Overberg did not comply with the zero-tolerance policy; they thought it was unclear and it was not recognised (46%).

Another problem encountered at Overberg was the poor cooperation with the institute for addiction treatment, as a result of which the referral and treatment of young people who were problematic users failed. Overberg used to send young people with problematic substance use to an institute for addiction treatment, but this institute would send these young people back again untreated because these young people were not motivated for treatment.

The staff workers at Overberg also had insufficient knowledge and skills to motivate young people to tackle that drug use and to motivate young people whose use was problematic to seek help for their problem. Research among the group leaders and teachers (n=35) at Overberg revealed that 30% were of the opinion that they had insufficient knowledge of soft drugs and more than 54% were of the opinion that they had insufficient knowledge of hard drugs. A large proportion of staff members felt the need to improve their skills in dealing with problematic or non-problematic substance use: 37% considered their own skills for detecting drug use insufficient; 60% considered their skills insufficient with regard to provision of guidance, and with respect to referrals, this amounted to 64% of the staff members.

The research into the problems of the young people who had been placed in Heuvelrug Correctional Institution for Young Offenders, which was conducted by the Netherlands Youth Institute, revealed the following:

The average age of young offenders when entering Overberg is 18 years. The young people have an average IQ of 90.

On the basis of personality research, placement in a Correctional Institution for Young Offenders was advised for the majority of young people, with admission into a secure unit with much structure and clear boundaries. During the treatment, attention must be paid to existing problems and disorders (such as behavioural disorder).

Areas of focus during the treatment must include the following: regulation of aggression, impulse control, substance use, training/employment opportunities, assuming responsibility, social skills, development of personal identity, and alternative behaviours.

It may be concluded that young people who are placed in Overberg have multiple, complex, and serious problems. In all domains there are often multiple problems which currently play a role or which have played a role in the past.

4. What did you set out to achieve, and how successful were you? Please list your specific objectives in order of importance, and any indicators used to help you measure progress. (NOTE any evaluation should refer back to these objectives and indicators, indicating progress towards meeting them.)

The following actions were taken to register, evaluate, and secure Open & Alert:

- A working group was established in the institution to draw attention to the pilot project by means of a kick-off meeting. As a result of this, all staff members became acquainted with the pilot project and the start of the training programme.
- A beginning was made with training the staff workers. The training sessions

are given by Centrum Maliebaan. This training programme consists of 5 half-day sessions. A conscious choice was made to have all disciplines participate in the training sessions together. This had the added advantage of increasing the mutual cooperation between the disciplines. In January 2009, the remaining group will be trained.

- The working group published several articles in the monthly Heuvelrug newspaper on subjects such as the start of the pilot project, its developments, and the nomination for the WHO award. In addition, the working group made and posted posters about Open & Alert, which announced institution-wide meetings (which meetings were also held), it made several contributions to team meetings, staff meetings, and educational meetings, and it provided information to the young people in the institution. To secure the project, these actions, in particular the contribution to the team meetings, have been continued. The protocol is evaluated on the basis of casuistry. In addition, a representative of Centrum Maliebaan (institute for addiction treatment) has participated in the meetings to discuss casuistry. As a result of this, Open & Alert is always on the agenda of the team meeting.
- The working group also developed a new alcohol and drug policy for the institution. An analysis had been made of the qualities and the pitfalls of this alcohol and drug policy. On the basis of this analysis and on the basis of recent studies on addiction-related problems (Trimbos Institute), advice from Centrum Maliebaan, and experiences of other institutions, a draft alcohol and drug policy was developed. This policy is currently implemented. On the basis of work experiences of staff members of various disciplines, the policy will be evaluated and adjusted regularly. The working group will remain active after the implementation to keep the alcohol and drug policy - and its implementation within the institution – up- to- date.
- The institution appointed a Subject Specialist. As point of contact for the alcohol and drug policy, he/she identifies needs in the area of prevention (themes, skills) among the staff members. The Subject Specialist makes a connection with the information required for other target groups, the young people, and, if required, the parent(s)/carer(s).
- The Trimbos Institute has been involved in the pilot project from the day it started. A representative attended the training sessions and all meetings of the working group and the project group.
- The Trimbos Institute carried out a process evaluation in which the following research questions had been formulated in respect of the Open & Alert pilot:
 1. Which influence does Open & Alert have on the process of developing an alcohol and drug policy at Overberg?
 2. Which influence does the implementation of the Open & Alert Project have on the guidance of young people who are either problematic or non-problematic users of alcohol and drugs?
 3. Which influence does Open & Alert have on the possible realisation of assistance provided by Centrum Maliebaan in case of problematic use of alcohol and drugs?
 4. How is Open & Alert used and evaluated by staff members of Overberg regarding the following:
 - a. Development of alcohol and drug policy;
 - b. Professional development;
 - c. Cooperative partnership with an institute for addiction treatment in the area of prevention and treatment.
 5. What are the factors that promote or restrict the implementation of the Open & Alert Project at Overberg?

