

European Crime Prevention

Good practice template

The European Crime Prevention Network (EUCPN) serves as a conduit for good practices in crime prevention. These good practices rely on current evidence and other quality criteria that assist the target groups in selecting effective preventive action to address their own crime problem in their own context. It simultaneously facilitates efforts at knowledge synthesis across projects.

This template serves as a formal framework for extracting information on the nature of potential good practices. All questions are to be completed in English.

With this completed template, the applicant aims to

Share good practice for inclusion on the EUCPN's channels (Knowledge centre, newsletter, publications, etc.)

Participate at the European Crime Prevention Award (ECPA)¹

The applicant gives permission to publish this information and her/his contact details on the EUCPN's website.

General information

1. What is the name of the intervention?

Revion Rehabilitation Programme

2. Country of application

Finland

3. Who is responsible for completing this template?

Organisation responsible for this application: Autismisäätiö sr (Autism Foundation Finland)

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If different, please provide contact details to ask for additional information:

4. Timing

Start date of the intervention: 1/01/2021

Is the intervention still running: Yes No

If not, please provide the end date of the intervention: Click or tap to enter a date.

5. Where can we find more information about the intervention? Please provide links to the intervention's website or online reports or publications (preferably in English).

www.revion.fi

6. Please give a **short summary** of the intervention (**Max. 600 words**).

Description of the crime problem(s) the activity wishes to address

The Reviion project aimed to prevent recidivism among neurodivergent prisoners (ADHD, autism) convicted of violent and sexual offences, address factors predisposing individuals to criminal behaviour and strengthen their ability to reintegrate into society. The project developed and piloted in-person and tele rehabilitation provided to this target group during imprisonment while enhancing the authorities' ability to recognise and respond to this group's needs within the prison service system.

The rehabilitation model has been developed since 2018 to meet the rehabilitative needs of neurodivergent individuals with a criminal background. The model has been developed using core sets for autistic and ADHD adults from the International Classification of Functioning, Disability and Health (ICF), research-based and experiential knowledge, and data gathered during the pilot concerning the target group's needs and effectiveness of the methods tested. The rehabilitation employs methods of Acceptance and Commitment Therapy (ACT) and Dialectical Behaviour Therapy (DBT), adopting a neurodiversity-affirming approach. They have shown promise in addressing forensic psychiatric problems and criminal behaviour, improving neurodivergent young people's and adults' well-being, and treating psychiatric problems.

The project was evaluated to be effective. The rehabilitation's effectiveness for individuals was assessed through (1) selected measures at the beginning and end of the rehabilitation, and by using (2) feedback collected from clients and (3) from the Prison and Probation Service (PPS) of Finland staff who referred the clients to the rehabilitation. The results indicate that the rehabilitation had positive effects on the neurodivergent prisoners' well-being and functioning. The participants learned new skills to replace problematic behaviours: 70% experienced positive changes during the rehabilitation process based on the selected measures and/or feedback surveys. In addition to this feedback, the assessment considered positive feedback from staff, including increased safety in prison wards and greater prisoner engagement in other prison activities. Although a control group was not used in the assessment, the results can be deemed promising. The assessment also suggested that the results persisted during the three-month follow-up period. The rehabilitation activities could be considered demonstrably effective, even though it remained impossible to assess the project's impact on recidivism during its implementation, and the small sample size limited the measurement of effectiveness.

The project included broad national cooperation. Clients were referred from 15 prisons, and rehabilitation collaboration was conducted with 22 prisons (of Finland's 28 prisons) and two probation offices. The project organised 102 training and co-development events.

