A few policy assumptions form the foundation to any successful approach to solve the multiple offender issues that have been made more explicit in the first report about the judicial process (Snippe et al 2006). The idea behind the approach is that behaviour interventions during custody have an effect on the underlying issue that has led to the criminal behaviour such as hard drug use, homelessness or the psychiatric issue. When the link-up to the local follow-on facilities for ex-prisoner multiple offenders is improved, or, rather, when the after care programmes are expanded and intensified, the multiple offender will be in a more stable living situation. Having identity documents, accommodation, an allowance, good supervision with regard to care and, ultimately, social reintegration play an important role in this.

The research discussed in this report focuses on the introduction of after care programmes in the local approach to very active multiple offenders and the involved decision-making processes. The research into the link-up to after care for very active multiple offenders is the second part within a research programme into the local approach to multiple offenders. The judicial chain approach used for multiple offenders was been given a pivotal position in the first part.

Research design
We verified how decision-taking around the link-up of after care has taken place and how the link-up with after care has, subsequently, been implemented through interviews with representatives from the involved authorities in twelve municipalities. Relevant (local) documents were also gathered and studied. The research focuses on the pilot municipalities of Alkmaar, Amsterdam, ’s-Hertogenbosch, The Hague, Eindhoven, Limburg South (Heerlen, Maastricht and Sittard/Geleen), Rotterdam, Tilburg, Utrecht and Zwolle.

Agreements
Decision-taking regarding the after care provided to ex-prisoner multiple offenders took place without great discussion points in most researched municipalities. Only a few parts can be identified regarding which discussion ensued when making agreements related to after care. The following issues have been mentioned several times: the distribution of responsibilities on an executive level, the choice of implementing parties, the involvement of the GGZ (Geestelijke Gezondheidszorg; Mental Healthcare) and funding. Most discussion issues relate to implementation and have not been experienced as points of contention by the involved parties. By those interviewed, after care is viewed more as an organisation and harmonisation issue rather than an administrative issue.

Local practices
Regular meetings take place at the municipalities during which multiple offenders are individually discussed. The name used for such meetings differs per municipality. Virtually all pilot municipalities have an (internal) coordinator or coordination point for the after care provided to ex-prisoners which may or may not specifically be geared towards multiple offenders. After care control is usually in hands of one municipal service or, if available, of a municipal employee who works in the Veiligheidshuis (Security House). A large number of parties are involved during implementation: municipal services, associations for the care and resettlement of offenders/ex-prisoners, affiliated institutions, GGZ institutions, institutions for social care, council housing associations and institutions for social services. The large number of institutions that is involved during implementation is in part due to the fact that the system is a continuation of the already existing local structures. After care for ex-prisoners is not limited to the multiple offender target group but neither is it limited to one municipal service. Efforts are also expected from the municipality regarding citizen issues (identity) and social issues (income) as well as in the areas of security and care. The cooperation with internal services is
The exchange of information that is specific to individuals is not (yet) always possible.

**Bottlenecks**
Dealing with the debt issue is a principle bottleneck since virtually all multiple offenders have debts. In addition, virtually all municipalities have to deal with a supply that is too small or insufficiently geared towards the needs of the target group when it comes to accommodation. Finally, the continuity of mental healthcare is a bottleneck with regard to the "care" living environment.

**Transfer of information**
Municipalities should receive information related to offering suitable after care with the introduction of the after care basic/screening forms. The after care basic form with information about the four basic living environments is increasingly often sent to municipalities by Social Service employees in the affiliated institutions. The usefulness of the basic form, however, is limited and does not meet requirements according to the employees of the coordination points. A clear role distribution between municipalities and affiliated institutions combined with a review of the reports and forms may improve practices to such an extent that it will better match the starting points of national policy.

**Registration**
Good registration based on which the results can be defined in terms of output and social results (outcome) are often lacking. Most pilot municipalities cannot answer any of the survey questions about the number of registered multiple offenders, the share of multiple offenders that has been offered an after care programme and the share that has completed this programme.

**Recommendations**
Attention should be paid to the following bottlenecks when linking after care:
- Strengthening cooperation between the municipality and affiliated institution by reviewing the after care basic document in consultation with municipal coordinators and improving the harmonisation of the Social Service employee and municipal official tasks (standardisation);
- Improving the after care organisation by having better embedding in the municipal organisation and a greater involvement of GGZ (Geestelijke Gezondheidszorg; Mental Healthcare) institutions;
- Approaching practical bottlenecks through balanced agreements with municipal services about the timely issue of identity documents and allowances/benefits;
- Monitoring results by better following the number of multiple offenders that are no longer in custody, the influx into reintegration programmes, those who continue to the next step, former multiple offenders who positively leave the programmes and recidivism measurements.

**Best practices**
Good cooperation between addiction care and psychiatry is an important property of best practices with regard to the after care offered to very active multiple offenders. Another best practice is after care control. A central and solid control of implementation practice is essential. Such best practices will only be involved when facilities are developed that will meet the often complex issues of the multiple offender.