MIDIR

MIDIR PROJECT

Contract n° 036708

WP 2:
Integration of concept in real risk management settings into various cultures

Del. 2.1:
Experiences with the application of the risk governance concept for risks related to forensic patients in Rhineland-Palatinate and its transferability to Poland

Reference code: MIDIR – Del. 2.1

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SCIENCE AND SOCIETY

Contract Number: 036708

Project Acronym: MIDIR

Title: Multidimensional Integrated Risk Governance

Title of report: Del. 2.1: Experiences with the application of the risk governance concept for risks related to forensic patients in Rhineland-Palatinate

Reference code: MIDIR – Del. 2.1

Short Description:

Deliverable 2.1 presents a report on the German case study on risks related to forensic patients under hospital order treatment in Rhineland-Palatinate, including procedural aspects of the application of the MIDIR risk governance and resilience concept and feedback to the key performance Indicators. It also includes a report on testing the transferability of the concept to Poland.

The report is divided into two main parts:

- Case study in Germany
- Transferability to Poland

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Partners owning: UNIDO, IKU, MASGFF

Partner contributed: UNIDO, IKU, MASGFF

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Version	Date	Name, organization
0.4	22.04.08	UNIDO, IKU, MASGFF
0.5	20.05.08	UNIDO (update of Chapter 4)

Table of Contents

1 Summary

The main objective of the MIDIR project is to develop a "multidimensional integrative risk governance concept" that allows for extensive and active involvement of decision-makers at political and administrative levels as well as stakeholders from the early beginning. This dialogue-oriented approach is useful in order to promote acceptance of scientific research by society and to incorporate interests of society into research (science and society approach). Within this framework an indicator system was developed that contains procedural as well as methodological aspects of risk governance and is applicable for any risk setting.

To test the indicator system in a real risk setting, a case study on risks related to forensic patients in the German federal state Rhineland-Palatinate was implemented. The administration in charge of hospital order treatment is the Federal Ministry of Labour, Social Affairs, Health, Family and Women of Rhineland-Palatinate (MIDIR partner MASGFF – "*Ministerium für Arbeit, Soziales, Gesundheit, Familie und Frauen*") that runs forensic hospitalisation at three sites.

Risk governance in the context of hospital order treatment aims at developing strategies for early detection of risks as well as methods for assessment of risk occurrence probability. Based on this analysis risks should be assessed reliably as to their potential severity of loss and to the probability of occurrence. While developing strategies for government acting in order to minimize the occurrence probability of identified risks (prevention) and/or reduce negative effects on the population, trust of the society into government acting has to be taken into account.

In order to coordinate and support the case study a steering committee was founded, consisting of decision-makers and representatives from the involved institutions (ministry, competent authority, clinics). Testing the indicator system was done within two project groups. One group dealt with public information needs and developed common guidelines for the information policy. The other group discussed risk management issues within release and vacation measures for forensic patients and developed cornerstones for a concept of outpatient care of mentally ill law offenders using the mentioned indicator system that was elaborated in an earlier stage of the project.

As a result of both project groups the indicator system was seen as being applicable to the system of hospital order treatment and useful to describe the current state and future issues of risk management. Limitations were seen with regard to the practicability and efforts needed. Furthermore, some context related indicators were added.

Further, taking part in the MIDIR project was considered as a valuable contribution for resilience against crisis by the federal government as well as by members of the management boards of the clinics.

2 General Introduction

Risks related to mentally ill law offenders, who are treated in special units in psychiatric hospitals, can be seen as an example for a risk type with an extraordinary high ambiguity. The risks are estimated as very low by the "factual" side whereas it is perceived as tremendous threat by individual people (Greiving 2001): expert based risk assessments show a low probability for an escape of a potentially dangerous patient. Nevertheless the affected people in the neighbourhood perceive the risks as very high, in particular with respect to sexual criminals. This derives from the fact that the public often associates forensic patients only with sexual criminals, although they represent a minor group compared to other harmful violent crimes carried out e.g. by drug users. This one-dimensional perception is understandable, since the risk is not voluntary (see Wanczura et al. 2007), nobody has own experiences (despite of very shocking reports in the media), it seems not to be controllable and the potential consequences are really horrible even to think about (i.e. ravishment and killing own children). In consequence, the very low probability is not relevant for the individual risk estimation which is the opposite from the experts' risk assessment. This imbalance in risk perception can be seen as rational for the analysis of this risk setting as a suitable example for testing the elaborated MIDIR Risk Governance Concept (see work package 1), as it clearly indicates the need for a more discourse based strategy as pursued by the MIDIR Risk Governance approach.

Work package 1 and the previous Deliverables 1.1 and 1.2 present a theoretical basis for the practical transferability to the chosen case studies. The task was to develop a scalable resilience and "multidimensional integrative risk governance concept", taking into account existing discursive approaches (see Wanczura et al. 2007). The accentuated aspects in Deliverable 1.1 led to a concept aimed at a broad and active involvement of decision-makers at the relevant political and administrative levels and of other affected stakeholders. In addition it offers a better understanding and acceptance of research by society and vice versa bringing the legitimate interests of society and single stakeholders into research and decision-making. These procedural and methodological requirements for the new concept were applied in different risk contexts and cultures across Europe by the example of two emerging risks: risks related to forensic patients and risks related to health due to e-commerce.

The following report focuses on risks concerning forensic patients and consists of two stages:

- the report on the Case-Study in Germany in chapter 3 as well as
- judgements related to a possible transfer to Poland in chapter 4.

The real case applications aim to provide a comparison of experience, learning between contexts and cultures and to test the extent to which the risk governance concept can be used effectively in practice. This allows refining and improving the recommended practices of risk governance in a European context.

3 Dealing with risks related to forensic patients

According to the German Penal Code ("Strafgesetzbuch" – StGB) a so-called "two-track" criminal law system exists. This means: temporarily limited detention sentences (offence-oriented punishment in prison) are imposed upon offenders who were conscious of their responsibility whereas temporally unlimited detention sentences are imposed upon mentally disordered offenders. A mentally disordered offender is legally defined as an offender judged to be not responsible or only partially responsible for the offence (Osterheider & Dimmek, 2005).

Mentally disordered offenders who present a high risk of relapse are sentenced to psychiatric treatment under a hospital order. The purpose of the compulsory measures is underlined in the German Penal Code as "Measures of Improvement and Safety".

A hospital order is unlimited in time, i.e. the duration of in-patient care for forensic patients according to § 63 German Penal Code is unlimited. The reason for the admittance is the danger of the patient; it is the same time the criterion for the continuation of the accommodation. Accordingly, it is the goal of the treatment to cure the patient's disorder or to improve his condition that means that he is no longer seen as dangerous. In accordance with § 64 German Penal Code a similar regulation exists for the admittance of addicted persons, but here a maximum period of placement is provided.

In Germany, special accredited psychiatric hospitals (forensic clinics) or the psychiatric departments of general hospitals are designated for the involuntary placement and treatment of mentally ill patients. Hospital services for mentally disordered offenders exist across a range of levels of security. At the maximum security end of the spectrum, there are high-security standard hospitals.

There, patients get an offender-orientated psychological treatment that is based upon a pragmatic, multi-modal approach to reduce dangerousness by neutralizing, compensating, reducing or eliminating factors that increase the risk of violence and crime. Antisocial acting-out is viewed as a learned behaviour. Treatment focuses on mental disorders and also on other causes of crime, too. Special consideration is given to problematic use of toxic agents, antisocial personality traits, a criminal identity and a history of living in antisocial environments. Evidence from the literature on the rehabilitation of offenders indicates that multi-modal cognitive-behavioural programs, based on the principles of risk, need and responsivity, reduce recidivism (Müller-Isberner & Eucker 2006).

In the past forensic-psychiatric care of mentally disordered offenders received a lot of public and media attention after single harmful incidents occurred in the context of easement measures and after dismissal. This resulted in intensification and restriction of the corresponding legislation.

The vast majority of mental health professionals as well as of the public is prejudiced against forensic patients and exaggerate their fears without having any knowledge or experience with this people. As a result, many patients are forced to remain in the forensic hospitals much longer than is really necessary. Consequently in most federal states the number of forensic patients has continued to increase since the late 1980s. The number of

approximately 3,600 patients accommodated to a forensic clinic in the year 1991 had increased almost continuously to approximately 7,400 in 2003, which is an increase of 106% (Osterheider & Dimmek, 2005). This leads to the problem of overcrowding. Despite legal changes restricting the conditions for dismissal, the number of dismissals under special conditions has only decreased slightly.