The project is highly innovative, as there is no known individual national or

international rehabilitation programme tailored to the needs of neurodivergent prisoners. International studies (e.g. Mohr-Jensen & Steinhausen, 2016, Román-Ithier ym., 2017) have shown that certain neuropsychiatric traits are associated with violent and sexual crimes. ADHD-related traits have been identified as an independent risk factor for criminal behaviour and for increasing the risk of recidivism. Previous research indicates, that autism itself is not a risk factor for criminal behaviour, but certain autism-related traits may be linked to the motives behind criminal actions. To influence neurodivergent individuals' criminal behaviour and to reduce the risk of recidivism, rehabilitation specifically designed for this target group is essential.

The Revision project's activities are replicable and transferable to other Member States. The high-quality training and support materials produced during the project facilitate its replication and transfer to other Member States in which neurodivergent prisoners' special needs and the effectiveness of rehabilitation are development areas. The rehabilitation model provides a clear and effective framework and content that can be widely used in various countries' prison systems. The project developed a nationwide telerehabilitation model for neurodivergent prisoners, complementing in-person rehabilitation. To support the implementation of telerehabilitation, the project produced a workbook titled *From Survival to a Meaningful Life – The Revision Rehabilitation Workbook for Clients* (available in Finnish). Based on the experiences gained, an operating model for telerehabilitation was also developed: *From Survival to a Meaningful Life – Revision Telerehabilitation*. This model describes experiences of telerehabilitation during imprisonment, illustrates neurodivergent prisoners' rehabilitative needs and activities through client profiles, highlights the importance of environmental support and describes the telerehabilitation process.

7. What problem does the intervention wish to address? Please elaborate on its nature, scale, context, involved actors (offenders, victims, other involved parties), causes, risk and protective factors, etc. **(Max. 200 words)**

The Revision project developed rehabilitation implemented during imprisonment to address the risk factors predisposing neurodivergent prisoners convicted of violent and sexual crimes to criminal behaviour. This group is overrepresented in prisons compared to the general population, and no individual rehabilitation programme tailored to its needs previously existed. International studies have shown that certain neuropsychiatric traits are associated with violent and sexual crimes. ADHD-related traits have been identified as an independent risk factor for criminal behaviour and for increasing the risk of recidivism. While autism itself is not a risk factor for criminal behaviour, certain autism-related traits may be linked to the motives behind criminal actions. Effective rehabilitation must be targeted based on

individual risk factors and needs, which is why specific rehabilitation programmes are required for neurodivergent individuals to influence their criminal behaviour and risk of recidivism.

8. Was the problem and its context analysed before the intervention was initiated and in what way (How, and by whom? Which data were used)? If so, in what way did this analysis inform the set-up and implementation of the intervention? (**Max. 150 words**)

Yes. The Revision project was preceded by Autism Foundation Finland's "Legal protection and rehabilitation 2020" project, which gathered data on neurodivergent prisoners' rehabilitative needs and developed individual rehabilitation in prisons. International studies were also used as a theoretical background. A total of 112 prisoners participated, with 18 joining a group rehabilitation pilot, 18 attending consultation meetings, and 76 receiving individual interventions. Feedback was collected from clients orally and through Webropol surveys, focusing on their path to and thoughts about rehabilitation. The data collection included rating scales measuring feelings of being heard, discussed topics and goals, method suitability and overall meeting usefulness. The data and employee assessments indicated that individual rehabilitation was more effective than group rehabilitation, leading to a focus on individual interventions. Feedback on rehabilitation and its relevance was collected from employees working directly with prisoners. Profiles developed during the project showed a direct or indirect connection between neurodivergent traits, criminal behaviour, substance abuse and challenges in serving prison sentences. The feedback suggested the pilot interventions reduced impulsive behaviours and emotional regulation issues, promoting behaviours supporting a crime-free life. This led to the development of the Revision individual rehabilitation model.

9. What is/are the objective(s) of the intervention? Please, if applicable, distinguish between main and sub-objectives.¹ (**Max. 150 words**)

The Revision project's main objective was to prevent recidivism among neurodivergent prisoners convicted of violent and sexual offences through rehabilitation during their imprisonment, and to strengthen their ability to reintegrate into society.