In order to answer the above-mentioned questions, Trimbos Institute gathered information during the entire Open & Alert process by means of the distribution of questionnaires among the staff members of Overberg and the boys of the 4

participating groups, observations during meetings of the Open & Alert working group and the steering group, interviews with staff members and managers of Overberg, registration of figures, information from logs, and consultations with the Centrum Maliebaan institute for addiction treatment, and the monitoring committee.

- An implementation scheme was drawn up which included all steps taken to implement and continue Open & Alert.

WHO WAS INVOLVED / WHAT WAS THE TIME FRAME?

5. Please describe:

- Those involved in delivery of the initiative? Give names, job titles and the employer of key people involved.
- Any prisoner involvement in the planning or delivery of the work.
- The time frame: When did the work commence? What did you do and when? Is there a finish date known yet?

The following agencies were involved in the Open & Alert pilot project:

- Trimbos Institute, National Institute of Mental Health and Addiction: *drs C. van der Veen* (faculty member and involved in the research) and *drs. Lonneke van Leeuwen* (faculty member)

- Centrum Maliebaan, institute for addiction treatment in the region of Utrecht: Prevention Department, *drs G. Hoevenaars* (Senior Prevention Officer), and *drs L. Lamers* (Project Manager of Centrum Maliebaan); Treatment Department Utrecht, *drs A. Loth* (psychologist).

Overberg, Correctional Institution for Young Offenders: *drs. M. van Kraaikamp* (acting Contents Director), *Ms E. Schuitemaker* (Unit Manager), and *drs. I de Boer* (Behavioural Scientist).

It is a four phased project:

Phase 1: Preparation for execution of Open & Alert (July 2007 – December 2007)

Activities: composing a working group and steering group; conducting problem analyses of Overberg; developing protocols and an alcohol and drug policy; selection of the teams to be trained, and planning of dates.

Phase 2: Implementation of Open & Alert (January 2008 – September 2008):

Professional development of the teams; implementation of new protocols and alcohol and drug policy (institution-wide presentation and presentation in teams).

Phase 3: Evaluation and adjustment of Open & Alert (October 2008 – December 2008):

Evaluation and adjustment of protocols and alcohol and drug policy; drawing up implementation plan (appointment of Subject Specialist, professional training of other teams, setting up casuistry meetings, formalisation of cooperation with Centrum Maliebaan, and systematic incorporation of Open & Alert.

Phase 4 Implementation of Open & Alert (January 2009 –December 2009):

Execution of implementation plan.

During each phase, the steering group monitored the developments and made adjustments where necessary.

EVALUATION

6. Was there an evaluation? If yes please detail findings (not more than 300 words).

You may want to consider:

- Formative or **process evaluation**, concerning the quality and acceptability of your **programme's implementation** with the target group.
- Summative evaluation: what were the **outcomes and impacts** in relation to your Specific Objectives and indicators as listed above.

The impact of the Open & Alert Project on the guidance of young people who use alcohol and drugs

The staff members who took part in the training programme have experienced an improvement in their skills in identifying, guiding, and referring, as well as in the manner in which they work. In addition, they have adopted a different approach to discussing substance use since the implementation of Open & Alert.