Due to overcrowding hospital order treatments in almost all federal states is under pressure. Efforts to increase the numbers of forensic in-patient beds and the numbers of places available to forensic patients in group homes are being blocked by local politicians and concerned citizen groups who don't want "such people" in their neighbourhood.

The system faces a dilemma. On the one hand, it has to aim at re-integrating the patients into society, which requires treatment conditions "as normal as possible" including easement measures and dismissal under special conditions. On the other hand it must protect the public and help prevent relapses of patients.

As a consequence a rising number of clinics revised their communication strategies not only for the situation of a potential crisis but also for (re)building trust in the society in the competence of the staff to deal with risks.

Marketing or hiding? In Germany, two expert groups are dealing with communication strategies:

- a working group for public relations composed of representatives of forensic institutions in the northern federal states called „Arbeitsgruppe Öffentlichkeitsarbeit der forensischen Kliniken Norddeutschlands (FoND)" and
- a similar group connecting institutions in the south of Germany, including Rhineland-Palatinate, the so called „Arbeitskreis Forensik transparent".

Their activities indicate that the idea of opening to the public is convincing more and more decision makers both in clinics and authorities. Due to the existing constitutional settings, the legally responsible authorities for dealing with forensic patients are the 16 federal states in Germany. Depending on the size, each of the federal states has at least one, up to eleven sites. In order to test the MIDIR concept, the federal state of Rhineland-Palatinate was chosen.

3.1 Hospital Order Treatment in Rhineland-Palatinate

The Federal Ministry of Labour, Social Affairs, Health, Family and Women of Rhineland-Palatinate (MASGFF) as responsible administration is in charge of hospital order treatment in Rhineland-Palatinate.

Forensic hospitalisation is run at three sites:

- Pfalzklinikum für Psychiatrie und Neurologie AdöR Klingenmünster

- Rhein-Mosel-Fachklinik Andernach; Klinik Nette-Gut für Forensische Psychiatrie

- Rheinhessen-Fachklinik Alzey; Zentrum für Psychiatrie, Psychotherapie und Neurologie

Forensic clinics should provide a maximum possible security for the population. At the same time they have to allow the offender to be treated to enable an improvement in his condition and the best possible psychological stabilization and rehabilitation. This can only be solved with graduated, constantly reviewed privileges - from conditional dismissal to vacation and final dismissal. Normally, accommodation and treatment in the hospitals continues for years. Conditional dismissal is only possible with an unambiguous favourable prognosis by forensic experts. The continuation of the accommodation in the specific clinic is reviewed by order of the court.

Between 1990 and 2005, the number of forensic in-patient beds increased from 216 to 483, an increase of 124%. In 2005 the number of in-patients was 570; that is 1.18 patients for one bed. Hence, overcrowding hospital order treatment is an important issue in Rhineland-Palatinate. In 2005 the proportion of mentally ill or disturbed (§ 63 German Penal Code) was 62.3% and the proportion of addicted offenders (§ 64 German Penal Code) was 29.8%. Patients admitted according to § 63 German Penal Code and dismissed in 2003 had been under hospital order treatment for about 62.1 months on average in Rhineland-Palatinate and 44.2 months in Hessen. In Rhineland-Palatinate 36.5% and in Hessen 24.7% of these patients stayed longer than six years in hospital. On the basis of the legal framework, the average length of stay was originally thought to be two years on average. The comparison of Rhineland-Palatinate and Hessen shows that federal states who managed to build up an elaborated vacation system as well as a forensic after-care program for out-patient treatment after dismissal, have shorter length of stay and therefore presumably lower total costs for one patient. These numbers are derived from the report of the penal of health ministries called "Gesundheitsministerkonferenz der Länder" (2007).

Many patients themselves suffer from their insanity and the results of the offence. They gain psychological stability or acquire new competence while experiencing the benevolent relationship offers of the therapists that is seen as the best security measure to protect against escapes and relapses.

3.2 Objectives of the Case Study

The Ministry of Labour, Social Affairs, Health, Family and Women (MASGFF) and the three forensic clinics are interested in continuously improving their risk governance and risk management processes and therefore benefit from participating in the MIDIR project. In the view of the MASGFF the MIDIR project offered the opportunity to take a look from outside with "scientific glasses" on the practical realisation of risk governance for hospital order treatment in Rhineland-Palatinate. Objectives of the case study were

- to facilitate the development of ideas and shared standards for selected risk and security issues and define open questions as well as future tasks,
- to highlight limits of standardisation and necessities for individual decisions and
- to link existing activities (e.g. quality management system, exchange of experiences between safety administrators, clinical staff and public relations representatives, etc.).

The case study focused on procedures within the ministry and between involved institutions (ministry, state office and the three forensic clinics). The roles of public authorities, management boards of the clinics and further parties (community, employees, residents, etc.) were discussed. A central question was how to build trust towards governance and increase resilience in a crisis situation.

From a scientific point of view the objective of the case study in Rhineland-Palatinate was to test the risk governance concept in a real decision-making setting and culture. On the one hand the case study provided feedback related to the practicability of the general key Indicator system (Part A). On the other hand within the case study contextual Indicators were developed for risks related to forensic patients (Part B).

3.3 Structure and Procedure

The case study was coordinated and supported by a steering committee. The group was founded by a team of decision-makers from the involved institutions in September 2006.

The work started in January 2007 by initiating two working-groups and ended in November 2007 with a final steering committee meeting. In the following the structures are outlined and the procedures summed up.

3.3.1 The steering committee

The steering committee coordinated and supported the case study. It consisted of decision-makers and representatives from the involved institutions: the ministry (MASGFF), the competent authority (LSJV[1]) and the

[1] Landesamt für Soziales, Jugend und Versorgung

three forensic clinics mentioned above. The MIDIR partners University of Dortmund (UNIDO) and iku GmbH (IKU) accompanied the activities.

Name	**Organisation**	**Position**
Bomke, Paul	Pfalzklinikum für Psychiatrie und Neurologie AdöR	Deputy General Manager
Karb, Dr. Agnes	Rheinhessen-Fachklinik	Chief Physician
Ehses, Hans-Peter	Landesamt für Soziales, Jugend und Versorgung (LSJV)	Head of Functional Supervision
Finke, Werner	Landeskrankenhaus AöR	General Manager
Kuschnereit, Dr. Julia	Ministerium für Arbeit, Soziales, Gesundheit, Familie und Frauen (MASGFF)	Head of Psychiatric Division
Leichsenring, Regina	Rheinhessen-Fachklinik	Psychologist
Mockenhaupt, Martin	Landesamt für Soziales, Jugend und Versorgung (LSJV)	Executive Officer of Functional Supervision
Nedoma, Christina	Ministerium für Arbeit, Soziales, Gesundheit, Familie und Frauen (MASGFF)	MIDIR Project Coordinator MASGFF
Noetzel, Dr. Michael	Pfalzklinikum für Psychiatrie und Neurologie AdöR	Chief Physician / project group leader (PG therapy)
Schmitt, Werner	Landeskrankenhaus AöR	Managing Director
Schneider, Alexander	Landeskrankenhaus AöR	Managing Director
Schumacher-Wandersleb, Dr. Wolfram	Rhein-Mosel-Fachklinik, Klinik Nette-Gut für Forensische Psychiatrie	Chief Physician / project group leader (PG information policy)
Stuckmann, Werner	Rhein-Mosel-Fachklinik, Klinik Nette-Gut für Forensische Psychiatrie	Director Patient Care project group leader (PG information policy)
Sucker, Kirsten	iku GmbH, Dortmund	Moderator
Voßebürger, Petra	iku GmbH, Dortmund	Moderator
Wanczura, Sylvia	Technische Universität Dortmund	Researcher
Greiving, Dr. Stefan	Technische Universität Dortmund	Researcher
Weissbeck, Wolfgang	Pfalzklinikum für Psychiatrie und Neurologie AdöR	Assistant Medical Director / project group leader (PG therapy)

List of participants of the steering committee

The steering committee contributed

- to approved strategies and instruments for the management of risk and security issues related to forensic patients under hospital order treatment in Rhineland-Palatinate (shared and clinic specific procedures),
- to develop ideas to optimize institutional action in selected areas and
- to get to know the view of internal and external stakeholders.

In the first meeting of the steering committee a common picture of the system regarding "hospital order treatment" in Rhineland-Palatinate was created that gives a view on the stakeholder landscape in the range of risks related to forensic patients that can become an issue of public debate.