The sub-objectives were:

¹ **Main objectives** define what changes you desire with respect to the previously defined problem and/or within the target group. In other words, if you achieve these strategic goals, then the project achieves its purpose of preventing and/or reducing crime or fear of crime.

Sub-objectives are more short-term and establish the objectives of specific actions. Achieving these goals is necessary to achieve the main objectives.

1. Neurodivergent prisoners participating in the Revion rehabilitation will learn new skills to replace problematic behaviours.
2. Prisoners displaying impulsive behaviour will commit fewer infractions in prison, and those with poor engagement with prison activities will begin to progress their sentence plan.
3. Professionals will be more aware of neurodivergent prisoners' needs, and how to address them within the prison service system.
4. The sustainability of the project's activities and results will be ensured (manuals and support materials).

Description of the way in which the intervention addresses the identified problem(s) and why it is expected to be effective

10. What is the target of the intervention? Please motivate your answer (**Max. 150 words**)

- Universal prevention: the intervention targets potential offenders and victims in the general population, or general places or systems.
- Selective prevention: the intervention targets groups whose members have a higher risk of committing deviant behaviour or being victimised, or specific places or systems that are at an increased risk of becoming the scene of a crime.
- Indicated prevention: the intervention targets individuals who are already exhibiting problem behaviour, with the aim of preventing re-offending, or those systems or places that are the scene of crime.

Motivation:

The rehabilitation model was developed using core sets for autistic and ADHD adults from the International Classification of Functioning, Disability and Health (ICF), research-based and experiential knowledge, and data from the previous pilot concerning the target group's needs and the effectiveness of rehabilitation methods. Key problematic behaviors of the target group were identified, shaping the individualized focus areas of the Revion rehabilitation program: 1) impulse control; 2) emotion regulation and stress management; 3) arousal regulation; 4) social information processing; and 5) executive functioning. The rehabilitation employs Acceptance and Commitment Therapy (ACT) and Dialectical Behaviour Therapy (DBT) within a neurodiversity-affirming framework. These transdiagnostic methods are not limited to treating problems tied to specific diagnoses and

have shown promise in treating substance abuse, anger management issues and forensic psychiatric conditions, and improving neurodivergent youth and adult well-being. Transdiagnostic rehabilitation addresses psychological mechanisms that support behavioural change, backed by research.

11. How is the intervention expected to achieve its goals on a practical level? In other words, what are the activities of the intervention, its outputs and its outcomes? If possible, you can describe the **Logic Model**² of the intervention here. (**Max. 200 words**)

The Revion project focused on developing and implementing a rehabilitation model for neurodivergent prisoners. With project's resources of €353,595 and 2,5 staff-years within 24 months, total of 54 individual rehabilitation processes were completed, with 51% conducted remotely, 23% in person, and 26% as a combination of both. In total, 1,667 rehabilitation meetings were held, with clients participating an average of 29 weekly sessions. Individual assessments showed that 70% of participants reported positive behavioral changes and learned new skills.

As an output, the project created the Revion rehabilitation model, supported by a client workbook titled From Survival to a Meaningful Life. An operating model for telerehabilitation was developed based on the project's findings.

As an outcome, after the project contracts were signed with the Autism Foundation Finland and the PPS of Finland to provide Revion rehabilitation for minors and young prisoners in 2023, expanding to all age groups by 2024. The Ministry of Justice also funded the Revion AVO project (2024–2025) to pilot the programme for released prisoners and forensic psychiatric outpatient care.

The project involved network collaboration and trained PPS staff. Activities involved 22 prisons, two probation offices, and 102 training events. Eight podcast episodes were produced, gathering 635 views, and the project's Twitter account achieved 76,490 media impressions. Team members also contributed to two peer-reviewed articles.