As a result of the new policy, most staff members (71%) have acquired more knowledge and skills with respect to referrals (which agreements and procedure apply and the role and task of the staff member in this context). The staff members also increasingly discuss substance use with young people.

Open & Alert has a positive impact on the guidance of young people with problematic substance use. Since the implementation of Open & Alert, 11 boys with problematic substance use have followed a treatment programmed at Centrum Maliebaan; this is an increase of 100%.

The openness of the boys and the alertness of the staff members have resulted in the fact that the use of drugs have become more visible, without the boys actually using more drugs. Given the relatively short period that has lapsed since Open & Alert has been implemented, it is still too early to draw final conclusions.

Impact of Open & Alert on the cooperation with Centrum Maliebaan

Open & Alert has had a positive impact on the cooperation with the Prevention Department of Centrum Maliebaan and on the continuation of the professional development training programme. Open & Alert has also had a positive impact on the overall cooperation with Centrum Maliebaan (institute for addiction treatment) and on the initiation of the provision of assistance to young people with problematic substance use. A major step has been the development of a prevention policy with the focus on rewarding good behaviour and taking a positive approach to the boys and on abandoning a zero-tolerance policy. Another step has been the training of all staff members in identification and communication skills, as a result of which the staff members have learned how to motivate young people to think about and discuss their problematic use. This has resulted in coordination and alignment between Overberg and Centrum Maliebaan with regard to the treatment objectives of the young people with problematic substance use, as a result of which treatment of these boys could proceed efficiently.

Impact of Open & Alert on the realisation of alcohol and drug policy

The Open & Alert working group has completely revised Overberg's former policy, with the emphasis on prevention of substance use, and on taking a positive line of approach by focusing on rewarding positive behaviour instead of focusing on punishing negative behaviour. Nearly all staff workers are familiar with the new substance policy at Overberg. An increasing number of staff members have actually put into practice the protocols/rules about how to deal with boys who use alcohol and drugs. The staff members differ in opinion about the new policy: the majority of staff members find the policy and protocols clear and transparent. A reasonably large group considers the policy and protocols too flexible and too soft; this opinion is mainly shared by the group of staff members that have not yet followed a

professional development training programme. Now that this group has also started with this programme, it is expected that the number of staff members who share this opinion will decrease.

ABSTRACT

7. Now tell us in your own words about your piece of work or initiative and why it is important (not more than 500 words):

The importance of Open & Alert to Overberg

At Overberg the use of drugs, whether problematic or non-problematic, was a major problem. The degree in which alcohol and drugs are used has an adverse influence on the functioning of young people at Overberg, on their performances in work and education, and on the boys' prospects for the future. Every year, several drug-related psychoses occur. In addition, young people frequently break off training and guidance programmes due to the problematic or non-problematic use of drugs. After release from the Correctional Institution for Young Offenders, young people often reoffend, and the use of drugs is a contributory factor in this.

Overberg pursued a zero-tolerance policy to combat the problematic and non-problematic use of drugs. Following a positive urine test, which indicated that a young person had used substances, the young person was punished for this. Young people who had negative urine tests, which indicated that these young people had not used any substances, were not rewarded for this.

This policy did not leave any scope for prevention of substance use. The zero-tolerance approach did not have the desired effect; the young people continued to use in spite of the prohibition and young people whose use was problematic did not receive any guidance.

Another problem encountered at Overberg was the poor cooperation with the institute for addiction treatment as a result of which the referral and treatment of young people with problematic substance use often failed. Overberg used to send young people whose use was problematic to an institute for addiction treatment, but this institute would send these young people back again untreated because these young people were not motivated for treatment.

The staff workers at Overberg also had insufficient knowledge and skills to motivate young people to tackle their use of drugs and to motivate young people whose use was problematic to seek help for their problem. A large number of the staff members felt the need to improve their skills in dealing with problematic or non-problematic substance use.

The situation at Overberg since Open & Alert has been implemented

The use of drugs, whether problematic or non-problematic, is still a major problem. Given the relatively short period that has lapsed since Open & Alert has been implemented, it is actually not realistic to expect a visible decrease. Furthermore, the degree to which substances were used before Open & Alert was implemented was not clear, because this use was not open to discussion. This makes it difficult to estimate whether the use has remained the same or whether it has increased in the past period. The substance use of those young people whose use was problematic, however, did decrease.