Figure 1: Risk governance and hospital order treatment in Rhineland-Palatinate; own elaboration

3.3.2 The project groups

With regard to the content the work on the MIDIR concept on exemplary risk governance topics related to hospital order treatment was implemented in two project groups, each guided by two project leaders.

- The project group "therapy" developed cornerstones for a concept of "forensic out-patient care" and in this context also discussed the management of preliminary release and vacation measures for forensic patients. Issues were, for example, the organisation of support for patients on the leave of absence or probation, and other facilities for ambulatory offers. When the project group started, the legal basis for forensic aftercare treatment in Rhineland-Palatinate was in preparation. Therefore, results can be integrated into ongoing legislative procedures.
- The project group "information policy" dealt with public information needs – in quiet times as well as in a crisis situation. It developed common guidelines for the information policy of the ministry (administration) and the clinics.

Participants of the project groups were representatives from the clinics and some external stakeholders. After the kick-off meetings in March 2007 they met regularly until October 2007.

Within the system of hospital order treatment in Rhineland-Palatinate figure 2 shows the respective across-clinical areas of work of the two project groups at the interface to the public.

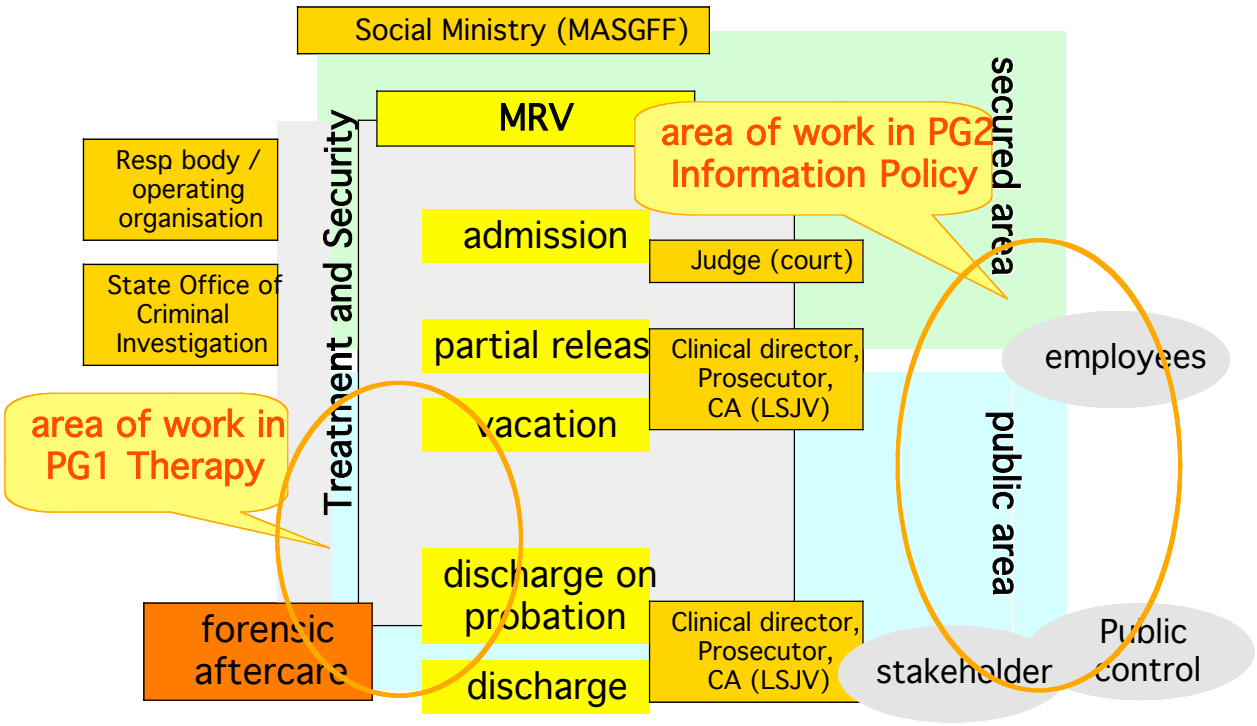

Figure 2: Risk Governance and Treatment of
mentally disordered offenders (MRV) in Rhineland-Palatinate; own elaboration

3.3.3 Process Design

As illustrated in figure 3 an iterative working process was designed by the steering committee. The two project groups met in parallel. External expert consultations, partly arranged as interdisciplinary cross-over meetings, were an integrated part of the work.

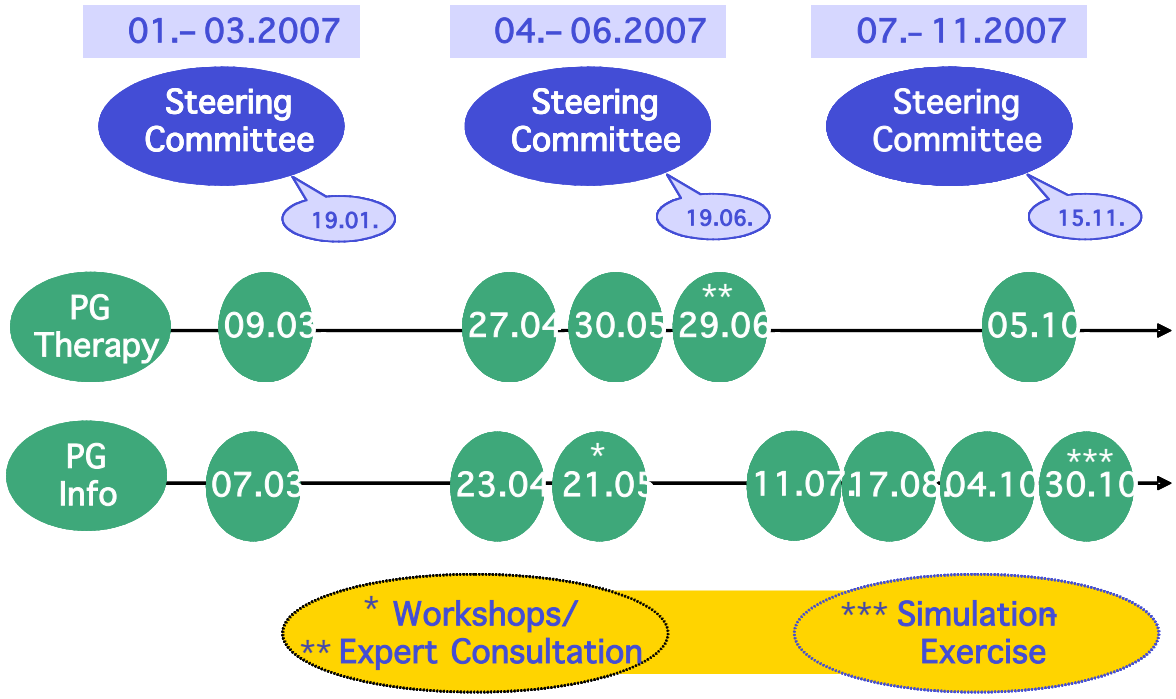

Figure 3: Structure and procedure of the German case study; own elaboration

The feedback with regard to the MIDIR concept, including the Indicator system was given by the actors on all levels:

1. Project groups: Results of the meetings were recorded. The project groups made sure that the MIDIR Indicators were exemplarily transferred to the case study context. Therefore, a fixed agenda item was the common reflexion of developed contents with view to the contribution to the MIDIR concept and the risk governance processes on hospital order treatment in Rhineland-Palatinate.
2. Steering committee: Feedback on the progress of work in the project groups and the results of the reflection on the MIDIR concept were fed into the steering committee meetings. On behalf of the ministry (MASGFF) the MIDIR partner iku GmbH (IKU) facilitated the meetings and was responsible for the minutes. The steering committee agreed on (final) recommendations for an improved risk governance concept.
3. The project partners MASGFF, UNIDO and IKU were running the case-study process in close coordination with each other and transferred (intermediate) results to the MIDIR consortium.

The roles and responsibilities of the project partners were clearly defined:

- MASGFF risk-governance process according to hospital order treatment (legal obligations)
- UNIDO quality of the MIDIR concept (scientific results)
- IKU facilitation of the case study (process)

3.4 Results

3.4.1 Benefits for the involved actors in Rhineland-Palatinate

At the end of the case study two products emerged from the work of the project groups and agreements with MASGFF for further action exist (see also chapter 3.5, Future Prospects).