² A **Logic Model** represents the relationship between the project's key activities and the intended outcomes in a way that shows the underlying logic behind the project. It usually presents this relationship in a diagram that plots the resources that the intervention employs (i.e. inputs), the action designed to achieve the outcomes (i.e., activities), the expected and unexpected changes produced by the activities (i.e., outcomes), and the units of service or products (e.g., the number of workshops with young people to prevent juvenile delinquency, the number of talks with elderly people to prevent victimisation through fraud and theft, etc.) that the activities generate (i.e., outputs).

12. How is the intervention expected to have an effect on the identified problem? In other words, is the intervention based on any particular **crime prevention/reduction mechanism(s)³ or principle(s)**? Please, also explain if and how the activation of this/these crime prevention mechanisms is dependent on the particular context of the intervention (**Max. 200 words**)

Yes. The Revion programme was conducted during imprisonment, enhanced offenders' ability to disengage from crimes and reintegrate into society by giving skills for desistance from crime and rehabilitating offenders so they are able to settle back into a normal life. The programme focused on developing skills to address problematic behaviours' underlying causes, including impulsivity, violent behaviour, substance abuse, social difficulties, harmful people-pleasing and self-criticism. These behaviours were linked to psychological inflexibility, including avoidance of thoughts and feelings, rigid rule-governed behaviour, cognitive fusion and difficulty being present in the moment.

To promote behavioural change, participants were taught psychological flexibility skills, a core element of ACT. Psychological flexibility can be summarised as:

1. The ability to face thoughts and feelings as they are, without judgement or reaction, and to distance oneself from them.
2. Being present in the moment, i.e. consciously engaging with the present experience and focusing attention on current activities rather than dwelling on the past or worrying about the future.
3. The ability to recognise what is personally important and meaningful and acting accordingly in daily life.

Elements of DBT were used to improve emotion regulation, distress tolerance and interpersonal skills. Increased psychological flexibility has been shown to help individuals respond more flexibly and appropriately, reduce stress, and improve mental health. Based on individual needs, the activities also aimed to enhance executive functioning and attention skills.

Description of outcome evaluation results or indications of theoretical plausibility

³ **Mechanisms** are how the intervention has its effects on a particular problem, within a specific context. For a list of potential mechanisms, see final page of this document.

13. Has there been an outcome⁴ or impact⁵ evaluation? and what were the main results? Please, also describe which indicators were used to measure the effects of your intervention. (**Max. 300 words**)

Yes, outcome evaluation was conducted in the project. The results of individual rehabilitation were assessed by *comparing the differences in the measures used at the beginning and end of the programme at a group level*. The measures used included:

- 1) CORE-OM (Clinical Outcomes Routine Evaluation – Outcome Measure) for assessing psychological well-being
- 2) MZQ (Mentalisation Questionnaire) for evaluating mentalisation ability
- 3) UPPS-P (Impulsive Behaviour Scale) for assessing traits of impulsive behaviour
- 4) DERS (Difficulties in Emotion Regulation Scale) for measuring emotional regulation difficulties
- 5) CFQ13 (Cognitive Fusion Questionnaire) for assessing cognitive fusion as part of psychological flexibility.

The results indicated improvements in psychological well-being, the ability to interpret one's own or others' emotions and intentions, increased psychological flexibility, and reductions in emotional regulation difficulties and impulsivity.

Feedback was also collected from *rehabilitation clients and prison staff* (via Webropol surveys, open-ended questions and rating scales).

Client feedback provided data on offenders' reasons for seeking rehabilitation, its benefits, suggestions for development, and any impacts transfers or release from prison may have had on rehabilitation. Clients rated the following aspects on a 0–10 scale: feeling heard and understood (avg. 9.4), relevance of discussed topics and goals (avg. 9.2), suitability of methods (avg. 9.0) and usefulness of activities (avg. 9.2).

The results showed the participants learned new skills to replace problematic behaviours: at least 70% experienced positive changes during the process based on the selected measures and/or feedback surveys.