The result of the new policy is that the use of drugs has become discussable; boys who do not use or who show that their use has decreased are rewarded. This has a motivational effect, both at group level and at individual level. Joint actions have been taken to have the entire group test negatively – which indicates that they did not use

any substances – in order to receive a group reward, and at the individual level, as well, the reward system fits in with the competency model used. Motivational interviews have been held with young people whose use is problematic to motivate them to undergo treatment and this is beginning to pay off; by now 11 young people are following a treatment programme at Centrum Maliebaan. An important factor is the participation of a representative of Centrum Maliebaan in the Open & Alert working group. This has made it possible to coordinate the treatment objectives and the approach to prevention, as a result of which it is currently possible to actually treat those young people with problematic substance use who have been referred. In addition, the boys at Overberg who use drugs will receive better guidance by competent staff members, which prevents the young people who hardly use any drugs or who do not use any drugs at all from ending up in the group of problematic drug users.

LEARNING POINTS

8. Finally, what are the most important specific learning points from your piece of work that you would like to share with others working with prisoners? (not more than 500 words)

Learning Points

For the introduction of the new policy, we organised a kick-off meeting for all staff members at Overberg. The kick-off meeting was very successful in that it stimulated staff workers to start thinking about substance use, substance use became subject of discussion, and the staff members were open to the new policy.

Overberg opted for creating broad support for conducting the Open & Alert project. All disciplines were represented in the Open & Alert working group. As a result of this approach, we ensured – while developing this policy – that there was sufficient involvement and support from all disciplines for the development of a new substance policy. An added advantage of the fact that all disciplines participated in this process was that the communication lines among the points of contacts and their colleagues were kept short.

All disciplines followed the professional development training programme. The working group itself was also organised in this way. This has had a positive impact, and because each discipline was represented in the working group and in the training group, sufficient support was created and the approach was bottom-up. These were essential preconditions to bring about the culture change, and this culture change was in its turn necessary to implement the policy change. As a result of this, Open & Alert is in line with the following 3 points for attention set by the Dutch Ministry of Justice:

- 1) Reducing the gap between policy and implementation;
- 2) Professionalisation of the company culture: professional attitude;
- 3) Professionalisation of the staff: professional development.

Overberg has opted for entering into a partnership with an institute for ambulant addiction treatment (Centrum Maliebaan). This institute provided training sessions to promote the professional skills of all staff members. This institute will also provide the refresher courses in the future. In addition, this partnership is necessary to provide individual treatment programmes to the young people in the institution. Young people who use substances in whatever degree can discuss their use with Centrum Maliebaan. This institute can provide guidance in the form of motivational interviews; life style training sessions in which the young person obtains an understanding of his

own degree of drug usage and moments of craving, and in which the institute and the young person work out together how to cope with these moments of craving. In cases concerning very problematic use of drugs, Centrum Maliebaan, in consultation with Overberg, contributes ideas regarding necessary interventions that should be included in the treatment plan. The institute is also available to assist in developing these interventions.

The implementation of Open & Alert (developing its policy, realising professionalism, and setting up a cooperative partnership with an institute for addiction treatment) has succeeded well thanks to the commitment of the working group and, in particular, of the initiators in this group (Chairman and Subject Officer). But we are not there yet. The staff members who have finished the training programme indicated that the knowledge and skills learned do not automatically become permanently embedded, and that some of the rules of the new policy which have been implemented are not always complied with. New activities and policy changes, in particular, require much attention to ensure that staff members continue to commit themselves to the process, and to incorporate the policy, the knowledge and skills acquired in their daily activities. This is an aspect of implementation to which we will commit ourselves in 2009 with the aid of an implementation plan.

Note: please attach supporting photographs electronically to this application if you wish. They may be used in any subsequent publication of the awards.

Thank you for filling in the application. Please send it electronically to your WHO Health in Prisons Project National Counterpart for consideration. The decision to forward applications to the International Judging Panel rests with your National Counterpart. Good luck!