- The project group "therapy" worked out cornerstones for a concept of "forensic out-patient care" in Rhineland-Palatinate. The objectives are to enhance security and reduce the risk of relapse as well as to increase better chances for social re-integration. The results are under discussion with regard to ongoing legislative procedures and budget demands.
- The project group "information policy" developed information policy guidelines for hospital order treatment in Rhineland-Palatinate in agreement with the ministry (MASGFF), the competent authority (LSJV) and the management-boards of the clinics. The guidelines comprise concise statements on one page and include a preamble, objectives and principles. They will be accompanied by an information brochure addressed to the public.

The following paragraph reflects the outcome from the federal ministry's point of view:

The participation in the MIDIR case study has led to quite concrete improvements in the system of hospital order treatment in Rhineland-Palatinate, especially in the field of forensic out-patient treatment and information policy. One of the results is the sensitization for a proactive security culture and the intensification of the exchange between the three forensic clinics in Rhineland-Palatinate. The MIDIR project has given all participants the opportunity to deal with questions of risk assessment and risk management within the system of hospital order treatment beyond everyday business.

Dr. Julia Kuschnereit

Ministry of Labour, Social Affairs, Health, Family and Women (MASGFF)

3.4.2 Scientific (project-orientated) Benefits

In order to develop case specific Indicators (Part B) the Part A Indicator set developed by UNIDO in Del. 2.2 was used as starting point (figure 5).

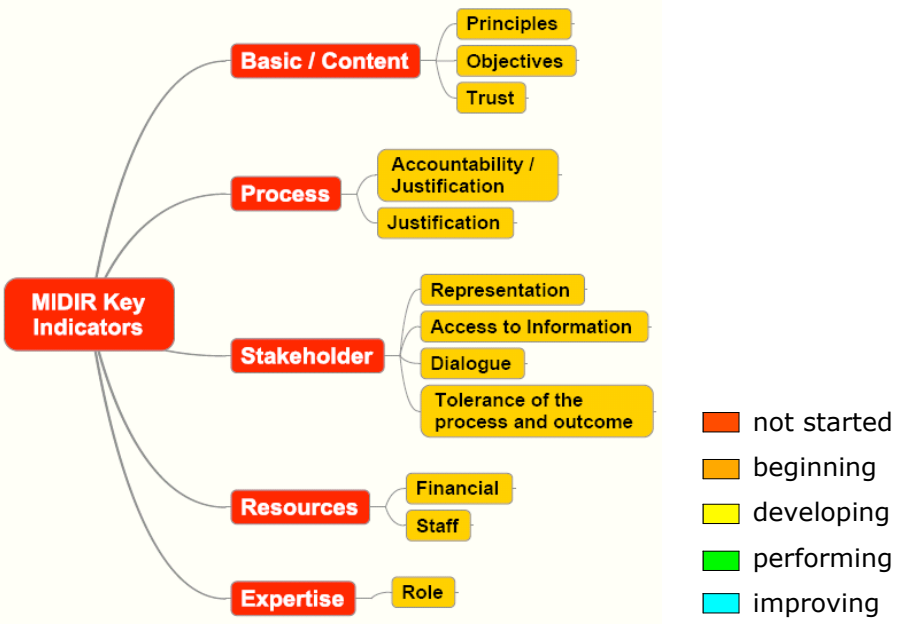

Figure 4: Indicator set (Part A) and the five stages of maturity; own elaboration

Figure 6 shows the state of work in the two project groups at the end of the case study, which was visualised with regard to the five stages of maturity for every Indicator.

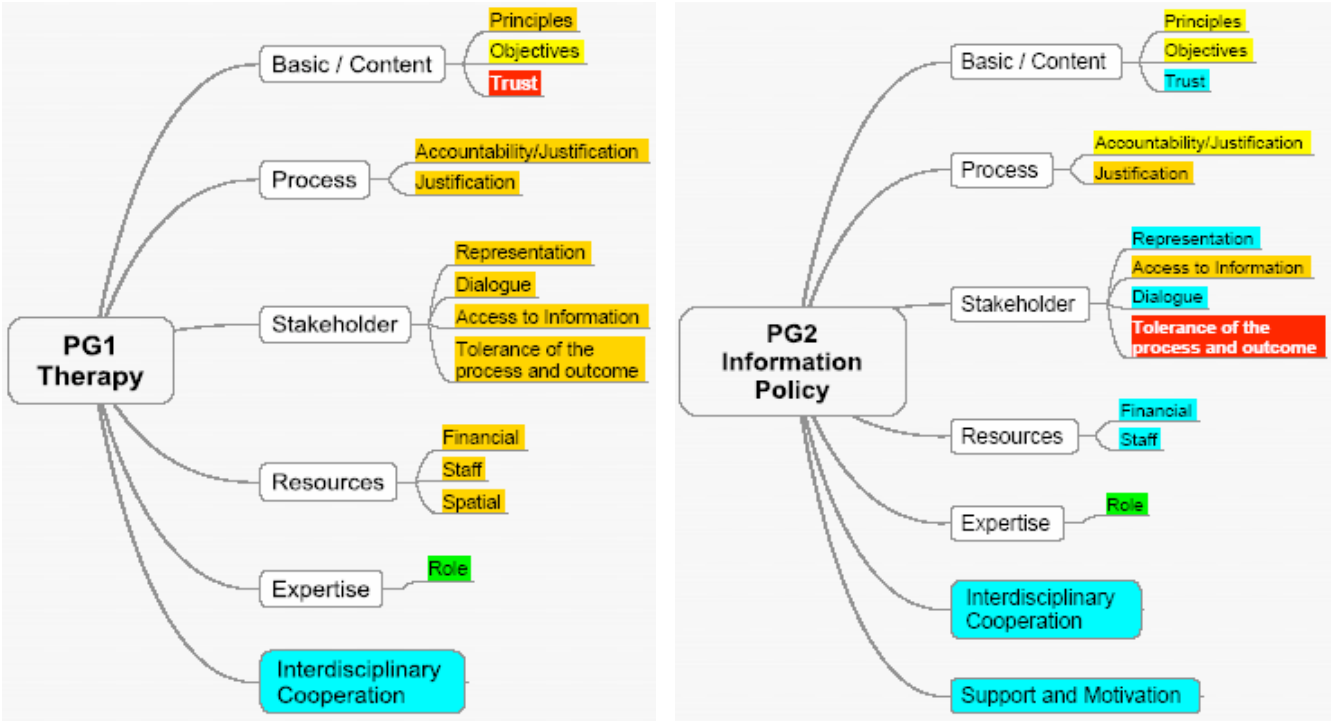

Figure 5: Case specific Indicator set (Part B)
showing the state of work in the two project groups at the end of the case study; own elaboration

In both project groups interdisciplinary cooperation is seen as a central prerequisite (see figure 6) for developing common standards or concepts.

The following stages of maturity were developed for the Indicator "Interdisciplinary Cooperation":

- involved professions not definded
- definition of problems/questions and requirements concerning (external) professions (e.g. professional or process competence)
- possible persons known (names)
- choice of professions und concrete persons meet the acceptance of the process participants
- involvement of representatives of professions into ongoing processes incl. performance review

Characteristic features of multidisciplinary are:

- across clinic, i.e. representatives from all three forensic clinics in Rhineland-Palatinate
- across occupation groups, e.g. medicine, psychology, justice, etc.
- across hierarchy, e.g. representative of the competent authority, clinical director, employee of the clinic, etc.
- across clinic wall (internal and external), e.g. representatives of the forensic clinic, competent authority, prosecution authority, probation officer, etc.)

The project group "information policy" elaborated a second new Indicator called "Support and Motivation". From the project group's point of view of the decision-makers' willingness to implement the results is a crucial precondition for working motivated and successfully. Without such a signal the work would be less efficient and encouraged.

For the indicator "Support and Motivation" the following stages of maturity were defined:

- decision-maker without attitude towards support of the project
- decision-maker supports the project, involved people are not motivated yet
- decision-maker and involved people are commited to the project
- project is implemented with support of the decision-maker
- work is successfully implemented and carried out

In the project group "therapy" the second new Indicator is called "Spatial Resources" and is connected to the Part-A category "Resources". Considering different structures of an ambulant aftercare concept the question of location is discussed controversial, because this has large-scale effects on the implementation of the concept.

"Spatial Resources" has the following defined stages of maturity:

- location/equipment of the facility not reflected
- discussion about location/equipment started
- list of location and equipment requirements available
- locations within reach and adequately equipped premises existing and used
- location/equipment continuously reviewed and if applicable adjusted

Consequently, the practicability test of the risk governance concept was successfully conducted. After half of the time and at the end of the case study the steering committee gave feedback to the MIDIR Indicators.