Prison staff (n=40) found the programme supportive in managing impulsivity, processing emotions, increasing self-awareness, understanding behaviour and managing daily

⁴ **Outcome evaluation:** Measures the **direct effect** (i.e., extent of the changes) **of the intervention on the target group, population, or geographic area**. The information produced by the outcome evaluation determines at what level the **objectives were achieved**.

⁵ **Impact evaluation:** Measures **long-term effects** of the intervention on the target group, as well as **indirect effects** on the broader community. The information produced by the impact evaluation determines at what level the **ultimate goals** of the intervention were achieved.

situations overall. They observed *benefits across all areas, including sentence plan progress, participation in activities, social interaction, conflicts, impulsivity and rule violations.*

Time constraints made it impossible to assess the programme's impact on recidivism. However, based on the assessment methods used, the results suggested promising short-term reductions in problematic behaviour, with potential for longer-term effects, similarly as seen in international studies.

14. If applicable, please provide more information on the quality of the evaluation(s). For example: who conducted the evaluation (internally or externally?), what evaluation approach (pre-post-test design, randomised controlled trial, theory-based evaluation,...) was selected, what data and data collection method(s) were used, etc. **(Max. 150 words)**

At the beginning of rehabilitation, project workers obtained prisoners' consent (a consent form) to anonymously use collected data for development purposes. Background information included age, gender, length of prison sentence, remaining time, and education level, all recorded in the project team's shared Excel tracking sheet.

Participants completed standard self-assessment questionnaires at the start and end of rehabilitation (see section 13), usually in the presence of a worker. The scores were recorded in the tracking sheet.

Upon completion, participants provided feedback, and a follow-up survey was conducted 2–3 months after the programme ended if possible providing data for preliminary outcome evaluation. Specific feedback questionnaires were designed at the project's outset.

Anonymous feedback from prison staff was collected using a Webropol survey created by the project team, featuring open questions and rating scales.

The project team gathered process evaluation data regarding the rehabilitation implementation: the number of meetings, rehabilitation goals and their achievement, meeting frequency for different phases, skills practice, and any interruptions and their reasons.

15. If no outcome or impact evaluation has been conducted, are there any theoretical indications that the intervention might be successful? If applicable, please motivate these indications. **(Max. 150 words)**

Preliminary outcome evaluation was conducted within the project framework.

16. Has a cost-benefit analysis⁶ been carried out? If so, describe the results of this analysis, including how and by whom it was carried out. (**Max. 150 words**)

The total costs amounted to €353,595.

The project's costs and benefits were assessed as follows:

Costs:

- Personnel expenses, training and supervision
- Development and implementation of tele and in-person rehabilitation
- Production of materials (workbooks, the telerehabilitation model, podcasts)
- Extensive network collaboration and training

Benefits:

- Prisoners' improved psychological well-being, impulse control and functioning, reducing the risk of reoffending.
- Increased knowledge among PPS staff about neurodivergent prisoners' specific needs, enhancing the quality of service and their referral to appropriate rehabilitation.
- Fewer conflicts and rule violations among prisoners, which is expected to improve institutional safety.
- The tele rehabilitation model and materials are replicable and widely applicable, reducing long-term costs and increasing impact and accessibility, regardless of facility.
- Broad communication and training raised awareness and understanding of the needs of neurodivergent prisoners and the factors behind criminal behaviour.

The Reunion project proved effective at an individual level and in PPS operations. The benefits gained, including the potential long-term benefits and opportunities for broader applicability, exceeded the cost created.

Description of the nature of the intervention, its original context, and its implementation

⁶ **Cost-benefit analysis:** A type of economic evaluation that compares the direct and indirect cost of the resources employed in the intervention, with the equivalent economic value of the benefits. If no outcome evaluation has been conducted, a cost-benefit analysis is simply not possible.

17. What are the costs of the intervention in terms of finances, material and human resources? If needed, please provide an adequate timeframe to contextualise the costs (e.g. cost per participant, cost per month of keeping the project running, cost including/excluding personnel costs) (**Max. 150 words**)

The Ministry of Justice funded 90% (€306,900) of the project, and Autism Foundation Finland covered a 10% co-payment (€46,695). The total project costs were €353,595. The project lasted 24 months, from 1 January 2021 to 31 December 2022.

The calculated cost per rehabilitation meeting during the project was €212, derived from the total costs. This figure includes not only direct rehabilitation work but development efforts, material production and extensive networking. It therefore does not accurately reflect a single meeting's unit costs.

Costs:

Personnel: salaries, occupational health, training and supervision: €344,380

Travel: €3,997

Marketing (workbooks, graphic design for the teleoperating model): €2,962

Research and development: €208

Equipment and furniture: €554

Other administrative costs: €1,494

The project employed three employees, two full-time and one part-time (50%):

1) Project manager (psychotherapist, Master of health care, Occupational therapist (Master), Solution-focused brief therapist),

2) Project worker (Bachelor of Social Services, Neuropsychiatric coach) and

3) Psychologist (Master of Psychology), part-time 50%.

The employees received additional training and regular supervision to support the demanding rehabilitation work.

18. Were external reviewers, evaluators or researchers involved in the evaluation, and if so, what was their role in the evaluation? (**Max. 150 words**)

Due to aspiration for resource-efficiency in the limited timeframe and solid research expertise within the project group, the project did not include external evaluation.

19. Which partners or stakeholders are involved in the intervention and why? What is the level of their involvement? What was their role in the evaluation? How well does this partnership function in practice? (**Max. 200 words**)

Reivon project had continued collaboration with the PPS and Health Care Services for Prisoners, its main partners since 2018. PPS facilitated rehabilitation by referring clients from 15 Finnish prisons and organizing rehabilitation meetings in cooperation with 22 prisons and two probation offices. A Webropol survey evaluated the impacts of rehabilitation activities on staff involved in referrals.

During the project, prison staff received training to identify neurodivergent traits and address neurodivergent prisoners' needs in their work with prisoners. Collaborative efforts with both services helped identify these needs and enhance care and rehabilitation pathways. In total, 102 events were organised.

A steering group was established to monitor the project objectives and to plan for the sustainability of results, including representatives from various sectors (PPS, the Health Care Services for Prisoners and the funder, and addiction specialists from specialist healthcare). In the final year, management from the PPS and Health Care Services joined the group to focus on sustaining activities and outcomes. The steering group work was proven to be very beneficial as it created the essential preconditions for the programme to be firmly rooted in the prison system.

Due to aspiration for resource-efficiency in the limited timeframe and solid research expertise within the project group, the project did not include external evaluation.

20. Describe the implementation of the intervention's activities and its outputs⁷. (**Max.200 words**)

During the project, 54 prisoners with neurodivergent traits participated in the Reivon individual rehabilitation. Of these rehabilitation processes, 51% were conducted remotely, 23% in person, and 26% as a combination of both. A total of 1,667 rehabilitation meetings was held, with each client participating in an average of 29 sessions weekly. Clients were referred to the rehabilitation from 15 prisons, and collaboration was conducted with 22 prisons and two probation offices.

The project produced a workbook for clients (*From Survival to a Meaningful Life – The Reivon*

⁷ **Outputs** refer to the units of service or products (e.g., the number of workshops with young people to prevent juvenile delinquency, the number of talks with elderly people to prevent victimisation through fraud and theft, etc.)

Rehabilitation Workbook for Clients (available in Finnish)), as well as a telerehabilitation operating model (From Surviving to a Meaningful Life – Revion Telerehabilitation).

The project involved extensive network collaboration and provided training to PPS staff in 102 events.

The project produced eight podcast episodes on related topics, gathering 635 views. The project's Twitter account reached 76,490 media impressions.

Project team members contributed to peer-reviewed articles and gave presentations at domestic and international seminars.