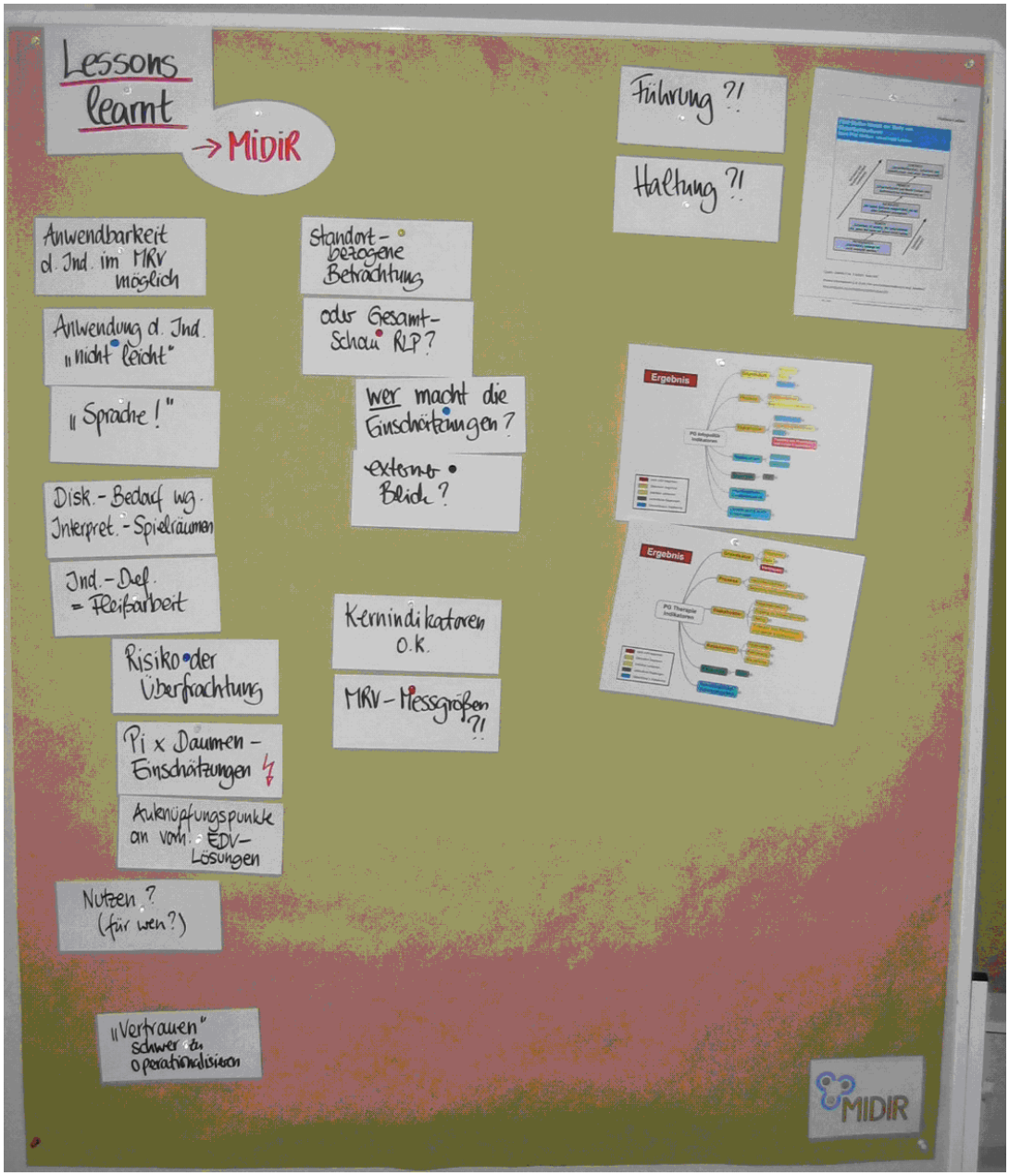

Figure 6: Impressions from the visualization
during the steering committee meeting 11/2007; own elaboration

According to its members the MIDIR Indicators are generally applicable to the system of hospital order treatment in Rhineland-Palatinate.

The Indicators were described as useful especially:

- to draw a picture of the current state, to measure progress of a process, to visualise and to promote benchmarking between competing clinics and federal states,
- as starting point and basis for decisions on appropriate measures,
- as communication instrument, to ask the right "questions".

Using the Indicators in a real setting, difficulties were seen in the following areas:

- wide interpretation scope for the definition of some Indicators (e.g. "relevant stakeholder"),
- difficult definition of qualitative Indicators (e.g. "trust"),
- high demand of resources (time and personnel) for the definition of Indicators (is additional personnel support needed?),
- lack of links to existing Electronic Data Processing solutions (e.g. existing risk and quality management systems and audits schemes in the clinics).

The steering committee put forward the idea that external auditors should be involved to standardise the stages of maturity with the "external view". Before using the Indicators the reference level has to be defined, i.e. hospital order treatment with the perspective of one clinic (local level) or the ministry (federal state level).

3.4.3 Procedural Aspects

The MIDIR project was an opportunity for across clinic cooperation. The situation at the beginning of the case study:

- In the ministry (MASGFF) a new person in charge for hospital order treatment topics was appointed.
- The clinics drove different approaches with regard to governance standards and also stakeholder communication was organized differently.

This was seen as a challenge concerning the success of the common work, the results of the case study as well as effective risk governance. Both the steering committee and the working groups were useful to promote improvements on risk governance issues. The participants especially appreciated opportunities for discussion with third parties during the workshops:

Crossover-Workshop

On invitation of the project group "information policy" employees from the three forensic clinics in Rhineland-Palatinate met with guests from science, economy and administration in May 2007. Here, the EU requested claim[2] concerning the cooperation of science and society was met.

The objective of the crossover-workshop was to get new innovative ideas from other branches and to discuss suggestions for the design of the information policy guidelines. Information on the discussion results is available at http://www.ikugmbh.com/files/aktuelles (in German).

The guests were:
- Prof. Dr. Hans Mathias Kepplinger: professor for empiric communication studies at the institute for journalism at the Johannes Gutenberg University of Mainz
- Dr. Carolin Kranz: BASF AG (chemical industry), Sustainability Center
- Thomas Kossurok: Police Superintendent, ministry of the interior and sports Rhineland-Palatinate, deputy leader chief of the situation room (i.e. a certain part of a professional police crisis squad)

Expert-Consultation

On invitation of the project group "therapy" an expert-conversation was organised with Roland Freese, the leader of a forensic aftercare clinic operated by the forensic hospital Haina in the federal state of Hessen in June 2007. Further information about the aftercare clinic and the out-patient criminal-therapy can be found at www.psych-haina.de/kffp/ (in English).

The detailed description of the forensic aftercare programme in Hessen confirmed previous considerations about the forensic aftercare concept in Rhineland-Palatine. Open questions were discussed and the project group got valuable suggestions for the further work. The documentation of the expert-consultation contains the presentations and the discussion results and is available at http://www.ikugmbh.com/files/aktuelles (in German).

Simulation-Exercise

To examine the practicability of the information-policy guidelines a simulation exercise was arranged for the members of the project group "information policy" in October 2007.

The project group members took the role of consultants for the clinic-management of a fictional hospital and developed recommendations for the communication with stakeholders in two different crisis-situations. Additional support was given by the journalist Ralph Ahrens, who gave feedback to the developed recommendations from the viewpoint of a media representative. The simulation-exercise enabled a change of perspective and was a practicability test for application. Thereby it became apparent that solely publishing the guidelines will not be sufficient. Moreover, the employees have to be trained in order to put the guidelines into practice.

[2] In line with the Sixth Framework Programme of the European Commission, Area "Science & Society", Priority "Integrative approaches to risk governance"

3.5 Future Prospects

After the final case-study meetings the work on risk governance issues will continue as follows:

Project group "therapy"

The ministry (MASGFF) supports the idea of forensic ambulances. In January 2008 negotiations started between the ministry, the competent authority (LSJV) and the three clinics about financial issues and contract specifications for ambulant treatment of patients on the leave. Members of the project group will continue the work on a forensic aftercare concept also after the end of the MIDIR case study.

Project group "information policy"

The ministry (MASGFF) and the institutions in charge agreed to implement and publish information policy guidelines as part of a layman-comprehensible information brochure about the system of hospital order treatment in Rhineland-Palatinate. Therefore, the project group planned three more meetings. The draft version is scheduled for the end of March 2008; publication is scheduled for the end of May 2008. Follow-up activities for promotion and further dissemination activities for MIDIR results are under discussion.

4 Transferability to Poland

As already mentioned above, risk has a different face according to its meaning and perception. It depends on how the different persons are affected by "risk". This problem exists in most European countries, also in Poland. However, perception and estimation of risk is influenced by different aspects mentioned in Deliverable 1.1 (see Wanczura et al. 2007). A special focus should be given on the specific cultural background. From the scientific point of view it is interesting if the elaborated concept and approach is transferable to countries characterized by different risk cultures. This led to a test of the concept by the example of Poland as a former planning economy, where dealing with risks was over several decades totally different from marked based economies (like e.g. Germany).

Actually there is a lack of a specific legal framework especially for (sexual) criminals under hospital order treatment in Poland. However on the 1st of January 2006 an amendment of the penal code (and a lot of new regulations which are related to this new law) came into force. This process has to be seen on the background of a rapid increase of (sexual) criminals especially in the field of child molestation, which has happened in the last years. The most important consequence concerning the changes in the legal framework is the strictness of the law. The old laws were characterised by a merciful kind of decisions and verdicts. Due to the changes, the law have serious impacts on dealing with sexual criminals in Poland.

The new legal basis is first characterised by the fact that the penalties qualitatively increase, e.g. the punishment for

- rape - old law: 1 to 10 years, new law 5 to 25 years – or
- murder with sexual background - old law: 12 years to life sentence, new law: 25 years to life sentence.

Secondly, the new penal code emphasises the problem of paedophilias and the resulted risk (see News from 26.09.05 on TV Polonia) particularly. Beyond this legislative approach a proper concept for the implementation is needed, but yet not visible. For the first time the new law requires an obligatory therapy for paedophilias in specialised institutions during as well as after their imprisonment. But there is still a lack for such therapeutic treatments and institutions. Relating to D_browski (2005) the Polish system distinguishes three kinds of institutions:

1. 32 institutions of basic preventive detention (general psychiatric ward included into psychiatric clinics) (a total of 655 beds)
2. 15 institutions of intensified preventive detention (a total of 600 beds)
3. three Regional forensic psychiatry centres (institutions of maximum preventive detention) in
    a. Gosty_ (64 beds for five Central Voivodships [regions]),
    b. Starogard Gda_ski (70 beds for the five Northern Voivodships) and
    c. Branice (75 beds for the six Southern Voivodeships).

This structure is given by the publication of the Ministry of Health instructions of 26 February 2001[3] and 10 August 2004[4] on facilities for the execution of security measures, including regional forensic psychiatry centres.

In connection to this and according to an interview of the Polish TV Chanel "TV Polonia" given by Lew-Starowicz it is extremely important to establish as soon as possible at least eight therapeutical institutions in Poland. Within institutions sexual criminals would get an appropriate therapy (as well as a clinical treatment). In reference to the News of TV Polonia, a proper therapeutic background in a penitentiary is indispensable in order to fulfil the goals, set by the new law. Furthermore there is not only a lack of therapeutical institutions, but also of well-trained personnel (sexologists as well as in prison officers, [Luiza Sa_apa, Lew-Starowicz]). Finally, the risks for the staff and the people, living in the vicinity of the new clinics, are yet not well communicated or even not present in the public debate. This low level of risk awareness can be seen as ideal chance for implementing risk governance concepts at an early stage in order to avoid unproductive public debate. In this context, not only the MIDIR Risk Governance approach, but also the experiences made by public administration in Germany might be transferable to the Polish situation, but have to be adapted to the Polish legal system and risk culture.

It should be considered that the establishment of contacts to Polish institutions was quite problematic: the Polish clinics are overstrained, not only concerning the financial but also the staff resources, as mentioned above. However the University Dortmund established contact to three "forensic" psychiatry institutions:

- Regional forensic psychiatry centre in Starogard Gda_ski (contact: Leszek Ciszewski),
- Clinic for forensic psychiatry of the School of Medicine in Lublin (contact: Prof. Marek Masiak) and
- Clinic for forensic psychiatry in Pruszków / Warsaw (contact: Bartosz _oza).

The contacted Polish institutions signalized a need for solutions concerning the problems bound to the forensic psychiatry. How far the solutions could be solved is not visible yet. Anyway the elaborated MIDIR approach as well as the willingness of the German partners to cooperate with Polish institutions was able to present and promote a starting point for this.

However, although the willingness for cooperation signalised by the Polish stakeholders was evident, the reasons described before hinder the transferability of the MIDIR approach to the Polish case study. For further details see Del. 2.3.

[3] Rozporz_dzenie Ministra Zdrowia z dnia 26 lutego 2001 r. w sprawie wykazu zak_adów psychiatrycznych i zak_adów leczenia odwykowego przeznaczonych do wykonywania _rodków zabezpieczaj_cych, ich pojemno_ci, zasad kierowania do nich oraz post_powania ze sprawcami w nich umieszczonymi, a tak_e warunków zabezpieczenia tych zak_adów. Dz. U. nr 26, poz. 297.

[4] Rozporz_dzenie Ministra Zdrowia z dnia 10 sierpnia 2004 r. w sprawie zak_adów psychiatrycznych i zak_adów leczenia odwykowego przeznaczonych do wykonywania _rodków zabezpieczaj_cych oraz sk_adu, trybu powo_ywania i zada_ komisji psychiatrycznej do spraw _rodków zabezpieczaj_cych. Dz. U. nr 179, poz. 1854.

5 General conclusions

Keeping all the mentioned aspects in mind (not only in this Deliverable but also in the previous ones 1.1 and 1.2), the MIDIR approach provides an evolutionary concept to systematic risk governance. Since the approach can be applied at multiple levels within a system (EU / National / Regional / Local) and in multiple risk settings (pandemic, natural hazards, etc.) the approach is suitable for systematic risk governance across large complex systems. The used 'scorecard methodology' allows for both hierarchical and networked monitoring, benchmarking and performance management (see chapter 3.4).

It should be mentioned that the MIDIR method allows drawing a picture of the current state, to measure progress of a process, to visualise and to promote benchmarking between competing clinics and federal states. This shows that if the assessment refers to an institutional level a regional and even national view is consequently possible. The indicator system allows a good overview for new people, in case of a change in responsibilities as it happens quiet often in public administration.

The intention of an evolutionary risk governance model for use across a complex system is achieved by means of a shared knowledge base of performance Indicator definitions, which can be continuously improved and adapted across the system being governed. The result is a fractal (networked, hierarchical) risk governance system, suitable for risk governance at multiple levels, in multiple contexts and across the system as a whole.

The main conclusions can be summarised as follows. The integrative approach methodology and supporting e-management tools:

- Apply simultaneously at continent, regional, national, local, program and project levels;
- Are suitable for multi-stakeholder collaboration and large complex systems as well as for managing multiple risks types repeated and interdependent across networks of government agencies and commercial supply chains;
- Are designed to deliver resilience – preparedness for the unexpected – and the ability to rapidly restore stability in the event of disruption;
- Are a result of a systematic and comprehensive scientific review of Best Practice ensuring a rigorous foundation for governance of sustainability, resilience and performance across programs, organisations and systems;
- Provide a comprehensive framework for governance: policy/strategy implementation and risk management including climate, pandemic and security as well as a framework to integrate, improve, simplify and enhance existing governance, strategy implementation and risk management processes;
- Include stakeholder facilitation, participation and consultation tools as well as enhance stakeholder collaboration by enabling informed dialogue;
- Enable transfer of knowledge and experience for rapid capacity building and learning between organisations and risk settings;

- Emphasizes the positive effects of trust and culture of collaboration which are critical to resilience;
- Include a library of general and context specific performance Indicators and related knowledge for knowledge transfer and capacity building;
- Support and build on the rigour of quality management with continuous improvement of organisations, indicators, knowledge base and measurement framework;
- Deliver on the goals of the White Paper on European Governance by improving involvement, openness, policy-making, regulation and delivery.

The whole multidimensional and integrative Risk Governance Concept is promising and provides multiple possibilities for a sustainable integrative and multidimensional resilience as well as risk governance. However, it illustrates a framework that has to be adapted to the current needs and requirements as shown in the previous chapters. It is not a closed concept but calls for a continuing amendment to become upgraded, especially concerning the mentioned difficulties/limitations described in chapter 3.4 identified in the case study "risks related to forensic patients".