21. Has there been a process evaluation⁸ and what were the main results?

Please, also describe what indicators were used to measure the implementation of your intervention? **(Max. 300 words)**

Process evaluation was conducted by the project group within the project. Results of the process evaluation indicate, that the rehabilitation was effective and the customers' referral was efficient, and no major unexpected deviances were found. There is a great need for this innovative rehabilitation approach as the demand for the rehabilitation was much bigger than the service available.

The project saw the initiation of 73 client relationships. Of the 54 completed rehabilitation processes, 40 were long-term, and 14 were short interventions. The Revion rehabilitation programme is primarily designed for long-term engagement (30–40 sessions per year) due to the clients' highly complex situations. The rehabilitation process consists of assessment and goal-setting, practising skills, and termination of rehabilitation. The goals were based on the clients' individual needs identified in the assessment phase. During the project, 60 goals were set for developing emotion regulation and stress management, 35 for impulse control, 21 for executive functioning and attention skills, nine for arousal regulation, and eight for social information processing and interpersonal skills.

Of these rehabilitation processes, 51% were conducted remotely, 23% in person, and 26% as a combination of both. A total of 1,667 rehabilitation meetings was held. Of the initiated rehabilitation processes, 26% (n=19) were discontinued. Among them, 58% were remote, 21% in-person, and 21% hybrid processes (combination of tele- and in-person rehabilitation). The project's steering group assessed the results as effective: the completion rate of 74% was considered a significant achievement for such a challenging target group.

⁸ **Process evaluation:** A process evaluation documents **how the activities were implemented** in order to determine any deviations from the original planning. It facilitates finding explanations for when the results of the intervention are not as expected.

The practising of skills involved the development of skills to address problematic behaviours' underlying causes. Contact with present moment was practised in 647 meetings, developing a new relationship with thoughts (defusion) in 600 meetings, and fostering acceptance and self-compassion in 554 meetings. Value exercises featured in 705 meetings. Participants learned to identify negative self-narratives and shift perspectives (self-as-context) flexibly in 468 meetings. Emotion regulation skills were developed in 855 meetings, and mindful coping skills were practised in 144 meetings. Social information processing and interpersonal skills were enhanced in 93 meetings, and executive functioning strategies were practised in 117 meetings. Attention skills were developed in 239 meetings. Psychoeducation, i.e. information sharing, was conducted in 1,181 meetings. This concerned the skills practised, methods used, neurodivergent traits and psychiatric problems.

Clients were referred to the rehabilitation from 15 prisons, and collaboration was conducted with 22 prisons and two probation offices. The project involved extensive network collaboration and provided training to the PPS staff in 102 events. The podcast episodes produced by the project reached 635 views, and the project's Twitter account 76,490 media impressions. Project team members also contributed to two peer-reviewed articles.

22. If applicable, please provide more information on the quality of the evaluation(s). E.g., what data and data collection method(s) were used, what research methodology, etc. **(Max. 150 words)**

The project developed the necessary tracking sheets to collect individual monitoring data, which staff completed regularly using unique identification codes known only to the project employees. These sheets included background information about clients, initial and final results from the measures used, rehabilitation goals, and their achievements, as well as the methods used (ACT, DBT) and skill practices. At the end of the rehabilitation process, anonymous client feedback was collected either in writing or electronically, entered into a Webropol survey that generated summary reports. Feedback from the PPS staff regarding the benefits and challenges of the rehabilitation was also collected via a Webropol survey link sent to staff working directly with prisoners.

A separate tracking sheet documented the network collaboration, categorizing events as either development collaboration or training, along with the number of events conducted. The Twitter account provided the monitoring data concerning the Twitter posts, while podcasts published on YouTube provided viewing statistics.