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7 Appendix

7.1 Outline “Forensic out-patient care” (in German)

Zu den derzeit aktuellsten und wichtigsten Themen des Maßregelvollzugs gehört die ambulante Nachsorge. Forensische Nachsorgeeinrichtungen helfen, Therapieerfolge des Maßregelvollzuges langfristig zu sichern und auszubauen. Ihre Aufgabe ist es, durch Behandlung und Kontrolle die Patienten in die Lage zu versetzen, psychisch stabil und straffrei zu leben. Erwiesenermaßen können neue Straftaten durch eine gute Nachsorge besser verhindert werden. Das Risiko einer erneuten Straftat wird somit verringert und die Sicherheit der Bevölkerung erhöht. Ein funktionierendes Nachsorgesystem spielt auch eine wichtige Rolle für die Entscheidung der Gerichte über die Entlassbarkeit von Maßregelvollzugspatienten und damit für die langfristige Belegungssituation in den Einrichtungen.

Während die Allgemeinpsychiatrie mittlerweile über ein weitgehend flächendeckendes komplementäres psychosoziales Netzwerk verfügt, existieren im forensischen Bereich erste vereinzelte Angebote. Lediglich zwei Bundesländer – Hessen und NRW – haben bereits flächendeckend forensische Ambulanzen aufgebaut.

Auch in Rheinland-Pfalz besteht beim Thema forensische Nachsorge noch Nachholbedarf. Erklärtes Ziel ist es, an allen drei Maßregelvollzugseinrichtungen forensische Ambulanzen aufzubauen und auf der Grundlage eines landeseinheitlichen Nachsorgekonzeptes die Nachbetreuung von beurlaubten und entlassenen Maßregelvollzugspatienten zu gewährleisten.

Die Projektgruppe „Therapie“ unter Leitung von Herrn Dr. Michael Noetzel (Chefarzt und Maßregelvollzugsleiter der Klinik für Forensische Psychiatrie des Pfalzklinikums) und Herrn Wolfgang Weissbeck (Oberarzt im Pfalzinstitut – Klinik für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie) hat in insgesamt fünf Treffen ein Nachsorgekonzept für den Maßregelvollzug entwickelt. Die berufsübergreifende Arbeitsgruppe setzte sich aus Vertreterinnen und Vertretern aller drei rheinland-pfälzischen Maßregelvollzugseinrichtungen und des Landes Rheinland-Pfalz zusammen. Fruchtbare Anstöße erhielt die Projektgruppe unter anderem durch den Austausch mit dem hessischen Experten für forensische Nachsorge, Herrn Roland Freese.

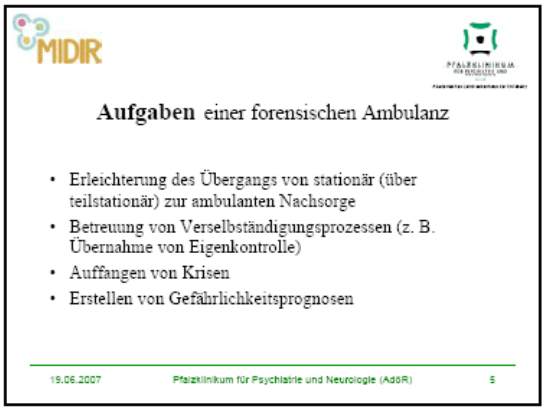
Aus dem gesetzlichen Auftrag der „Besserung und Sicherung“ ergibt sich, dass geeignete therapeutische Maßnahmen zur Anwendung kommen, die schließlich zu einer Resozialisierung und damit zu einer günstigen Sozial- und Legalprognose der Untergebrachten führen. Dabei sichern gerade ambulante Maßnahmen im Rahmen extramuraler Erprobungen (Vollzugslockerungen) diese Ziele. Bei Entlassung aus dem Maßregelvollzug sind dann unter Führungsaufsicht ambulante Nachsorgemaßnahmen geeignet, die für eine Entlassung günstige Prognose zu sichern und einer Verschlechterung oder Gefährdung entgegenzuwirken. Als Ziele einer Forensischen Ambulanz formulierte die Projektgruppe Straffreiheit, psychische Stabilität, psychosoziale Re-Integration der forensischen Patienten und letztlich eine vollständige Überleitung in die Allgemein-/Gemeindepsychiatrie.

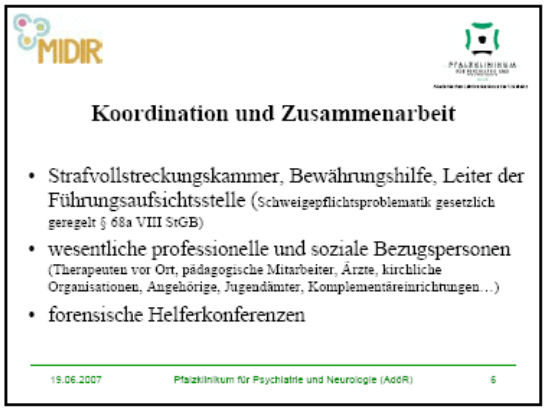
Zu den erarbeiteten Inhalten gehören weiter die Definition der Zielgruppen der forensischen Ambulanz und deren Aufgaben. Ein umfassender Leistungskatalog beschreibt diese Aufgaben im Detail. Unterschieden werden patientenbezogene, direkte Aufgaben – wie zum Beispiel Risikobeurteilung, Krisenintervention, pädagogisch-pflegerische Versorgung, Psychotherapie, Psychoedukation, Integrationsbegleitung. Hinzu kommen indirekte Aufgaben wie zum Beispiel die Dokumentation erbrachter Leistungen, Erstellen von Anträgen und Berichten, Organisation und Durchführung der Helferkonferenzen und die Kontaktpflege im psychosozialen Netzwerk sowie die Evaluation der ambulant-forensischen Tätigkeit.

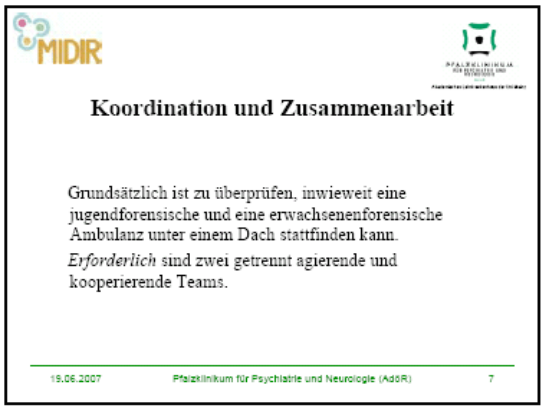
Die Projektgruppe beschäftigte sich ebenfalls mit praktischen Umsetzungsfragen, wie etwa der organisatorischen Anbindung der Ambulanz und der Notwendigkeit der Koordination und Zusammenarbeit der forensischen Ambulanzen untereinander sowie mit weiteren professionellen Helfern. Hierfür soll eine spezielle Helferkonferenz eingerichtet werden.

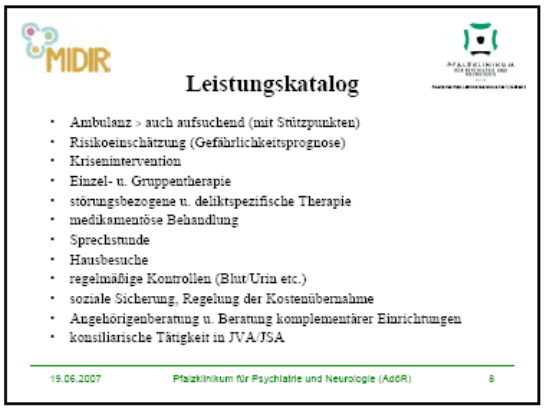
Ein weiteres wichtiges Thema betrifft die Zusammenarbeit mit der Justiz. Die Justiz steht ihrerseits vor der Aufgabe, für entlassene Strafgefangene ambulante Nachsorgeangebote zu entwickeln. Der Austausch über inhaltlich-konzeptionelle Fragen wie auch über Möglichkeiten der Zusammenarbeit erwies sich für alle Beteiligten als gewinnbringend und soll auch in Zukunft fortgesetzt werden.