23. What, if any, contextual factors/circumstances may have caused this project succeed in your own country/region/locality that won't necessarily exist when practitioners in other places try to replicate it? If applicable,

mention organisational, institutional, and socioeconomic contextual factors.
(Max. 150 words)

The established collaboration between Autism Foundation and the PPS was key to the project's success. Without this trust-based partnership, external employees such as programme workers of this project, would have been unable to work in prison environment. External employees must undergo security clearances to be allowed to work inside prisons or conduct video-based telesessions with prisoners. Prison staff must also identify the target group of rehabilitation, refer them to the programme and organise telerehabilitation sessions. A crucial factor in the successful collaboration was that the PPS recognised the project's importance. Neurodivergent individuals are overrepresented in prisons compared to the general population. The PPS lacks the expertise to deliver demanding rehabilitation to this group, which was addressed through the partnership model.

The project was funded by the Ministry of Justice, which had initiated a three-year programme under the previous government to enhance crime prevention. One goal was to increase offenders' opportunities to participate in activities supporting a crime-free life during and after their sentence.

Additional ECPA questions

24. How is the intervention innovative in its methods and/or approaches?
(Max. 150 words)

The project is highly innovative because this has been the only individual rehabilitation programme tailored to the needs of neurodivergent prisoners in Finnish prisons, and apparently also internationally.

The programme's development integrated research from various scientific fields and evidence-based methods. As part of the rehabilitation development, *service design* was used, including the creation of user/client profiles to visually represent behavioural patterns and motivations. Cognitive behavioural therapy methods were applied to illustrate these profiles. In the telerehabilitation operating model, a global functional behavioural analysis was used to outline each profile's key behavioural issues, contributing factors and background problems. The focus areas of rehabilitation for each client profile were highlighted using the ACT matrix, showing how the prison environment can support prisoners with these specific challenges.

The project shared knowledge with officers working directly with offenders, enhancing their understanding of the support needs of neurodivergent prisoners and the importance of the interaction between the individuals and their environments.

25. How is the intervention relevant for other Member States? (**Max. 150 words**).

Research indicates that neurodivergent prisoners (ADHD, autism) convicted of violent and sexual offences can be quite prevalent in prisons. It is important to address factors predisposing individuals to criminal behaviour and strengthen their ability to reintegrate into society. To increase the awareness and education to tackle the phenomena are important for other Member States too, like it was done in the Revion rehabilitation programme.

The training and support materials facilitate the transfer of the Revion rehabilitation and its benefits to other Member States in which the special needs of neurodivergent prisoners and the effectiveness of rehabilitation are development areas. The rehabilitation model provides a clear and effective framework and content that can be widely used in various countries when enforcing prison and probation sentences.

List of potential crime prevention mechanisms⁹

- **Establishing and maintaining normative barriers to committing criminal acts**
 - e.g. 'Offenders, we are watching you' campaigns
- **Reducing recruitment** to criminal social environments and activities by eliminating or reducing the social and individual causes and processes that lead to criminality
 - e.g. social and financial support for disadvantaged families
- **Deterring** potential perpetrators from committing crimes through the threat of punishment
 - e.g. decreasing the time between arrest and punishment
- **Disrupting** criminal acts by stopping them before they are carried out
 - e.g. increasing police patrols in vulnerable areas
- **Protecting vulnerable targets** by reducing opportunities and make it more demanding to carry out criminal acts
 - e.g. placing locks and cameras
- **Reducing the harmful consequences** of criminal acts
 - e.g. initiatives to recover stolen goods
- **Reducing the rewards** from criminal acts
 - e.g. restorative justice programmes
- **Incapacitating** (or neutralising) perpetrators by denying them the ability (capacity) to carry out new criminal acts
 - e.g. imprisonment of key gang members
- **Encouraging** desistance from crime and rehabilitating former offenders so they are able to settle back into a normal life
 - e.g. prison rehabilitation programs



This tool was funded by the European Union's Internal Security Fund — Police.

⁹ T. Bjørgero, *Preventing Crime: A Holistic Approach*, Basingstoke: Palgrave Macmillan, 2016.