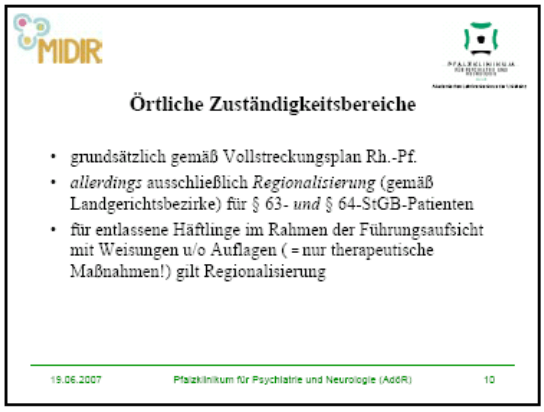
Die folgenden Folien wurden von den Projektgruppenleitern zusammengestellt.

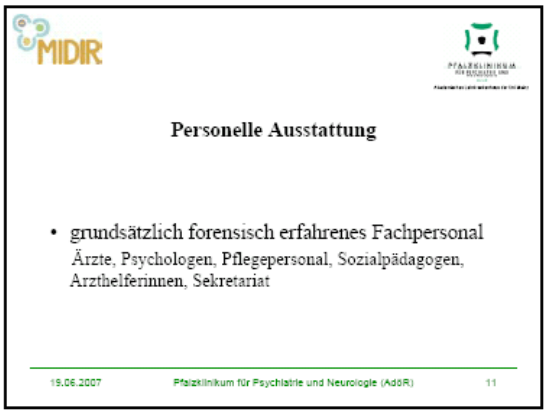












Contact: PFALZKLINIKUM

Dr. M. Noetzel, Chief Physician

W. Weissbeck, Assistant Medical Director

7.2 Information Policy Guidelines (in German)

Spätestens im Falle eines besonderen Vorkommnisses, wie etwa einer spektakulären Flucht oder einer erneuten Straftat, steht der Maßregelvollzug im Zentrum öffentlichen Interesses. Die Öffentlichkeitsarbeit spielt in einer solchen, häufig hoch emotionalisierten Krisensituation, eine besonders wichtige Rolle. Sie ist aber auch und gerade in „ruhigen Zeiten" wichtig und notwendig, da in diesen Zeiten Vertrauen aufgebaut und Aufklärung geleistet werden kann.

Krisenkommunikation umfasst alle kommunikativen Strategien und Maßnahmen, die dazu dienen, negative Konsequenzen wie etwa Vertrauensverlust oder Imageeinbußen in Krisen und Konflikten zu verhindern. Neben den Aktivitäten nach Eintritt eines sozial relevanten Störfalls bedeutet Krisenkommunikation aber auch Präventiv-Arbeit, d.h. die kommunikative Vorbereitung auf Krisensituationen und ganz allgemein die Aufklärung über Ziele, Aufgaben und Rahmenbedingungen des Maßregelvollzugs. Eine gelungene Informationspolitik kann helfen, die gesellschaftliche Bedeutung des Maßregelvollzugs transparent und verständlich zu machen.

Die Informationspolitik im rheinland-pfälzischen Maßregelvollzug weiter zu verbessern – so lautete die Zielsetzung der Projektgruppe „Informationspolitik". Auch diese Projektgruppe war interdisziplinär mit Vertreterinnen und Vertretern aller drei Maßregelvollzugseinrichtungen und des Landes Rheinland-Pfalz besetzt. Sie stand unter der Leitung von Wolfram Schumacher-Wandersleb (Ärztlicher Direktor der Klinik Nette-Gut für Forensische Psychiatrie an der Rhein-Mosel-Fachklinik Andernach) und Werner Stuckmann, dem dortigen Pflegedirektor. Bereits beim ersten der sieben Treffen der Projektgruppe „Informationspolitik" reifte der Entschluss, Leitlinien für die Informationspolitik des Maßregelvollzugs in Rheinland-Pfalz zu entwickeln.

Was wissen Bürgerinnen und Bürger über den Maßregelvollzug? Welche Fragen, aber auch welche möglichen Ängste und Vorbehalte löst das Thema aus? Wie kann besser über den Maßregelvollzug informiert werden? Diese und weitere Fragen wurden zunächst im Sinne einer „Ist-Analyse" verschiedenen Stakeholdern gestellt. Die Antworten lieferten einen ersten Einblick in die Informationsbedürfnisse relevanter Anspruchsgruppen.

Fruchtbare Anregungen für die weitere Arbeit an den Leitlinien erhielt die Projektgruppe im Rahmen einer Cross-Over-Veranstaltung zum Thema: „Was kennzeichnet eine professionelle Informationspolitik". Expertinnen und Experten aus unterschiedlichen Bereichen (Wissenschaft, Polizei, Wirtschaft) lieferten Ideen für die Professionalisierung der Informationspolitik. Hierzu gehörte etwa die Anregung, den Umgang mit kritischen Fragen der Bürger und Journalisten zu schulen und das Sicherheitsbedürfnis der Bevölkerung als berechtigtes Anliegen anzuerkennen und zu bedienen. Thematisiert wurde auch die wichtige Rolle, die Mitarbeiter als „Botschafter" spielen und die Chance und Notwendigkeit, außerhalb von Krisenzeiten Vertrauen aufzubauen.

Der erste Entwurf der Leitlinien wurde im Sommer 2007 erarbeitet und anschließend mit dem MASGFF, der Aufsichtsbehörde, den Trägern der Einrichtungen und den Verantwortlichen in den Kliniken abgestimmt. Im Ergebnis liegen nun folgende Leitlinien vor:

Leitlinien für die Informationspolitik des Maßregelvollzuges in Rheinland-Pfalz

Präambel

Der Maßregelvollzug erfüllt einen wichtigen gesetzlich definierten Auftrag in einer humanen Gesellschaft. Die Behandlung psychisch kranker Menschen, die mit dem Gesetz in Konflikt geraten sind, verfolgt das Ziel, diese Patienten in die Gesellschaft wieder einzugliedern und die Bevölkerung vor weiteren rechtswidrigen Taten zu schützen.

Diese Leitlinien sind als selbstverpflichtender Ausdruck einer bürgernahen und transparenten Informationspolitik des Ministeriums für Arbeit, Soziales, Gesundheit, Familie und Frauen (MASGFF), des Landesamtes für Soziales, Jugend und Versorgung, sowie der Maßregelvollzugskliniken und ihrer Träger in Rheinland-Pfalz zu verstehen.

Wir bieten den Menschen im Umfeld der forensisch-psychiatrischen Fachkrankenhäuser einen vertrauensbildenden Dialog und verlässliche Informationen. Damit kommen wir den Informationsbedürfnissen und -ansprüchen der Bürgerinnen, Bürger und Medien entgegen.

Ziele unserer Informationspolitik

Wir wollen:

- die gesellschaftliche Bedeutung des Maßregelvollzuges darstellen
- über unseren Behandlungsauftrag der Besserung und Sicherung informieren.
- unsere Kompetenz und Verantwortung nachvollziehbar vermitteln.
- das Vertrauen der Bürgerinnen und Bürger in die Qualität unserer Leistungen festigen.
- Rückmeldungen der Öffentlichkeit zur Verbesserung unserer Arbeit nutzen.

Leitsätze

1. **Wir pflegen einen vertrauensbildenden Dialog.**
   - Erstes Prinzip unserer dialogorientierten Informationspolitik ist Wahrhaftigkeit.
   - Kontinuierlich optimieren wir die organisatorischen Strukturen und Prozesse, sowie die personellen Kompetenzen für eine professionelle Öffentlichkeitsarbeit.
2. **Wir gehen auf Bürgerinnen und Bürger zu.**
   - Wir nehmen Sorgen und Anregungen der Bevölkerung ernst.
   - Wir fördern die Begegnung und das Gespräch zwischen Patienten, Mitarbeitern und Bürgern.
3. **Wir informieren offen und verlässlich über Leistungen, Möglichkeiten und Grenzen unserer Arbeit.**
   - Wir machen die Leistungen des Maßregelvollzuges transparent
   - Wir erläutern Zusammenhänge und Hintergründe und klammern Probleme nicht aus.
4. **Führungskräfte unterstützen MitarbeiterInnen, ihre Funktion als „Botschafter" des Maßregelvollzugs auszufüllen und offen zu sein für Anliegen der Nachbarschaft.**
   - Wir qualifizieren uns für unsere Kommunikationsaufgaben.
   - Dazu entwickeln wir unsere interne Kommunikation kontinuierlich weiter und pflegen eine kooperative Führungskultur.
5. **Unsere Informationsweitergabe hat Grenzen, wenn**
   - die Informationen nicht ausreichend geprüft sind.
   - sie gegen gesetzliche Vorgaben verstößt (z.B. laufendes Gerichtsverfahren, Schweigepflicht).

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